

中文題目：甲狀腺乳突癌轉型為未分化癌之病例報告

英文題目：Anaplastic transformation of papillary thyroid carcinoma : a case report

作者：曾怡菁<sup>1</sup> 翁瑄甫<sup>1</sup> 連允昌<sup>2</sup> 許重輝<sup>1,3</sup> 林立偉<sup>1</sup> 黃千玲<sup>1</sup>

服務單位：臺北醫學大學-北醫附設醫院-內科部-內分泌新陳代謝科<sup>1</sup>

臺北醫學大學-北醫附設醫院-外科部-胸腔外科<sup>2</sup>

臺北醫學大學-北醫附設醫院-核子醫學科<sup>3</sup>

**Abstract :** Papillary thyroid cancer (PTC) is the most common type thyroid neoplasam. With the early detction and the appropriate management, it could have an excellent prognosis. Anaplastic thyroid carcinoma (ATC) is undifferentiated and aggressive. Therefore ATC is lethal and its prognosis is poor (estimated median survival of 6 months from the time of diagnosis). Despite a limited understanding of the mechanisms, some patients with ATC have a coexisting differentiated thyroid carcinoma. Here we report a case of papillary thyroid cancer with anaplastic change.

**Case report:** This 73-year-old man presented with a left enlarging neck mass. He stated his neck mass appeared at least 3 years ago and it rapidly grew lately. He also mentioned hoarse voice, neck pain, difficulty in swallowing, shortness of breath and weight loss of 4 kg within the recent two months. In the prior hospital stay, his chest computed tomography disclosed a 5.8cm left thyroid tumor with tracheal compression, mediastinal lymphadenopathy, bilateral multiple varying sized lung masses and left adrenal tumor. Though he was informed of suspected malignancy, he was transferred to our hospital for personal consideration. On physical examination, the vital signs were : temperature 36.6°C, pulse rate 114 beats/min, respiratory rate 18 breaths/min, blood pressure 118/82mmHg, and oxygen saturation 100%. A tender, firm and immobile neck mass, about 5cm x 6cm, was documented. There was no drainage from the mass or erythema of the overlying skin. Laboratory finding revealed leukocytosis (WBC =11490/mm<sup>3</sup>) and elevated C-reactive protein level (CRP =14.60 mg/dL). Thyroid function test was within normal range (free T4 =1.68 ng/dL; TSH = 0.75  $\mu$  IU/mL). During hospitalization, he underwent CT-guided biopsy of right lung lesion and the metastatic carcinoma from thyroid was favored. His left thyroid fine-needle aspiration of left thyroid mass was inconclusive. He then had a total thyroidectomy and pathology proved the right papillary thyroid carcinoma and the left anaplastic carcinoma with multiple foci of PTC in. A pretreatment scanning with 2mCi showed uptake in the right neck and the right lung, and radioiodine I-131 therapy would be arranged several weeks postoperatively. Patient took a daily levothyroxine(100mcg) and was on low-iodine diet. He was treated with calcium carbonate(1500mg/day) and calcitriol(0.25mcg/day) for hypocalcemia related to postoperative hypoparathyroidism.