

**SOLITARY DEEP CERVICAL LYMPH NODE METASTATIC MICROPAPILLARY
CARCINOMA SPECIAL PRESENTATION OF THYROID CANCERS**

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Article Received on 08/01/2017

Article Revised on 28/02/2017

Article Accepted on 20/03/2017

ABSTRACT

Background:-Papillary thyroid carcinoma is the most common type of thyroid cancers more commonly found in middle aged women Micropapillary carcinoma is a common subtype of papillary thyroid cancers which is usually less than 1 cm in size (not palpable) confirmed by histopathological report. post- operative Lung and bone are common metastatic sites . in our report we will discuss a special metastatic presentation of micropapillary thyroid carcinoma to a solitary deep cervical lymph node that is discovered incidentally.

CASE PRESENTATION

A 48 years old female patient previously healthy started complaining from right sided neck mass over the last two years for which she sought medical attention and was treated as lymphadenitis without any improvement , then the patient was referred to our department at which the patient was examined and found to have solitary right sided "zone 2" tender 2* 2cm oval regular firm deep fixed mass that is not attached to skin and was not moving up and down with swallowing or tongue protrusion , could represent enlarged lymph node, submandibular salivary gland or a cystic lesion

Investigations

***Her laboratory results were normal including thyroid function test.*Neck U/S**

There is a well defined lobulated heterogeneous hyperechoic mass lesion with foci of calcification seen in the right deep cervical lesion showing moderate vascularity on Doppler images measuring about 2*2.5 cm. findings could represent pathological lymph node. FNA is advised, homogenous both thyroid lobes and isthmus with no focal lesion seen.

***Neck CT scan (with IV contrast)**

There is heterogeneous enhancing ovoid soft tissue mass lesion measuring 2.3 * 1.3 * 1.7 cm seen abutting the right carotid sheath laterally mostly representing an pathologically enlarged lymph node, soft tissue biopsy is recommended Thyroid gland enhances homogenously with definitive focal lesion.

***Fine Needle Aspiration cytology (FNAC)**

Positive for malignancy with features consistent with metastatic carcinoma.

***Metastatic workup**

-ENT and maxillofacial consultation: No obvious primary lesion.

- PET Scan: findings are consistent with hypermetabolic right cervical lymphadenopathy with no evidence of abnormal hypermetabolic lesions elsewhere in the body

-Excisional biopsy done for 5 lymph nodes showed only one solitary 2*1.5 cm metastatic papillary thyroid carcinoma while the other 4 lymph nodes were reactive

-Thyroid technetium (Tc99) scan to exclude ectopic thyroid or extra-thyroid tissue revealed normal thyroid anatomy

DECISION

Total thyroidectomy was done and the histopathology report revealed: **Multifocal papillary micro-carcinomas of the right thyroid lobe.**

CONCLUSION

We conclude that following points should be remembered when facing a neck masses.

-Micropapillary carcinoma may present as a solitary lymph node enlargement.

Histopathology may be the only definitive diagnostic tool.