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

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Whole Body I-131



- 8 days post I-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



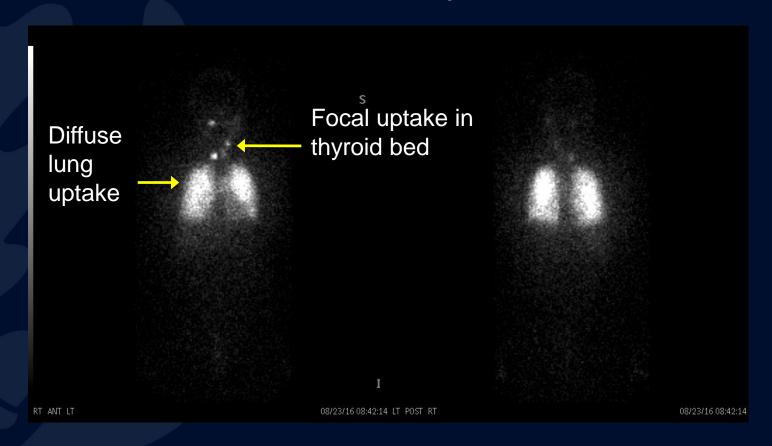




Thyroid Cancer Miliary Lung Metastasis



Whole Body I-131





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 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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- 2. Okuyama C, Kimura M, Oda M, Kodani N, Aibe N, Yamazaki H. A Case of Thyroid Papillary Carcinoma: Remarkable Decrease in Multiple Lung Metastases within 40 Years after a Single Administration of Radioiodine without Thyroidectomy and with Later Anaplastic Transformation. *Case Rep Oncol*. 2017;10(3):928-937. Published 2017 Oct 17. doi:10.1159/000481500
- 3. Gkountouvas A, Chatjimarkou F, Thomas D, Kaldrimidis P. Miliary lung metastasis due to papillary thyroid carcinoma. BMJ Case Rep. 2009; 2009:bcr06.2008.0322.

