

## 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 metastasis to kidney

### CASE REPORT

A 55 years old female presented with increased tiredness and swelling in the right side of abdomen increasing size during last one year. On examination 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, Metanephrine- negative

USG Abdomen-- Suggestive of mass lesion likely renal origin  
C T Scan--Heterogenous 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. Bowel loops displaced medially. Right kidney displaced antero medially and absent fat plane between kidney and lesion. IVC and aorta maintained fat plane---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

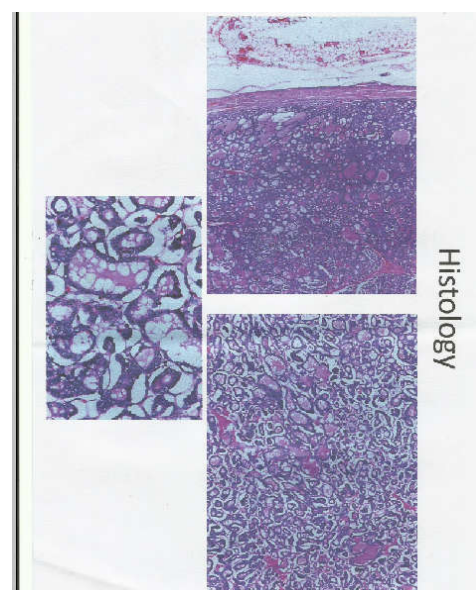


Figure 1.

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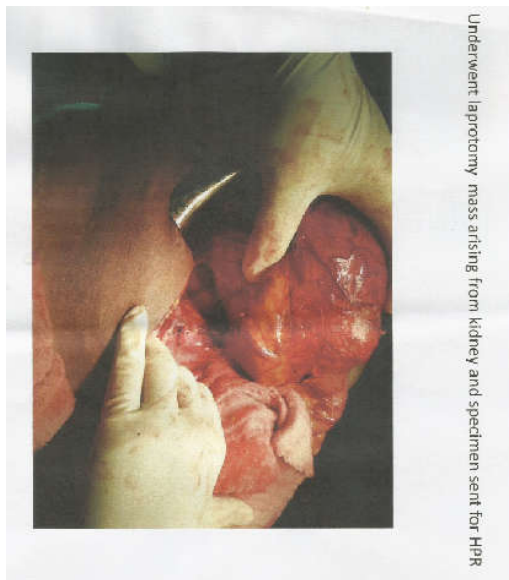


Figure 2.

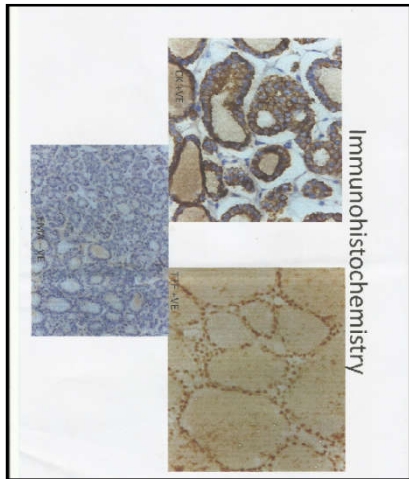


Figure 3.

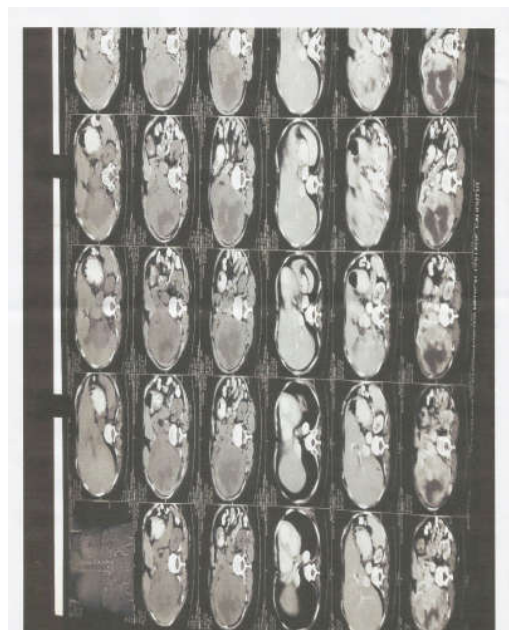


Figure 4

### 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

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