

中文題目：甲狀腺超音波以及細針穿刺：黃金工具用以診斷轉移至甲狀腺的大腸癌以及肺癌

英文題目：**Thyroid echo and fine-needle aspiration(FNA): Good tool to evaluate metastatic cancer to thyroid**

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Introduction

Thyroid echo and fine-needle aspiration(FNA) are standard diagnostic procedure used routinely in the initial evaluation of nodular thyroid disease. Thyroid nodules are common and usually benign. The risk of malignancy varies from 5 to 10%, but the metastatic tumors to the thyroid are very rare. Here we present two cases of metastatic cancer to the thyroid diagnosed by thyroid echo and FNA. One is lung adenocarcinoma, the other is colorectal cancer metastasis, the smears are stained by Liu's A and Liu's B.

Case reports :

Case 1: This 62-year-old woman was diagnosed with transverse colon and sigmoid colon cancer with liver metastasis in 2016. She received the partial colectomy with anterior resection then. Besides, because of palpable mass over thyroid, thyroid sonography showed multiple thyroid nodules and lymphadenopathy. Fine needle aspiration was performed. The thyroid smear consisted of much mucous-like lesion and much adenomatous cells with large nuclear. Colorectal cancer adenocarcinoma was suspected. Chemotherapy was performed, however the patient expired 3 month later.

Case 2: This 73-year-old woman was diagnosed with lung adenocarcinoma with right hemisphere and liver metastasis in 2016. Since then, she has taken Gefitinib(Iressa). A palpable mass at thyroid was found, so thyroid sonography was arranged. It revealed multiple nodular goiter, bilateral . Fine needle aspiration was performed as well, and the smear consisted of non-thyroid cells with enlarged round nuclei with intranuclear inclusion body. Lung cancer metastasis was highly suspected.

Discussion:

Despite the fact that the thyroid gland is one of the most vascularized organs of the body, clinically evident metastases to the thyroid are extremely rare. The development of a thyroid nodule in a patient with a known prior malignancy may pose a significant diagnostic and management challenge. Carcinomas that frequently metastasize to the thyroid gland include breast, lung, and kidney, while metastasis from CRC is considered extremely unusual. FNA of a suspicious thyroid mass usually provides a rapid and definitive diagnosis. However, a patient with thyroid metastasis has a poor prognosis, the two patients expired in 3~6 months. But FNA is a good tool to distinguish the metastatic nodule from the benign one. So patient with malignancy history has thyroid nodule, FNA is strongly suggested.