PRIMARY THYROID LYMPHOMA: A RETROSPECTIVE ANALYSIS OF 14 CASES TREATED AT A SINGLE INSTITUTION

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INTRODUCTION

Primary Thyroid Lymphoma (PTL) is a rare disease of this gland, representing 0,6-5% of thyroid malignancies and less than 2% of extranodal lymphomas. The PTL is more common in women than in men, with a ratio of 4:1. The majority of patients presented at the diagnosis were is 60 years old or more, and with a history of rapid growth of the thyroid and neck mass. There is a close relationship between Hashimoto's Thyroiditis and the development of primary thyroid lymphoma. Therapeutic planning depends upon the accurate staging and grading of the histopathological subtype.

OBJECTIVE

A descriptive analysis of 14 cases of primary thyroid lymphoma, treated at the National Cancer Institute (INCA) - Rio de Janeiro - Brazil, between 1993 and 2010.

METHODS

We performed a retrospective analysis contained in records of 14 cases of the National Cancer Institute (INCA), between the years 1993 and 2010 of patients diagnosed with primary thyroid lymphoma, confirmed by immunohistochemistry.

RESULTS

The analysis revealed a prevalence among women 78%, 85% of the subjects were Caucasian, and 57% of the patients had a history of Hashimoto's thyroiditis. Dysphagia or dyspnea was initially found in six patients (42%), and four of them (28%) underwent emergency tracheostomy. The most common histological type were MALT non-Hodgkin Lymphoma (NHL) (42%), followed by centroblastic NHL (28%), diffuse large B-cell NHL (21%) and plasmocytic NHL (7%). Six patients underwent surgery (total or partial thyroidectomy), and eight were treated with chemoradiation (Table 1).

Case	*Surgery*	*Histology*	*Quimio/radiotherapy*	*Recurrence*	*Rescue*	*Death*
1	Parcial Thyreoidectomy	LNH MALT	0	0	0	No
2	Bx + Traqueostomy	LNH MALT	RxT 36Gy	Neck	QT. CHOP 6x.	No
3	Bx + Traqueostomy	LNH big cells	QT CHOP	0	0	Yes
4	Total Thyreoidectomy	LNH MALT	0	Skin	QT p/ Micosys	Yes
5	Parcial Thyreoidectomy	LNH MALT	QT CHOP	Neck	E.C. + QT	No
6	Bx.	LNH MALT	QT CHOP	0	0	No
7	Total Thyreoidectomy	LNH MALT	RxT 36 Gy	0	0	No
8	Bx.	LNH plasmacityc	QT CHOP	Neck	QT	No
9	Bx. + Traqueostomy	LNH centroblastic	QT CHOP	0	0	No
10	Parcial Thyreoidectomy	LNH centroblastic	QT CHOP	Mediastinum	0	Yes
11	Bx.	LNH centroblastic	RxT 36Gy + QT CHOP	0	0	No
12	Bx.	LNH centroblastic	RxT 39.6Gy + QT CHOP	0	0	No
13	Bx. + Traqueostomy	LNH large cells	RxT 40Gy + QT CHOP	0	0	No
14	Parcial Thyreoidectomy	LNH large cells	QT CHOP	Mediastinum	QT + RxT 20Gy	Yes

Table 1 – Description of patients with primary thyroid lymphoma treatment and follow-up.

Legend – Bx. - Biopsy / LNH - Non-hodgkin lymphoma / QT - Quimiotherapy / RXT- Radiotherapy

CONCLUSION

Patients with MALT NHL who were treated with surgery followed by adjuvant treatment evolved satisfactorily, and the other more aggressive subtypes developed a better response to chemoradiation. The Fine-needle aspiration was not a good diagnostic method. Mediastinal recurrence proved invariably fatal, and neck recurrence seems to have a better chance a rescue therapy.

Projeto Gráfico: Serviço de Edição e Informação Técnico-Científica / INCA