

Unusual Inflammatory Presentation for Locally Advanced Papillary Thyroid Carcinoma

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Background

Thyroid cancer usually presents as a thyroid nodule. If the history implies rapid growth of the nodule, new onset hoarseness or presence of ipsilateral cervical lymphadenopathy then it should raise concern for malignancy. Deep neck infection/inflammation has rarely been reported as initial presentation and these patients are potentially misdiagnosed.

Case Presentation

We present a 56-year-old male who comes to clinic for evaluation of left neck nodule. He started two weeks prior with sudden neck swelling associated with erythema and pain in his lower neck that caused choking sensation and swallowing discomfort, he was prescribed Bactrim and prednisone with improvement of symptoms. Ultrasound done in office showed a six-centimeter heterogeneous mass on his left thyroid with multiple lymph nodes on left neck, largest being 3cm at Level IV which was biopsied with FNA and confirmed metastatic papillary thyroid carcinoma. A total thyroidectomy with central lymph node dissection and modified left neck dissection was performed, pathology reported left 5.2 cm papillary thyroid carcinoma with areas of infarction, 21/38 lymph nodes positive for metastases with extra nodal extension in largest LN pT3aN1b. He was referred to endocrinologist for radioactive iodine therapy.

Conclusions

Papillary thyroid cancer is the most common thyroid malignancy, and it tends to metastasize to cervical lymph nodes. It's very rare to have patients present with deep neck infection/inflammation and it should be suspected to avoid delayed management.

