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

Medrano F1*, Morin L2, Palacios R3 and Torres E4

1Oncologic Program, Salud Integral Hospital, Nicaragua
2ENT MD, Salud Integral Hospital, Nicaragua
3Pathologist MD, Salud Integral Hospital, Nicaragua
4Research Health Center, Medicine School, León University, Spain

*Corresponding author: Francisco Jose Medrano Sanchez, Oncologic Program, Salud Integral Hospital, Managua, Nicaragua; Tel: 505-8880-5968; Email: fmedranos@hotmail.com

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 univariatereview 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.

Figure 1: Locally advance thyroid cancer and sex.
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.
Conclusion

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

References


