Hürthle Cell Carcinoma With Jugulo-subclavian Venous Thrombosis

Carcinoma de células de Hürthle con trombosis venosa yugulosubclavio

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Microscopic vascular invasion is well known in thyroid cancer, particularly in follicular thyroid cancer and in poorly differentiated histological types. However, mass invasion of the tumour in the major veins is infrequent. Our case study is a female aged 56 who presented with a 2-month history of right-lateral cervical mass. Screening disclosed an enlarged thyroid affecting the right thyroid lobe, with a solid hypoechoic 5 cm nodule, which was heterogeneous in ecotexture and had uneven edges. A proliferation of Hürthle cells was observed in the fine-needle aspiration histology. In addition to the nodule, computerized tomography revealed a digitiform extension from the middle thyroid vein towards the right jugular vein (RJV), causing thrombosis of same up to the brachiocephalic trunk (Fig. 1). The patient was operated on and we observed that the RJV had embolised up to the jugulosubclavian angle (Fig. 2). Total thyroidectomy and lymphadenectomy were performed.

Figure 1  Computerized tomography. We observe the right thyroid nodule with a digitiform extension from the middle thyroid vein (first image) to the jugular vein, with thrombosis up to the brachiocephalic vein (second image).
was performed with central and right lateral dissection and RJV resection, following previous extraction of the thrombus (Fig. 3). The patient progressed well and was released from hospital four days after the operation. The final histological study showed Hürthle cell carcinoma, which is pending treatment with radioactive iodine.

The presence of mass intravascular invasion in thyroid carcinoma should not be a contraindication for surgery. Whenever possible, complete resection is recommended. Surgical treatment should also be complemented with radioactive iodine therapy, when appropriate, to reduce the risk of recurrence.