A RARE RENAL CELL CANCER CLINICAL PRESENTATION LATE THYROID METASTASIS

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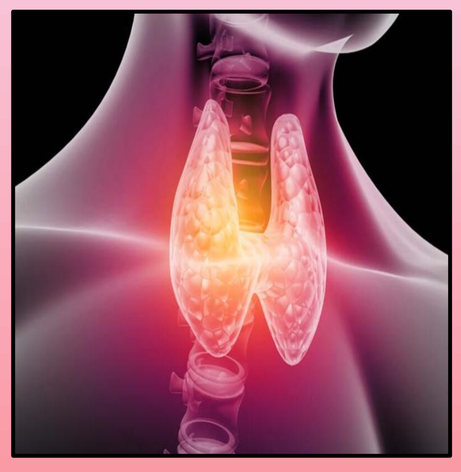
INTRODUCTION

Renal cell carcinoma (RCC) constitutes approximately 4% of adult cancers. Metastatic foci are present at the time of diagnosis in 20% of cases (1). Thyroid metastasis of RCC is rare, and the definitive diagnosis is made by pathological examination of the specimen removed during thyroid surgery (2).

In this case report, we aimed to present a case of late-stage RCC thyroid metastasis in a patient who underwent a right nephrectomy for RCC 9 years ago.



CASE REPORT

A 52-year-old male patient was admitted to our clinic complaining of long-standing neck swelling, dyspnea, and dysphagia. In the patient's anamnesis, it was learned that a right nephrectomy was performed for RCC 9 years ago. A thyroid fine-needle aspiration biopsy (FNAB) was performed 7 years ago, and the result was compatible with follicular neoplasia. Although thyroid surgery was recommended, the patient reported not accepting surgery. It was observed that there was no finding in favor of RCC recurrence in the annual routine controls of the patient. On examination, the patient had bilaterally palpable hard nodules and was compatible with laboratory euthyroidism. Bilateral giant nodules were detected in the neck ultrasonography and neck computed tomography (CT) of the patient ***(Figure 1)***. FNAB pathology result of the patient was compatible with benign cytology.

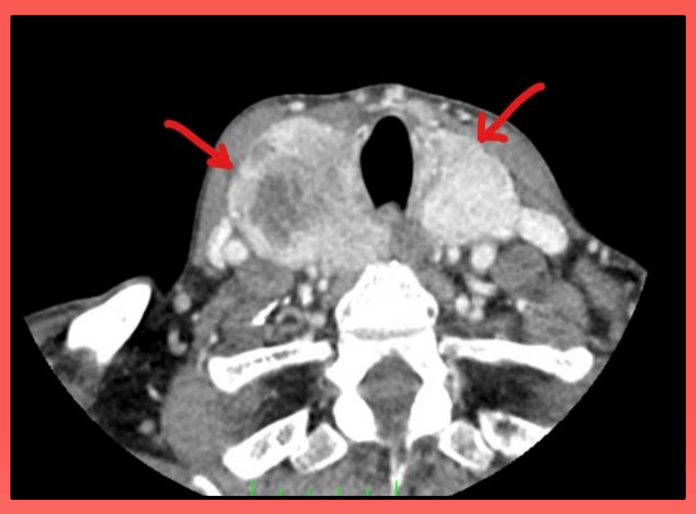


Figure 1. CT image of bilateral giant nodules (indicated by red arrows).

Since the patient had difficulty swallowing and was over 50, a screening endo-colonoscopy was performed, and no pathology was detected. A total thyroidectomy was planned for the patient. In the operative examination, there was a multinodular goiter with solid nodules in the thyroid tissue, the largest of which was 45 mm on the right. It was observed that the right lobe invaded the surrounding tissues and the recurrent nerve. Thyroid tissue was removed, leaving some tissue on the recurrent nerve. Although no suspicious lymph nodes were observed in the preoperative examination, central lymph node dissection was also performed due to the presence of lymph nodes suspected of metastasis in the central region. The patient was discharged on the 3rd postoperative day without complications.

In the pathological examination of the operation material, it was found to be compatible with RCC thyroid metastasis containing two metastatic lymph nodes ***(Figure 2)***.

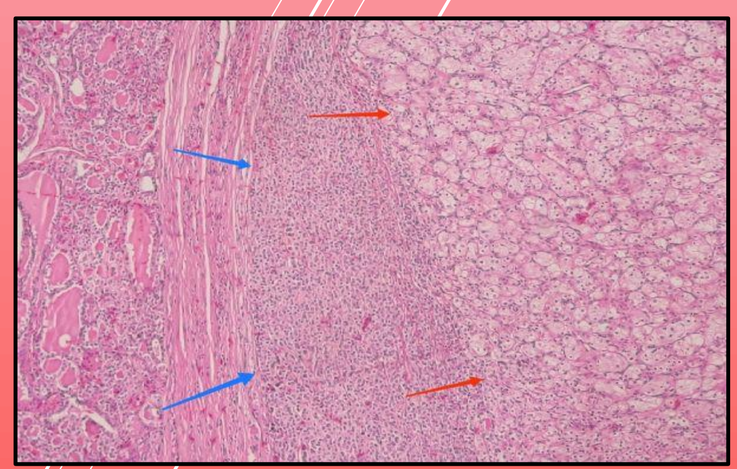


Figure 2. Histopathological image of the thyroid nodule after surgery (the blue arrow indicates thyroid papillary carcinoma and the red arrow indicates renal cell carcinoma metastasis).

DISCUSSION

It should be remembered that patients with a history of RCC presenting with a thyroid nodule may have thyroid metastases, although rare, and metastasis surprise may be encountered in the thyroidectomy material, even if there is no feature in FNAB.

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