

Clinical Images- Metastatic Anaplastic Thyroid Cancer

Ratika Dogra^{1*}, Zainulabedin Waqar¹ and Vinod Khatri²

¹Hospitalist, Internal medicine, Mercy St Vincent Medical center, Toledo, OH, USA

²Attending, Department of Pulmonary and Critical Care Medicine, Mercy St Vincent Medical center, Toledo, OH, USA

Citation: Dogra R, Waqar Z, Khatri V. Clinical Images- Metastatic Anaplastic Thyroid Cancer. *Medi Clin Case Rep J* 2024;2(3):403-404. DOI: doi.org/10.51219/MCCRJ/Ratika-Dogra/109

Received: 25 July, 2024; Accepted: 26 July, 2024; Published: 29 July, 2024

*Corresponding author: Dr. Ratika Dogra, Hospitalist, Internal medicine, Mercy St Vincent Medical center, Toledo, OH, USA

Copyright: © 2024 Dogra R, et al., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

65-year-old female presents to the hospital with shortness of breath that was persistent on neck and decreased breath sounds in left upper lobe and absent breath sounds on the right lower lobe as well as tachycardic and hypoxia which improved with 4L nasal cannula oxygen. Patient underwent CT scan showing 19 mm x 6mm right supraclavicular lymph node (**Figure 1**) Large soft tissue mass in the left upper lobe 10.5 x 8.2 x 11.3 cm with innumerable diffuse bilateral pulmonary metastatic appearing nodules with areas of nodular conglomeration (**Figures 2 and 3**). Patient underwent biopsy revealing metastatic poorly differentiated thyroid cancer. Poorly differentiated thyroid carcinoma are aggressive tumors that prompt diagnosis is needed. Samples were sent for next generation sequencing and patient was planned to start Tyrosine Kinase Inhibitor therapy as outpatient.

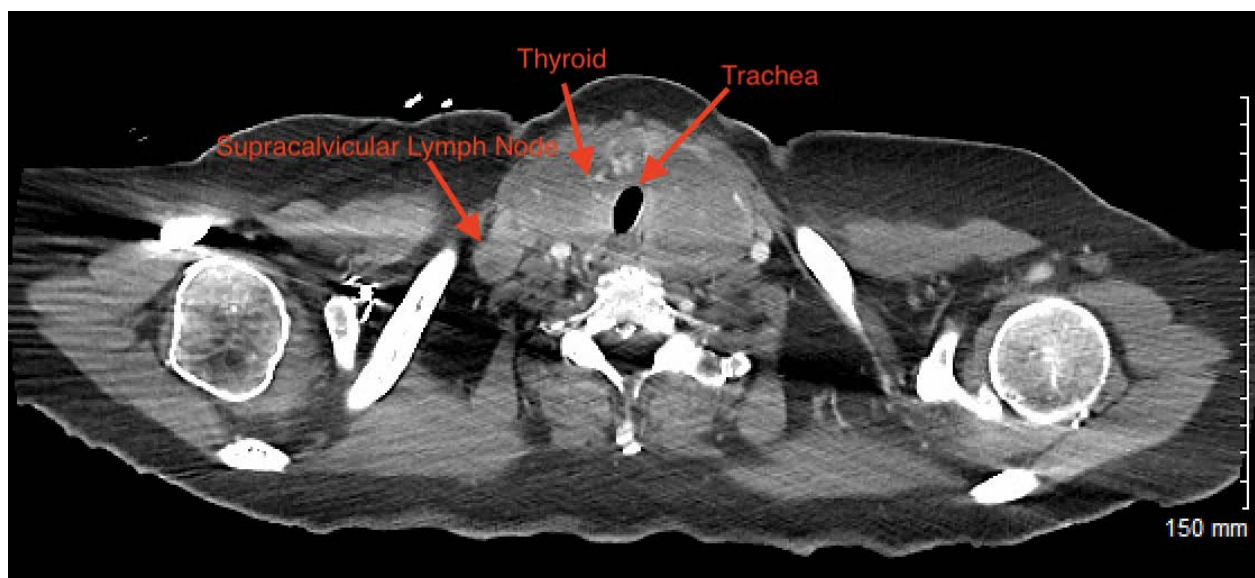


Figure 1: 19 mm x 6mm Right Enlarged Supraclavicular Lymph Node. Figure also shows positioning of Trachea and Enlarged Thyroid.

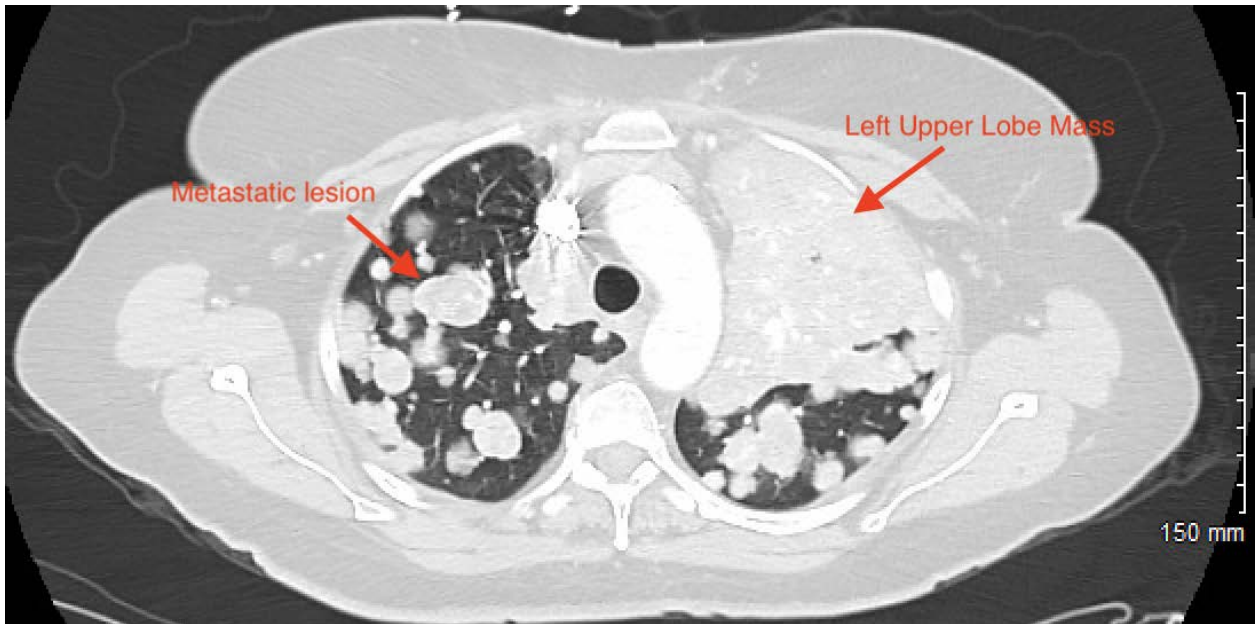


Figure 2: Areas of Pulmonary Metastasis with a Large Mass in Upper Lung Lobe



Figure 3: Diffuse Bilateral Pulmonary Metastatic Appearing Nodules with areas of Nodular Conglomeration