

REVIEW ARTICLE

FOLLICULAR THYROID CARCINOMA METASTASIS TO THE KIDNEY A CASE REPORT WITH CYTO - HISTOLOGIC CORRELATION

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ABSTRACT

Here we report a case of a 55 years old lady who underwent hemithyroidectomy 15 years back presented with abdominal mass diagnosed with C T Scan As retroperitoneal soft tissue sarcoma. During surgery it was found to be a renal mass. We did a nephrectomy .Histopathology showed that thyroid follicular cells in a background of colloid.IHC showed that positivity for thyroid transcription factor (TTF), consistent with follicular thyroid carcinoma

Key words: Thyroid, Transcription, Factor, Diagnosed.

INTRODUCTION

Follicular thyroid carcinoma is the second most common thyroid carcinoma after papillary carcinoma. It has predilection for women. More common in endemic area. FTC considered as more aggressive tumour.FTC more commonly presents with haematogenous spread to lung and bone.We report a case of FTC producing metastasisto kidney

CASE REPORT

A 55 years old female presented with increased tirednes and swelling in the right side of abdomen increasing size during last one year O/E found that mass 15x12cm right lumbar region extending to umbilical area bosselated surface. Swelling moving with respiration

INVESTIGATION

Blood routine, LFT, TFT- within normal limit

Urine VMA, Metanepriene- negative

USG Abdomen-- Suggestive of mass lesion likely renal origin
C T Scan--Hetrogenous enhancing soft tissue density lesion of size 10.2 x10.9 x12.6cm noted involving almost entire abdominal cavity on the right side. Lesion arise from retroperitoneum. gall bladder compressed by tumour, laterally lesion abutting lateral abdominal wall. Bowl loops displaced medially. Right kidney displaced antero medially and absent f at plain between kidney and lesion. IVC and aorta maintained fat plain---RETROPERITONEAL SOFT TISSUE SARCOMA

IVP--Right soft tissue lesion compressing displacing pelvic calyceal system medially with splaying of calyx Renal artery doppler--with in normal limits

HPR-NEPHRECTOMY SPECIMEN

- Tumour measuring 13.2x9.5x9 cm
- Histology showed thyroid follicular cells in background of colloid
- Renal vessels,ureter,renal sinus and capsule are free of tumour
- *No lympho vascular emboli I H C -TTF-1 Positive,Pan CK +,EMA negative

FOLLICULAR NEOPLASM METASTASIS TO KIDNEY

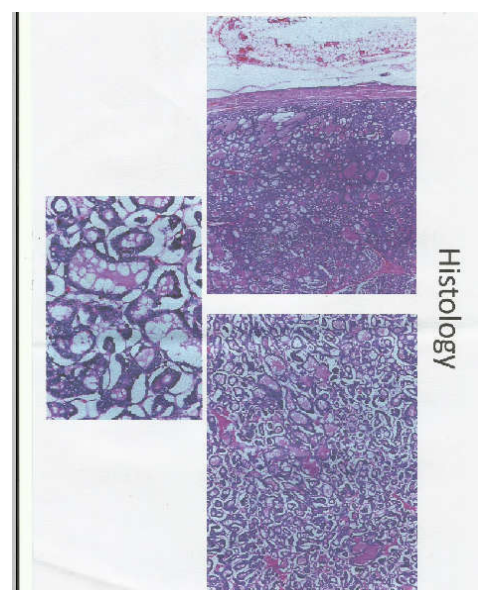


Figure 1.

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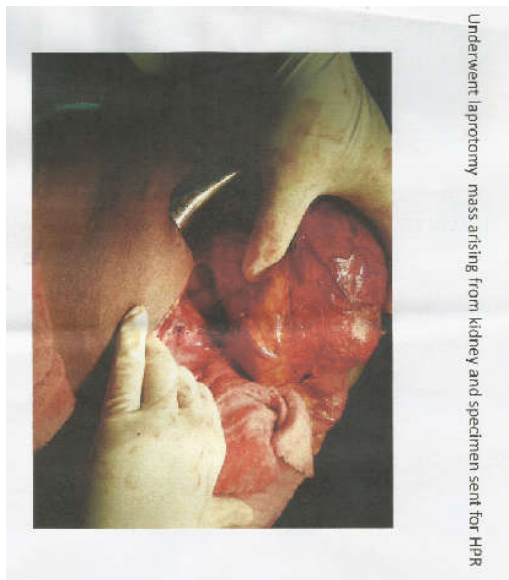


Figure 2.

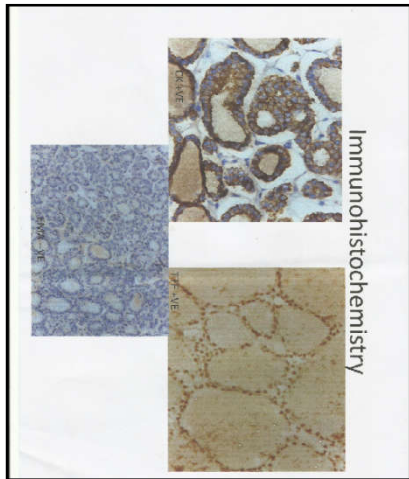


Figure 3.

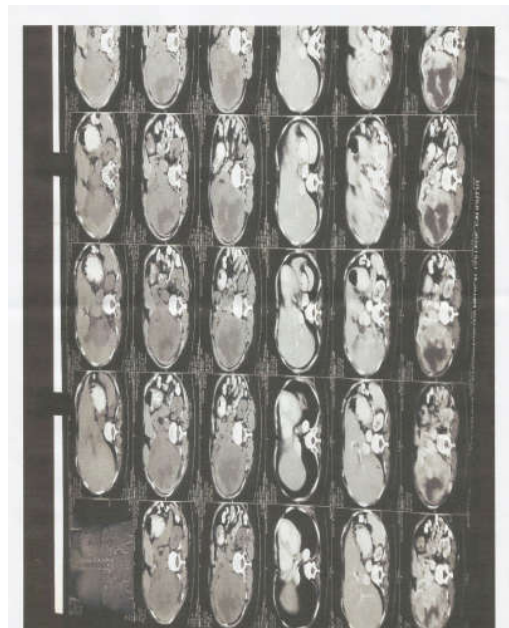


Figure 4

DISCUSSION

FTC usually metastases through blood stream and produces pulsatile secondary.this is due to the increased vascularity. secondary is common in bones.especially flat bones Renal metastasis of FTC is very rare . 20 cases reported in english literature .30 cases in japaneeese literature..The presenting symptoms of renal metastasis vary. Usually metastasis is multifocal and bilateral. Renal metastasis detected by thyroglobulin estimation .Differential diagnosis of secondary to kidney from FTC is Follicular type Renal cell carcinoma.But in this T T F will be negative

REFERENCES

Ali, S.Z. and Ciban Edi. E.S. 2010. The bethesda system for reporting thyroid cytopathology springer newyork NY USA.

Avanzo, A.D. Tresler, P. Iturate, P.H.G et al 2004. Follicular thyroid carcinoma histology and prognosis cancer vol 100 no 6 pp1123-1129.

Matei, D.V. Verveji, F., Scardino, E. et al. 2003. Late solitary thyroid carcinoma metastasis to kidney a case report vol.23 no 1 pp 561 564.

Sobrinho-simoes, M., Elog, C., Megalhes, J., Lobo, C. and Amaro, T. Follicular thyroid carcinoma modern pathology vol 24 00 S10-S18

Xu, H., Zeng, W. and Tang, Y. 2012. Metastatic thyroid follicular carcinoma presenting as a primary renal tumor.Internal medicine Vol 51 No.16 pp2193-2196.
