Airway Obstruction as the First Manifestation of an Anaplastic Thyroid Carcinoma

Fábia Cruz1,*, Rita Branquinho Pinheiro2, Rita Macedo3, João Dias Cardoso4, Francisco Freitas4, Paula Monteiro5, Paula Pinto6 and Cristina Bárbara7

1 Internal Medicine Resident, Department of Internal Medicine, Hospital Amato Lusitano, ULSCB, Portugal
2 Pneumonology Resident, Department of Pneumonology, Hospital Santa Maria, CHULN, Portugal
3 Pneumonology Hospital Assistant, Department of Pneumonology, Hospital Santa Maria, CHULN, Portugal
4 Pneumonology Hospital Assistant, Intervention Pneumonology Unit, Hospital Santa Maria, CHULN, Portugal
5 Pneumonology Graduate Hospital Assistant, Intervention Pneumonology Unit, Hospital Santa Maria, CHULN, Portugal
6 Pneumonology Graduate Hospital Assistant, Department of Pneumonology, Hospital Santa Maria, CHULN, Faculty of Medicine of Lisbon, ISAMB, Portugal
7 Pneumonology Senior Graduate Hospital Assistant, Department of Pneumonology, Hospital Santa Maria, CHULN, Faculty of Medicine of Lisbon, ISAMB, Portugal

*Corresponding author: Fábia Cruz, Internal Medicine Resident, Department of Internal Medicine, Hospital Amato Lusitano, ULSCB, Portugal

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Case Description

Anaplastic Thyroid Carcinoma (ACT) is a rare malignancy, accounting for 1-2% of all thyroid cancers. Although rare, ATC accounts for most of deaths from thyroid carcinoma.

A 64-years-old woman present in the emergency department due to solid dysphagia, “throat tightness”, hoarseness and hemoptotic sputum with one week. A mass was identified at the base of the neck (Figure 1), adherent to the planes and painless. Thyroid ultrasound revealed large solid hypoechoic lesion in the right lobe extending to the isthmus, with irregular contours, classified as EU-TIRADS 5 (European Thyroid Association Guidelines for Ultrasound Malignancy Risk Stratification of Thyroid Nodules in Adults). Chest CT scan was suggestive of bilateral metastases (Figure 2). Rigid bronchoscopy was performed to removal intratracheal mass with immediate symptomatic relief (Figure 3). Pathological anatomy revealed anaplastic thyroid carcinoma.

Anaplastic carcinoma is fast-growing, and early diagnosis is essential to improve its reserved prognosis.

Keywords: Anaplastic thyroid carcinoma; Upper airway obstruction
Figure 1: Mass at the base of the neck.

Figure 2: Chest CT scan with bilateral metastases.

Figure 3: Rigid bronchoscopy shows an intratracheal mass, 1.5 cm below the vocal cords.
Patient's consent
Written informed consent was obtained for the publication in this case report and accompanying images.

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Authors Contribution
Fábia Cruz: Acquisition of data, drafting the article and literature revision
Rita Branquinho Pinheiro: Acquisition of data
Rita Macedo: Literature revision
João Dias Cardoso: Critical revision
Francisco Freitas: Critical revision
Paula Monteiro: Guarantor
Paula Pinto: Guarantor
Cristina Bárbara: Guarantor

References