CASE REPORT ON DIFFERENTIATED THYROID MALIGNANCY IN PREGNANT PATIENT

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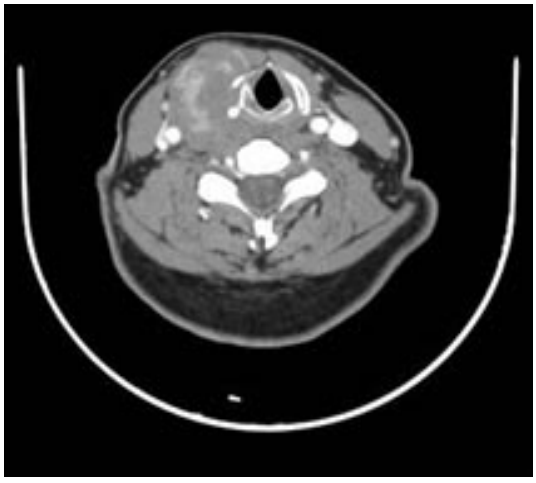
Cancer is a dreaded disease & it is a common understanding that it needs to be treated urgently. However, in special situations patients might be reconsidered for delayed treatment. Delayed treatment in cancer is generally unjustified & results in inferior outcomes. However Differentiated thyroid cancers are different type of cancer. We report a case where we delayed surgery for 8 months to get a child delivered. The surgical & oncological outcomes were excellent.

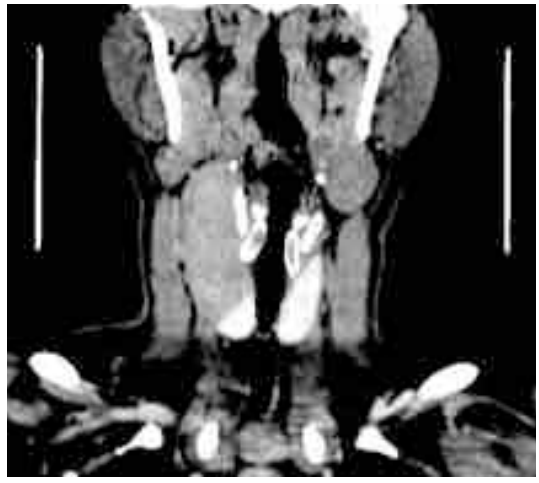
Thyroid cancer is most common malignancy mostly diagnosed in young patients, especially females. Thyroid cancer ranks among the most common cancers during pregnancy, with a prevalence of 3.6-14 per 100,000 live births. The main objectives in clinical monitoring of pregnant thyroid cancer patients are: 1) to reach an adequate balance of maternal calcium and thyroid hormones that is absolutely required by the foetal central nervous system for normal maturation; 2) to maintain optimal levels of maternal thyroxin to avoid possible recurrence or spread of disease and 3) to perform safe follow-up visits for the mother and to plan further therapy when needed.

CASE STUDY

A 30 year old, HBsAg positive female patient was reported to us, with right side neck swelling since 1 month. Her USG neck showed hypoechoic nodule in right lobe of thyroid of size 40*24mm, FNAC showed adenomatous goiter (Bethesda II). She was advised for right hemithyroidectomy and further management. 2 weeks later, in March, she was detected with accidental pregnancy. She was explained about all the risks and benefits of watchful waiting and surgery after delivery. She was also briefed that, if the mass increases in size or shows high risk features, a surgery during 2nd trimester will be considered. It was planned for every 2 monthly sonography and clinical examination with monitoring of T3, T4, TSH and serum calcium, preferably surgery after delivery. USG neck done in august showed increase in size of lesion (60*33mm) in right lobe of

DATE	SIZE OF NODULE IN RIGHT LOBE OF THYROID AS SEEN ON USG
11/01/16	40*24MM
09/03/16	44*25MM
13/05/16	45*25MM
19/08/16	60*33MM (DIAGNOSED WITH PAPILLARY CA THYROID)
17/10/16	60*33MM





thyroid and few suspicious nodes at right level III and IV, FNAC showed papillary CA thyroid from right lobe lesion and metastatic papillary thyroid in right level IV neck node. She delivered baby through LSCS in October, as planned by her Gynecologist. It was pre-term delivery and went smooth. After discussion with Gynecologist, surgery for thyroid was planned in November.

Post delivery, pre-operative CECT neck and chest was done for patient which showed 62*35*35mm well marginated, non enhancing lesion in right lobe of thyroid similar lesion of size 9*8mm in left lobe was seen. Right level IV of heterogenous enhancement was seen, thorax showed no mediastinal lymphadenopathy.

Surgery performed was total thyroidectomy + central compartment neck dissection + right modified radical neck dissection. Histopathological examination showed "multifocal bilateral papillary carcinoma thyroid- classic variant with multiple nodal involvement. Disease was staged as T4aN1b. Keeping in view high risk status of disease she was administered 130mci radioactive iodine treatment and post treatment low dose iodine scan indicated disease free condition of the patient.

CONCLUSION:

According to review of literature when treating thyroid cancer in pregnancy, 3 factors should be considered:

1. The effect of cancer on pregnancy: No metastasis to placenta or foetus – no IUGR. Pregnancy does not seem to be compromised by thyroid cancer.

2. The effect of pregnancy on cancer: Survival and disease-free intervals identical in pregnant and non-pregnant women

3. The effects of management modalities on pregnancy outcome: Although thyroid surgery can be performed safely in the second trimester, surgery after delivery is also acceptable. Surgery after delivery is recommended for most patients with non-aggressive DTC.