

# #DIBS BY NEXTILLO

DAILY INFORMATION BULLETIN SERVICE

**THYROID CARCINOMA**



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## THYROID CARCINOMA

*It is the malignancy of Thyroid gland, it is of 4 types namely Papillary(MC type accounts 80%), Follicular (2nd MC accounts 10%), Medullary Thyroid Carcinoma (accounts 5-10% of all cases and is a part of MEN-2A &2B conditions) and Anaplastic carcinoma (accounts 1-2% and mostly occurs in old patients aged 60-70s).*



# CLINICAL FEATURES

- ***Thyroid Nodule- Painless, maybe one or multiple, maybe hard and fixed( sudden onset of pain indicative of a benign thyroid conditions).***
- ***Involvement of cervical lymph nodes can be there.***
- ***Neck swelling***
- ***Dysphagia***
- ***Dyspnea***
- ***Horner's syndrome***
- ***Weight loss***
- ***Fatigue***
- ***Fever***



# DIAGNOSIS

- **Head and neck examination.**
- **Indirect laryngoscopy**
- **Blood work up- if hyperthyroid then less risk of malignancy, high calcitonin indicates towards MTC.**
- **FNAC- but does not differentiate papillary & follicular.**
- **Genetic analysis- RET mutation in MTC, B-RAF V600E mutation in papillary.**
- **Imaging- Usg, neck, abdomen, pelvic CT or MRI to see mass extension, PET-CT to see metastasis.**
- **Metastasis in cervical lymph node is seen in 50% of MTC. & in lungs, bones, brain seen in anaplastic Ca.**





# TREATMENT

- **For Papillary & Follicular Ca.- Subtotal/total thyroidectomy (complication can be RLN injury & hypoparathyroidism), Radioiodine ablation if indicated, chemotherapy and radiation therapy may be used in refractory, advanced cases, prognosis is very good.**
- **For Medullary Thyroid cancer- Total thyroidectomy with lymph node dissection of anterior compartment of neck, systemic chemotherapy, kinase inhibitors RET may be used  
In refractory cases, calcitonin follow up measurement.**
- **Anaplastic Thyroid Ca,- Total/ subtotal thyroidectomy if permitted, B-RAF Kinase inhibitors, Targeted radiation & chemotherapy post sx., prognosis is worst.**





# MCQ

## **Question**

***MEN-2A syndrome is associated with which variant of thyroid carcinoma :-***

- ***A) Anaplastic carcinoma***
- ***B) Papillary thyroid carcinoma***
- ***C) Follicular thyroid carcinoma***
- ***D) Medullary thyroid carcinoma***

***ANS-D) Medullary thyroid carcinoma***