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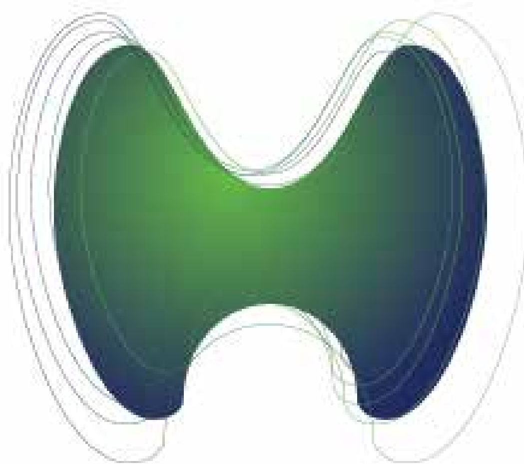

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PAPILLARY THYROID CARCINOMA MIMICKING SUBACUTE THYROIDITIS: CASE REPORT

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Subacute thyroiditis is characterized by self-limited cervical pain, an increase of the thyroid volume and alteration of thyroid hormones (thyrotoxicosis can occur in up to half of the patients). The etiology is not fully understood, but it might be associated with a viral condition. It's five times more common in women. US typical features include enlargement of the thyroid, focal hypoechoic zones or diffuse hypoechogenicity, and in some cases lymphadenopathy. These findings usually accompany hard and tender thyroid gland. On the other hand, thyroid cancer usually presents itself as a non-painful solitary nodule or mass. Here we describe a patient with papillary thyroid carcinoma (PTC) whose clinical presentation was highly suggestive of thyroiditis. **Case:** A.R.R.P., 28 years old, female transgender seek the Emergency Room for acute pain in the cervical region with dyspnea and dysphagia. The patient had goiter's history and notices a significant increase in recent weeks. In the initial evaluation, he presented with an enlarged cervical mass, extremely tender to palpation. The clinical picture was suggestive of a subacute thyroiditis and thyroid function tests, VSG and imaging exams were requested. Thyroid and VSG test showed no abnormalities (TSH 1.44 mUI/ml and free T4 1.0 ng/dl and VSG of 19 mm). Imaging exams were performed. The ultrasonography (US) showed a heterogeneous lesion with 7.5 cm with liquid areas, suggestive of goiter. The fine needle aspiration (FNA) biopsy showed Bethesda 3 classification. Due to patient's complaint of dyspnea, the patient underwent TC which displayed a lesion of 7.9 x 7.5 x 6.4 cm that diverts the trachea. Owing to compressive symptoms, the patient underwent thyroidectomy. Surprisingly, the final anatomopathological exam revealed classical PTC (6.5 x 6.0 x 4.5 cm) with metastasis in 23/35 lymph nodes examined. The tumor was classified as T3N1bMx and the patient received radioactive iodine 131 100 mci. One year after she was submitted to a new lymphadenectomy after a diagnosis of cervical relapse. Nowadays the patient is considered as a complete biochemical response. Thyroid carcinoma mimicking subacute thyroiditis has been rarely reported in the literature. The present case highlights the importance of been aware of this atypical presentation, which is missed by the initial US. In conclusion, atypical PTC presentation should be considered in the differential diagnosis of subacute thyroiditis.