



Giant scalp metastasis of follicular carcinoma thyroid



Fig. 1. Swelling in the temporo-occipital region diagnosed as scalp metastasis in follicular carcinoma thyroid with thyroidectomy scar (arrow) on the neck.

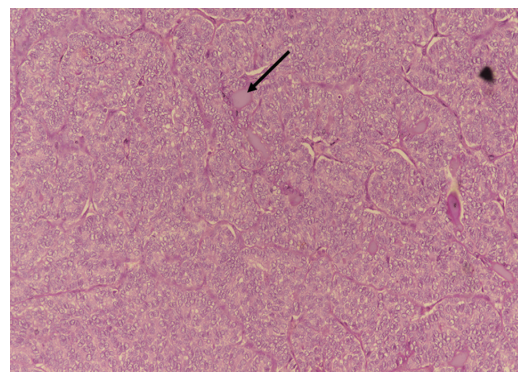


Fig. 2. Tumour cells arranged predominantly in the follicular pattern and in sheets with few glandular lumen containing colloid (arrow) (H and E, ×20).

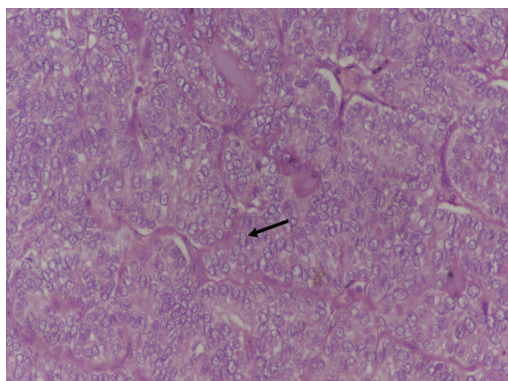


Fig. 3. High-power view (H and E, ×40) showing tumour cells are cuboidal to low columnar (arrow) with eosinophilic cytoplasm.

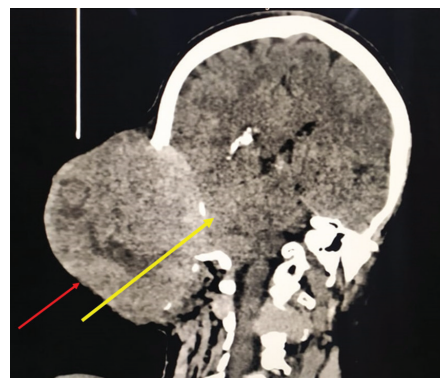


Fig. 4. Coronal view showing well-defined lytic lesion (red arrow) in the occipital bone, right side involving soft tissue of the overlying scalp and compressing right cerebellar hemisphere and right temporo-occipital lobes (yellow arrow).

A 39 yr old female[†] patient presented to the department of Radiation Oncology, Government Medical College & Hospital, Chandigarh, India, in September 2019, with a diagnosis of follicular carcinoma thyroid. She had undergone hemi-

thyroidectomy six months ago and later developed swelling in the temporo-occipital region of the scalp (Fig. 1), which showed metastatic deposits in cytology. Histopathology shows good cellularity, with tumour cells arranged in the follicular pattern

[†]Patient's consent obtained to publish clinical information and images.

under low (Fig. 2) and high magnification (Fig. 3). On computed tomography head, the lesion was $7.6 \times 6.2 \times 7.8$ cm in size, which showed erosion and destruction of the underlying bone with intracranial compression (Fig. 4). On further investigations, metastatic nodules were found in the lungs and spine as well. The patient underwent total thyroidectomy, and then, treatment with radioactive iodine with 300 mCi dose was planned. The patient had partial response but was lost to follow up after two months. The prognosis of such patients is poor,

and cutaneous nodules in a patient of follicular carcinoma should be further investigated.

Conflicts of Interest: None.

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