Epidural metastasis of thyroid papillary carcinoma: A case report

Service d’oncologie radiothérapie CHU Casablanca

Papillary carcinoma of the thyroid is the most common histological type found in thyroid cancer, accounts for 60% of thyroid cancers. Their diffusion is essentially lymphatic. Metastatic relapse are rare, their sites of preference are lung and bone. Metastasis of thyroid carcinoma has occurred in approximately 7% to 23% of patients at the time of diagnosis, which are usually associated with poor prognosis. We report the case of an epidural metastasis revealing a thyroid papillary carcinoma.

78 year old patient, who was suffering lumbalgia like sciatica, severe pain, instability and neurologic deficit. Cerebral and medullary magnetic resonance imaging found a large epidural mass looking at D3-D4 measuring 46 * 18mm, extended to D10 with posterior arch and soft tissue extension and spinal cord compression. Bone biopsy performed, the histological and immunohistochemical aspect favored secondary localization of a malignant tumor proliferation of endocrine architecture compatible with thyroid carcinoma. The patient was medically inoperable. He received radiation therapy at a dose of 20 Gy. Then he was referred for total thyroidectomy followed by an iratherapy.

Papillary carcinoma of the thyroid remains of good prognosis and slow evolution. Spinal metastases are very rare. The treatment of choice in emergency is a radical surgery first, in order to preserve the neurological function of the patients, followed by the treatment of the primary tumor.

Key Words: thyroid carcinoma, Spinal metastasis, Compression fracture

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