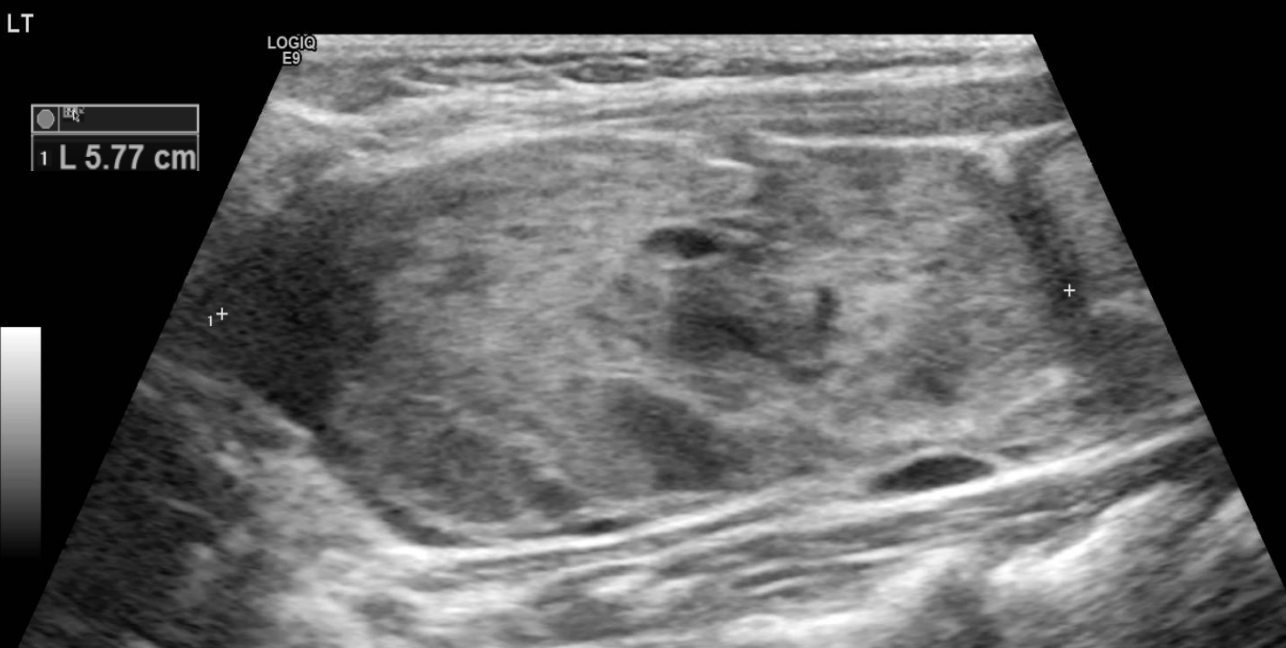
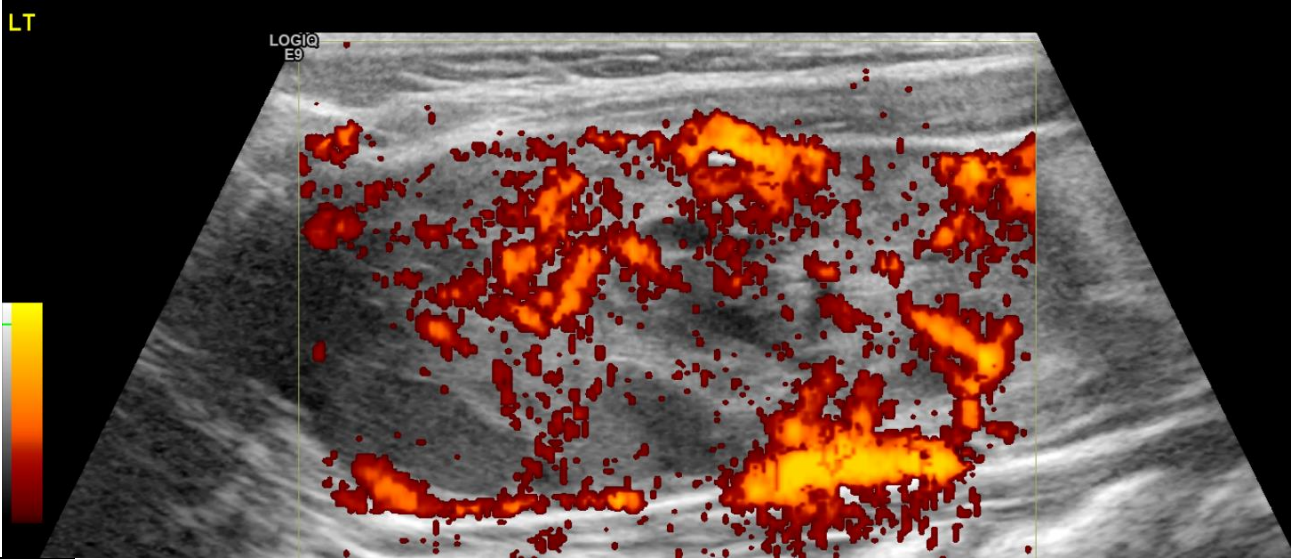


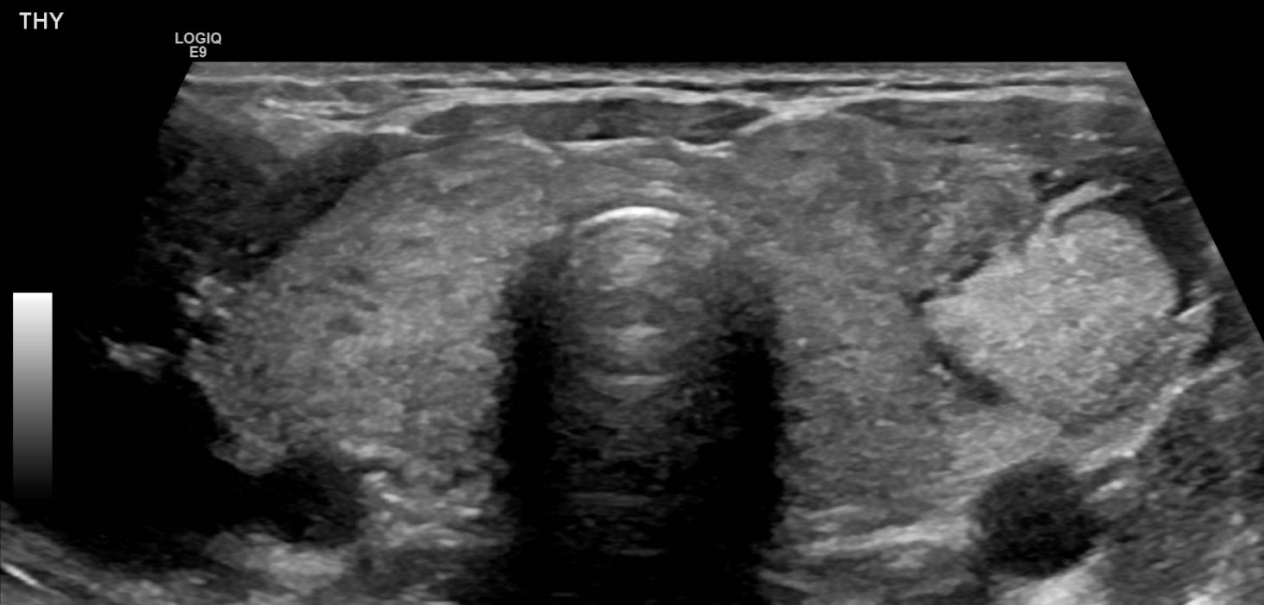
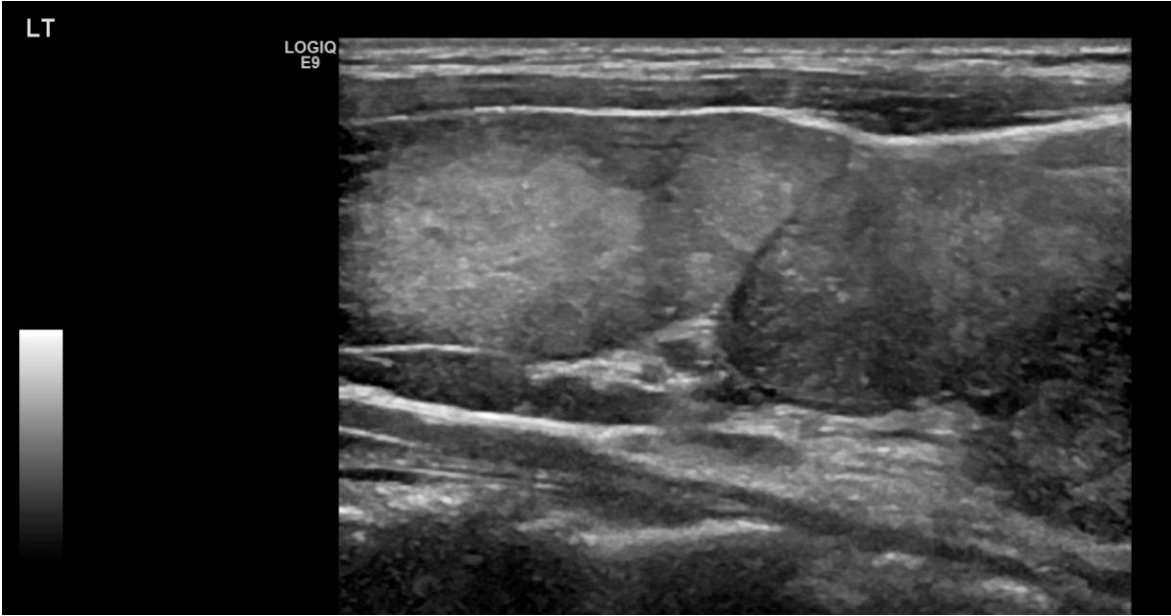
Head and Neck Case 1

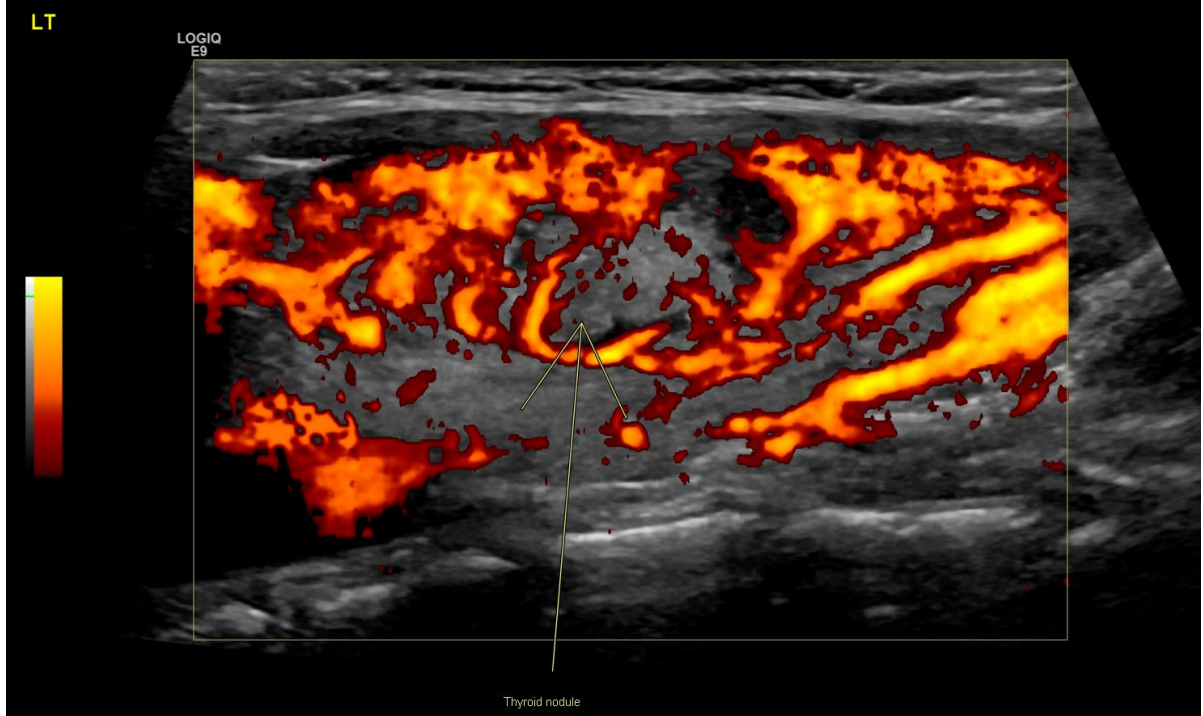
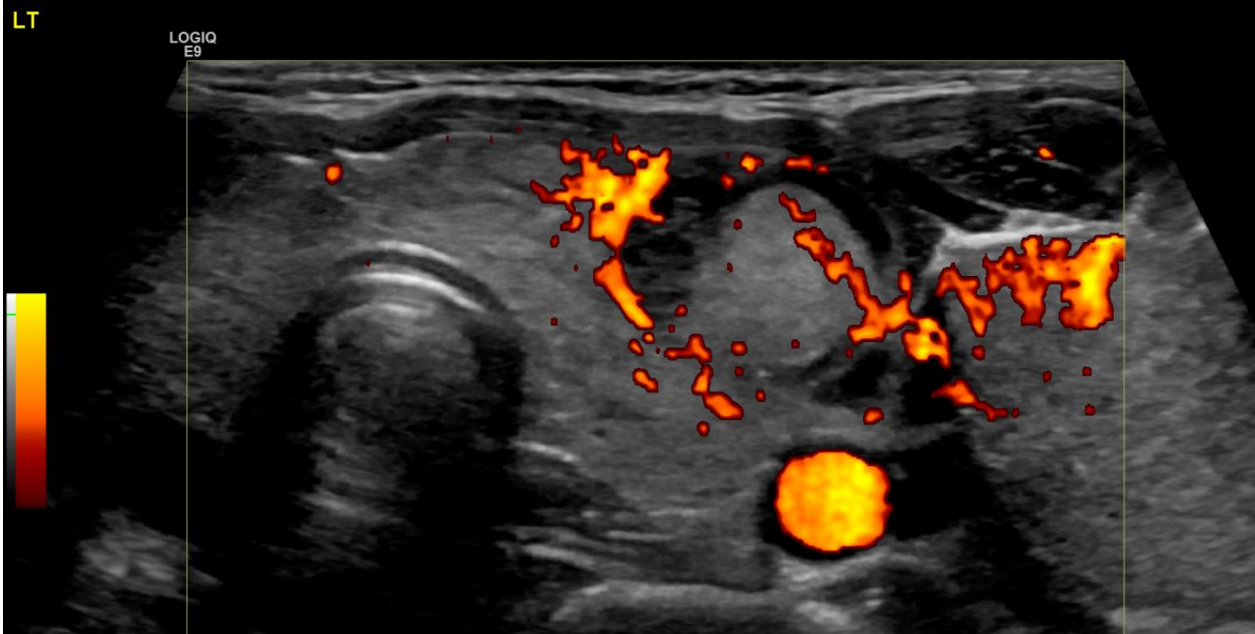
Sept 2022

Clinical history

Left sided neck swelling for 4 weeks with no triggers, no other abnormalities in history or exam, recent FBC showed hypochromic anaemia. ? thyroid ? lymphoma ?soft tissue swelling







Do not progress to next slide until you have attempted to write your own report.

US Report

The site of concern corresponds with an enlarged lymph node (measuring 58mm) demonstrating atypical morphology. Appearance in keeping with a pathological lymph node. Several further pathological lymph nodes are identified throughout the left jugular chain.

Indeterminate (U3) left lobe thyroid nodule (marked central vascular flow).

Conclusion

Lymphadenopathy throughout the left jugular chain with a left lobe U3 thyroid nodule. Urgent follow up advised with a view to biopsy/FNA of the lymph node and thyroid nodule.

Follow up

Lymph node biopsy performed;

Left cervical lymph node - Thyroid tissue with nuclear features suggestive of metastatic follicular thyroid carcinoma.

Thyroid FNA performed;

The appearances are interpreted as suspicious nuclear features of follicular thyroid carcinoma.

Conclusion

Follicular thyroid cancer with metastatic spread to local lymph nodes.

Follicular Thyroid Cancer (FTC) Fact File

- The patient may present with a lump or swelling either within the thyroid gland or general neck region.
- FTC is considered the second most common type of thyroid cancer (second to papillary thyroid carcinoma (PTC)).
- Around 10-15% of thyroid cancer cases are FTC.
- FTC is considered to be a more aggressive malignancy than PTC.
- FTC is Female dominant (3:1 ratio).
- High cure rate if treated early (up to 95% in small lesions).
- Survival rate falls to 31%-43% if metastatic spread is present.
- Common treatments include total/partial thyroidectomy with removal of abnormal lymph nodes and radioactive iodine treatment.