

Locally Advanced Thyroid Cancer, series of cases, January 2003 – December 2013

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Mini Review

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Abstract

Objective: The aim of this study is to describe the patients characteristics, histopathologic type, prognosis factor, Shin's classification and treatment in patients with locally advance thyroid cancer.

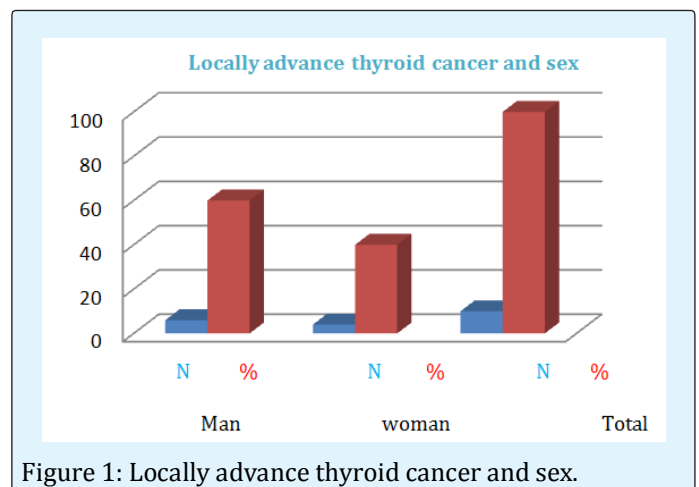
Methods: Descriptive study. Series of case: 10 patients with diagnosis thyroid cancer locally advance. AMES was used as the prognosis factor system, Shin's classification to locally advance. The univariaterreview was realized with frequency and percentage.

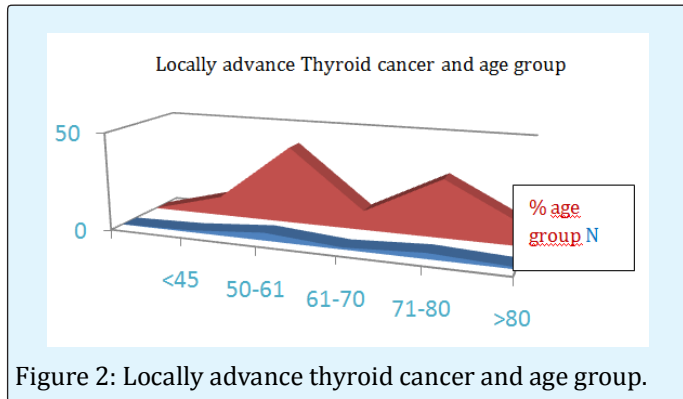
Results: 10 patients with locally advance thyroid cancer, 6 male and 4 female, the age range was between 42 and 86 years old, the media was 66.1 years old.

Keywords: Thyroid; Radiotherapy; Prognostic

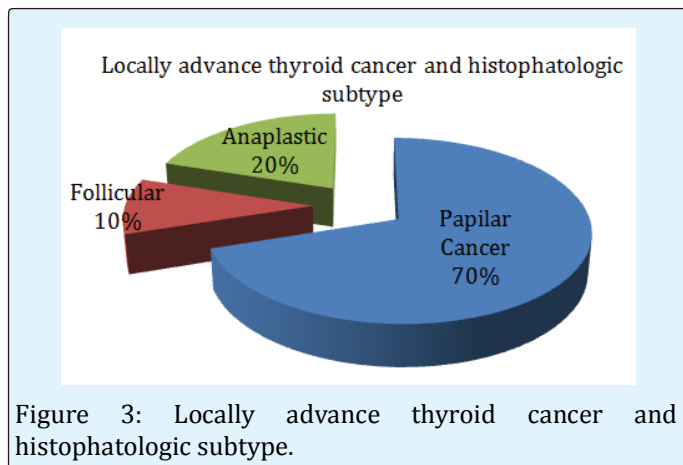
Introduction

Locally advance thyroid cancer, represent between 15-20% of them [1]. The most frequent presentation is a neck gross tumor. The fatal clinical debut is a patient with stridor and asfixia when arrive to the emergency room [2-5]. The multimodal treatment with radiotherapy and chemotherapy is still in controversy. The overall survival is uncertain as shown in Figure 1 & 2.

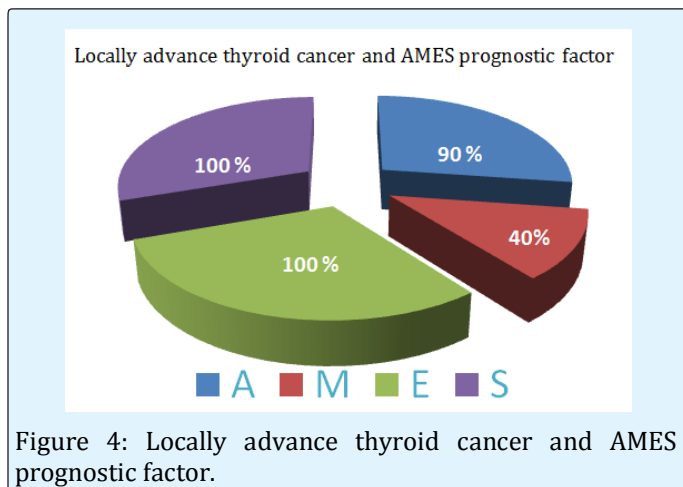




The histopathologic type was papillary cancer 70%, Anaplastic cancer 20% and Follicular cancer 10% in Figure 3.



With AMES prognostic factor 90% were patients with more than 45 years old, 40% with metastasis, 3 with lung metastasis and one patient with spinal metastasis. 100% patients with extra glandular extension and gross tumor major 4 cm [6,7] (Figure 4).



70% were III Stage, 30% II Stage Shin's classification [8].

The clinic presentation was neck gross tumor, in all patients, disphonia 50%, stridor 40%, hoarseness 50% and disphagia 30% in Figure 5A & 5B.



Figure 5A: 58 year old man with gross anterior mass in the neck.

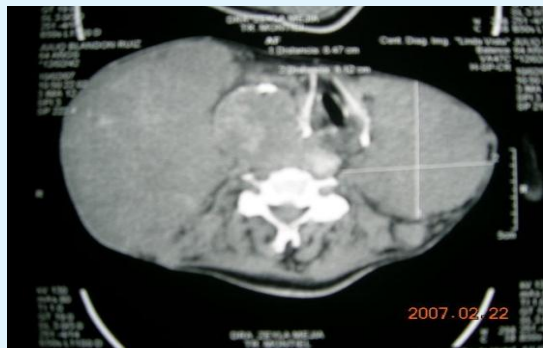


Figure 5B: CT scan show thyroid cancer invading right larynx.

The treatment was Total thyroidectomy plus shave laryngotracheal, plus left radical neck dissection, plus radiotherapy one patient. In Figure 6 Total thyroidectomy plus I-131 plus radiotherapy one patient, total thyroidectomy plus debulking, plus radiotherapy one patient, total thyroidectomy plus, radiotherapy one patient. Radiotherapy one patient, and two patients refused the treatment in Figure 6,7 [9-15].



Figure 6: 59 years old woman Total thyroidectomy plus Shave laryngotracheal plus Reconstruction.



Figure 7: 80 years old woman anaplastic cancer.

In Figure 8, 3 patients tracheotomy palliative 30%.



Figure 8A: 75 years old man with larynx stridor.



Figure 8B: Rx after tracheostomy.

Conclusion

Locally advanced thyroid cancer is the most frequent in the elderly patients, gender male and papillary histopathologic type, with the majority of prognostic factors high risk and tracheal and larynx wall invasion, still is (in fact) multimodal treatment and controversial treatment.

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