中文題目: 以肋膜腔鏡診斷甲狀腺乳突癌合併肋膜轉移之個案報告

英文題目: A Case with Papillary Thyroid Carcinoma with pleural Metastasis Diagnosed by

Using Pleuroscope

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Introduction

Thyroid follicular epithelial-derived cancers can be divided to papillary, follicular, and anaplastic subtype. Papillary thyroid cancer may metastasize to distant organs including lungs or bone, but rarely to the pleura. Pleural fluid related to thyroid cancer has been reported less than 1% in the patients with malignant pleural fluids^[1]. Herein, we shared a case of papillary thyroid cancer with malignant pleural fluids.

Case presentation

This 60-year-old man had history of hypertension, type 2 Diabetes Mellitus, and stage IVa recurrent papillary thyroid carcinoma. He had received total thyroidectomy and the right neck lymph node resection, and combined I-131 with Lenvatinib treatment previously. He presented to our emergency department due to progressive dyspnea with dry cough for 1 month, and massive effusion in left pleural cavity was found on chest radiograph. Exudative effusion was obtained by thoracentesis. Further pleuroscopy showed multiple nodules with sago like appearance in left pleural cavity. Immunohistochemical stains were positive for TTF-1, thyroglobulin, and PAX-8. The diagnosis of malignant pleural fluid related to papillary thyroid cancer was established. He received left Video-Assisted Thoracic Surgery decortication thereafter. However, newly developed right side malignant pleural effusion was found 2 months later, and the patient died of thyroid cancer five months after the diagnosis of malignant pleural fluid.

Discussion

Pleural fluid caused by thyroid cancer is very rare, and it shortens the survival time. The median survival duration after pleural effusion development is reported to be 11 months^[2]. Systemic chemotherapy is indicative for chemo-sensitive cancers, but pleurodesis or chest tube drainage is also the treatment choices^[3]. Therefore, prompt diagnosis of pleural effusion and appropriate treatment is essential.

References

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