

Studies on Histologically, Immunohistochemistry and a few Literature Reference of Poorly Differentiated Carcinoma of the Thyroid Gland Transformed from an Adenomatous Goiter Followed up for Twenty Seven years – A case Report –

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Abstract : Studies on histology, cytology and immunohistochemistry of poorly differentiated carcinoma of the thyroid gland transformed from adenomatous goiter follow up for twenty seven years.

Case : In 1986. A woman in her seventy-years-old was diagnosed as a benign thyroid tumor by echography and aspiration biopsy cytology, and then followed up. In 2011, after 25 years from the first diagnosis, a malignancy was suspected by the 201TI scintigraphy, which showed high intensity, and aspiration biopsy cytology. A radical thyroidecotomy was done and the neck lymph nodes were dissected. In this result, a pathological diagnosis was poorly differentiated carcinoma with adenomatous goiter and the metastasis was not seen in the dissected lymph nodes. After half a year, the metastasis was observed in the lymph nodes of the right neck. And after the three months, the multipulmonary metastasis was seen.

The patient died by the respiratory failure in the total course of 27 years.

Cytologic Findings : Tumor cells formed the cluster as a sheetlike arrangement and the cell nuclear showed the atypia with abundant chromatin. The nuclear pattern was the oval and round. The N/C ratio was increased.

Histologic Findings : The tumor cell nest consisted of the solid, small islet and trabecular pattern containing focal necrosis lesion. The tumor cells has eosinophilic cytoplasm and the partial necrosis was observed. The intracapsular invasion, but not the extracapsular one, was observed.

Immunochemical Findings : Thyroglobulin, which is specific for thyroid tissue, was positive. And a malignancy was suspected by the storng staining of p53.

A few literature Findings : There were a few interesting reports about the histogenesis of adenomatous goiter and poorly differentiated carcinoma of the thyroid gland.

Key words : Thyroid Gland, Poorly Differentiated Carcinoma, Histopathology, Cytology, Immunohistochemistry.

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