# 22M s/p total thyroidectomy for diffuse sclerosing variant of papillary thyroid carcinoma with rising thyroglobulin 

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## Whole Body l-131

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- 8 days post l-131 therapy with 151.4 mCi radioactive iodine
- CT chest one month prior:
- stable 4 mm LLL nodule.
- stable 3 mm RLL pleural associated nodule
- new 2 mm RML nodule


# Thyroid Cancer Miliary Lung Metastasis 

## UCONN

HEALTH

## Whole Body l-131



## UCONN HEALTH

## Papillary Thyroid Cancer

- Poor prognostic indicators: >1.5cm, >45yo, extracapsular spread
- LN involvement common via lymphatic spread
- Distant mets to lungs (and bones)
- Distant mets rate $<10 \%$
- Usually radioactive lodine Avid; loss of activity occurs with tumor dedifferentiation
- Sclerosing variant:
- Prevalence 0.3 to 5.3\%.
- Variant of PTC have a high incidence of recurrence
- Prognosis same as the classic type of PTC


## Miliary Pattern

- Term refers to innumerable small ( $<5 \mathrm{~mm}$ ) nodules scattered in random distribution in secondary pulmonary lobule
- Differential:
- Mycobacterial
- Mets
- Disseminated fungal infection
- Sarcoid
- Viral pneumonia,
- Silicosis
- Talcosis
- Alveolar microlithiasis
- Miliary metastases typically larger than those of tuberculosis
- Most frequently seen with
- Melanoma
- Thyroid carcinoma
- Choriocarcinoma
- Renal cell carcinoma


## References

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