Pleural Metastases from Papillary Thyroid Carcinoma Mimicking Mesothelioma

Jumpei Takeshita¹, Nobuyuki Katakami¹, Shiro Fujita¹ and Yukihiro Imai²

Key words: papillary thyroid carcinoma, pleural metastasis, diffuse pleural thickening

(DOI: 10.2169/internalmedicine.53.1430)

A 78-year-old man presented to our hospital with dyspnea.

He had a history of papillary thyroid carcinoma (PTC), which had been deemed to be curatively resected via hemithyroidectomy 39 years earlier.

The findings of chest computed tomography (CT) were suggestive of mesothelioma with diffuse right plural thickening (Picture 1). On fluorodeoxyglucose-positron emission to-

¹Division of Integrated Oncology, Institute of Biomedical Research and Innovation, Japan and ²Division of Clinical Pathology, Kobe City General Hospital, Japan
Received for publication July 23, 2013; Accepted for publication August 18, 2013
Correspondence to Dr. Jumpei Takeshita, jumpeinr2tfm3@fbri.org
mography (FDG-PET)/CT scans, a focus of FDG uptake was noted in the lesion (Picture 2). An ultrasonography-guided percutaneous core biopsy sample obtained from the right pleura revealed adenocarcinoma (Picture 3). Immunohistochemical staining showed positive results for thyroid transcription factor-1, thyroglobulin (Picture 4) and cytokeratin 7 and negative results for cytokeratin 20. The patient’s condition was diagnosed as pleural metastasis from PTC. We administered chemotherapy; however, the patient died 17 months after diagnosis.

Pleural metastasis from PTC is rare (1), and immunohistochemical analyses play a major role in making the definitive diagnosis in patients with this condition.

The authors state that they have no Conflict of Interest (COI).

Reference