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Case report / Olgu sunumu

FUNGATING NECK MASS IN A 12 YEAR OLD GIRL; A DIAGNOSTIK DILEMMA. CASE REPORT.

Mantar gibi büyüyen 12 yaşındaki bir kız çocuğundaki boyun kitlesi; Tanısal ikilem. Olgu sunumu.

Arkaprovo Roy[1], Sramana Mukhopadhyay[2]

Malda Medical College[1], R.G. KAR Medical College[2], INDIA

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ABSTRACT

Neck masses we commonly come across are mostly due to enlarged lymph nodes. This can affect any age group. A lateral neck mass sometimes may present as a malignant tumour. Here we report the case of a 12 years old girl who presented with a fungating mass at the right side of her neck. FNAC of the swelling was suggestive of malignant spindle cell lesion and showed a background of thin colloid. The pathologist raised the suspicion of an anaplastic thyroid carcinoma. The girl was operated for a neck mass 8 months back with a provisional clinical diagnosis of a thyroid swelling but the biopsy report was benign solitary fibrous tumour.

Keywords: Neck mass, FNAC, Spindle cell tumour, Anaplastic thyroid carcinoma.

ÖZET

Karşılaştığımız boyun kitlelerinin çoğunluğu lenf bezi kökenli lezyonlardır. Bu durum her yaşta karşımıza çıkabilir. Lateral yerleşimli boyun kitleleri bazen malign bir tümör gibi ortaya çıkabilir. Burada, 12 yaşındaki bir kız çocuğunda boyun sağ tarafına yerleşmiş mantar kaynaklı bir kitle sunulmaktadır.Malign spindle hücreli tümör ön tanısı ile FNAB yapılan, patholoji uzmanı tarafından anaplastik tioid kanseri ön tanısı konulan ve total olarak çıkarılan ve son tanı olarak benign soliter fibröz tümör tanısı alan hastamız sunulmuştur.

Anahtar kelimeler: Boyun kitlesi, spindle cell tümör, anaplastik tiroid kanseri.

INTRODUCTION

Although congenital anomalies of the neck are more common in children, they should be considered in the differential diagnosis of neck masses in any age group. Branchial anomalies are the most common congenital cause for masses in the lateral neck. These masses, which include cysts, sinuses, and fistulae are common in young patients. Neoplasms (benign and malignant) are more likely to be present in older adults. Fine-needle aspiration and biopsy and contrast-enhanced computed tomographic scanning are the best techniques for evaluating masses in this site.

CASE

A 12 year old girl presented to our hospital emergency with a fungating mass of approximately 12 cm x 8 cm x 8 cm in size on the right side of her neck which was bleeding on touch (Figure 1). The patient was anemic but had no respiratory problem or difficulty in speech. She was treated with compressive dressings and transfused with 2 units of blood. The girl had been operated for a mass in the same area 8 months back which had been clinically diagnosed as a thyroid swelling by the operating surgeons.

Corresponding Address: Maldamedical College, INDIA E mail: drarkanatmed1997@gmail.com

We did not get any documentary evidence of the previous lesion except a biopsy report of specimen obtained from the previous operation. The biopsy report stated that the lesion was a benign solitary fibrous tumor which did not corroborate with our present clinical finding and provisional diagnosis. We suspected a secondary lymph node metastasis and intended to find the primary.

Figure 1: Fungating neck mass

We sent the patient's blood for thyroid profile, which came normal. Fine needle aspiration cytology of the swelling showed blood mixed aspirate. Clusters of oval to spindle cells showing nuclear pleomprphism and prominent nucleoli were seen. Background showed thin colloid. Impression was malignant spindle cell lesion with the possibilty of an anaplastic carcinoma of thyroid (Figure 2 and 3).

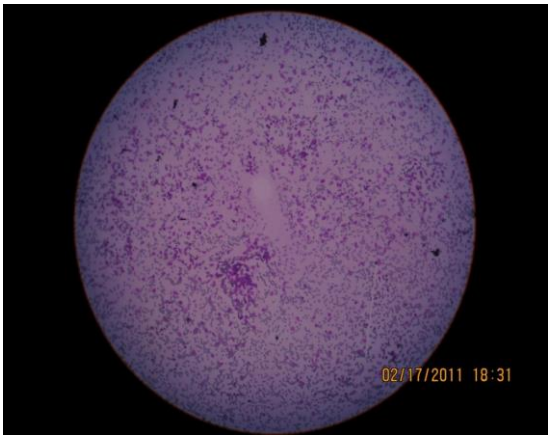

Figure 2: FNAC of the lesion showing cluster of spindle cells.

DISCUSSION

Anaplastic thyroid cancers occur in older patients, usually above 60 years of age, and is three times more common in women (1). Anaplastic carcinoma (AC) occurs more commonly in diseased rather than in normal thyroids. Microscopically three major patterns occur, namely giant cell, spindle cell and squamoid patterns. Combination of these three patterns may be seen in a single tumour. The giant and spindle cell types usually occur in combination. AC may exhibit a fascicular or storiform pattern of growth, heavy neutrophilic infiltration, prominent vascularisation and chondroid or osseous metaplasia. As a result, an anaplastic carcinoma of thyroid may simulate a variety of soft tissue tumours such as malignant fibrous histiocytoma (MFH), vaso-formative tumours and fibrosarcoma (2-4).

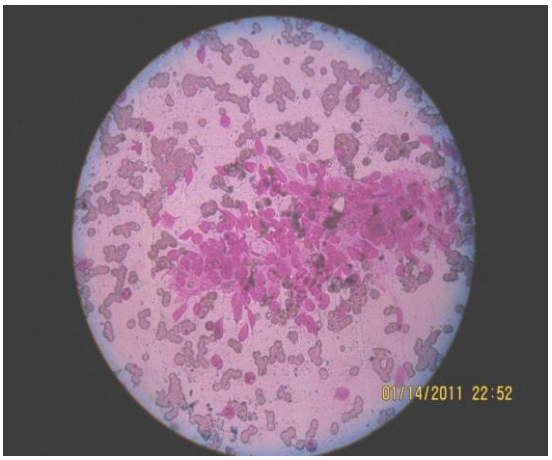

Figure 3: FNAC of the lesion showing cluster of spindle cells in a colloid background.

The co-existence of AC with differentiated thyroid carcinomas has been well documented (5). The exact incidence of association of differentiated carcinomas with AC can be established only on detailed histological study of excised tumour subjected to extensive sampling. This is currently an uncommon procedure, as FNA provides the diagnosis. Besides, surgery is neither feasible nor indicated in most cases except as an emergency debulking procedure to alleviate respiratory or other symptoms (6). On the other hand Spindle cell tumors are a rare form of malignant tumor that typically begin on the skin or in the soft tissue surrounding organs, though they can also be found in the bone. Spindle cell tumors are typically diagnosed in patients over the age of 40. Exposure to certain chemicals or radiation, or the presence of certain lymphatic or genetic conditions may also put one more at risk for developing a spindle cell mass (7).

In conclusion; In this case we saw a 12 year old girl with a fungating neck mass with a diagnosis of Either a solitary fibrous tumour or anaplastic carcinoma of thyroid , both of which is very rare in a girl of such low age. Since FNAC is diagnostic in most of these cases and we did not go for a biopsy. Also it was not feasible at that time. Ultimately we could not get to a definitive diagnosis - so our dilemma regarding the diagnosis persisted.

REFERENCES

1. Rosai j. Ackerman's Surgical Pathology. 8th Ed., CV Mosby Co., Baltimore 1996, p:493-567.
2. Lee JS, Lee MC, Park CS, et al. Fine needle aspiration cytology of anaplastic carcinoma with osteoclast-like giant cells of the thyroid. A case report. Acta Cytol. 1996;40:1309-12.
3. Kumar PV, Torabinejad S, Omrani GH. Osteoclastomalike anaplastic carcinoma of the thyroid gland diagnosed by fine needle aspiration cytology. Report of two cases. Acta Cytol. 1997;41:1345-8.
4. Williams JS, L whagen T, Palombini L. The cytology of a giant cell osteoclastoma like malignant thyroid neoplasm. A case report. Acta Cytol. 1979;23:214-6.