

中文題目：復發性肺腺癌合併甲狀腺轉移

英文題目：Recurrent lung Adenocarcinoma presented with thyroid gland metastasis

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**Introduction:** Lung adenocarcinoma is a common cell type in the Asian, female, non-smoker population, with common distant metastatic sites, including brain, bone, liver, and adrenal gland. The thyroid is an extremely rare site for metastasis of lung adenocarcinoma. In this case, we present a patient with thyroid mass, metastasis from lung adenocarcinoma.

**Case presentation:** A 76-year-old woman with the history of lung adenocarcinoma, early stage, status post wedge resection in 2019/06. This time, she was presented with shortness of breath with neck palpable mass. Chest computed tomography revealed right upper lung mass, aside from thyroid mass, trachea stenosis and upper airway obstruction. Lab data showed elevated TSH: 71.18 uIU/mL, thyroglobulin: 60.85 ng/mL, CA-125: 184.5 U/ml, CA-153: 676.6 U/mL. PET scan revealed increased glucose metabolic lesions over right upper lung, enlarged thyroid gland increased and neck level Ib/II/VI lymph node. Core needle biopsy was performed on 2021/10/29, with immunohistochemical stain, confirming the diagnosis of metastatic adenocarcinoma from lung.

**Discussion:** The thyroid despite being a hypervascularity organ, is an extremely uncommon site for metastatic carcinoma. Amongst metastatic thyroid cancer, lung had been shown to be the second most common primary site after renal cell carcinoma, in which non-small cell lung cancer is the most common type. It is worth noticing that secondary thyroid cancer possesses a much worse prognosis than that of primary thyroid cancer, which is closely linked to the features of the primary tumor. Literature record high percentage of multiorgan metastasis in patient with thyroid involvement. Fine needle biopsy with abundant metastatic combined with immunohistochemical stain can often confirm the diagnosis.

**Conclusion:** Despite the scarcity of metastatic thyroid cancer, it should also be kept in mind as a possible differential diagnosis, especially in the patient with prior cancer history. Fine needle biopsy should be utilized in patient whom we suspected for diagnosis of metastatic disease.