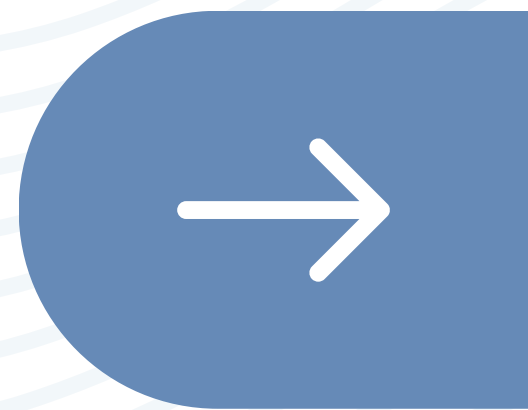


#DIBS BY NEXTILLO

DAILY INFORMATION BULLETIN SERVICE

PAPILLARY CANCER OF THYROID





#DIBSBYNEXTILLO

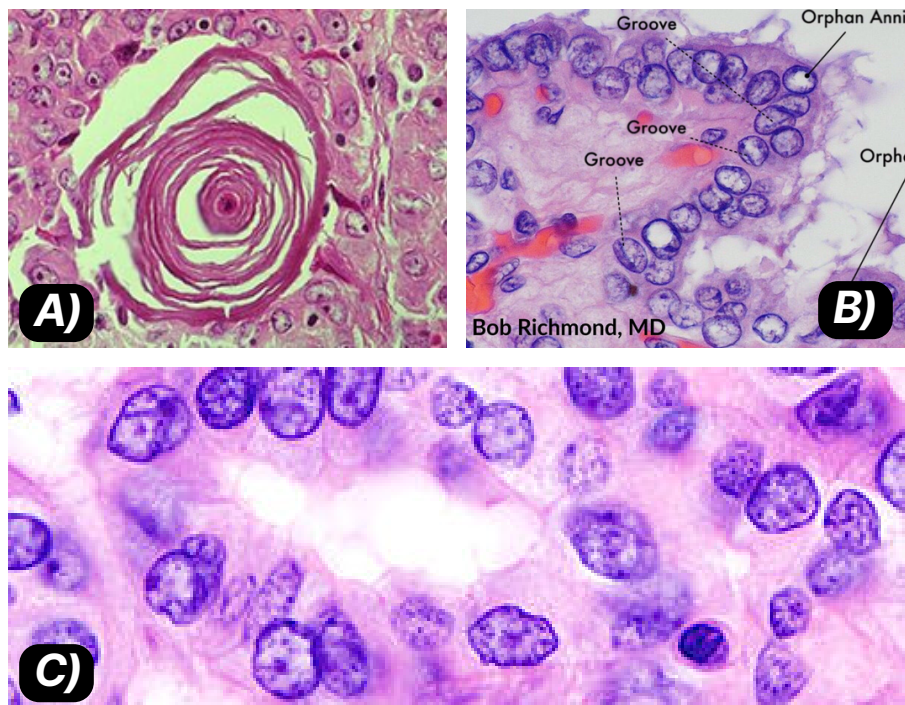
DAILY INFORMATION BULLETIN SERVICE

PAPILLARY CANCER OF THYROID

- **The *most common type of thyroid cancer*, accounting for about 80% of cases.**
- **More prevalent in women and often affects individuals in their 30s and 40s.**
- **Grows slowly and *has a good prognosis* compared to other types of thyroid cancer.**
- **Commonly seen in iodine sufficient areas.**
- **Originates from *follicular cells* and often has a well-differentiated structure.**
- ***Exposure to radiation*, especially during childhood, is a known risk factor.**
- ***BRAF mutations* are common in papillary thyroid carcinoma and are associated with a more aggressive behavior.**



PAPILLARY CANCER OF THYROID



- A) *Psammoma Bodies*
- B) *Orphan Annie Eye Nuclei*
- C) *Papillary Projections*



PATHOLOGIES & DIAGNOSIS

- ***Papillary Projections***
- ***Optically Clear Nuclei aka Orphan Annie Eye Nuclei***
- ***Pseudo Inclusion Bodies***
- ***Dystrophic Calcification i.e. Psammoma Bodies***
- ***Ultrasound identifies thyroid nodules and assesses characteristics.***
- ***Biopsy is carried out for cellular analysis.***
- ***Blood Tests Evaluate thyroid function and thyroglobulin levels.***
- ***Imaging (CT, MRI, PET-CT) for staging and detection of metastases.***



CLINICAL FEATURES

1. Painless Thyroid Nodule:

- *Common presentation, often discovered incidentally.*
- *Nodule is typically firm and non-tender.*

2. Thyroid Enlargement (Goiter):

- *Gradual enlargement of the thyroid gland.*
- *May be visible or palpable in the neck.*

3. Lymph Node Enlargement:

- *Presence of palpable and firm lymph nodes in the neck.*
- *Indicates potential spread to regional lymph nodes.*

4. Hoarseness or Voice Changes:

- *Compression of recurrent laryngeal nerve may lead to voice changes.*

5. Dysphagia or Difficulty Swallowing:

- *Compression of the esophagus by an enlarged thyroid.*



MANAGEMENT

Surgery:

- *Thyroidectomy, with possible lymph node dissection.*
- *Radioactive Iodine (RAI): Post-surgery to eliminate residual thyroid tissue.*
- *Thyroid Hormone Replacement: Levothyroxine to maintain hormonal balance.*

Monitoring:

- *Thyroglobulin Testing (T3, T4): Monitors for recurrence.*
- *Neck Ultrasound: Periodic imaging to assess nodules and lymph nodes.*
- *Regular Medical Follow-Up: Endocrinologist and oncologist appointments.*

Adjuvant Therapies:

- *Considered in advanced or aggressive cases.*
- *May include targeted therapies or external **beam radiation**.*
- *Education: Providing information on the condition and treatment.*



PAPILLARY CANCER OF THYROID

Question :

Which of the following is the most common presentation of papillary thyroid carcinoma (PTC)?

- A. Painful thyroid enlargement*
- B. Hyperthyroidism with low TSH*
- C. Painless thyroid nodule*
- D. Thyroid tenderness and fever*

Answer:

C. Painless thyroid nodule