

Primary Thyroid Lymphoma Initially Presenting as Atypical Follicular Cells of Undetermined Significance on Fine Needle Aspiration Biopsy: A Case Report

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Abstract:

Primary thyroid lymphoma is a rare clinical entity occurring predominantly in elderly females. This uncommon thyroid malignancy continues to produce diagnostic dilemmas.

Objective: To discuss the signs and symptoms of primary thyroid lymphoma as well as its approach to diagnosis.

Method: We report a case of a 66-year old female presenting with a five-month history of an anterior neck mass initially about the size of a marble localized on the left side of the neck. During the interim, there was a rapid diffuse enlargement of the mass occupying the entirety of the neck, producing compressive symptoms like dysphagia, difficulty of breathing and hoarseness.

Results: Initial thyroid ultrasound showed an enlarged thyroid gland more on the left lobe. There were multiple solid and cystic nodules with a dominant nodule on the isthmus. A fine needle aspiration biopsy of the thyroid then revealed atypical follicular cells of undetermined significance. Thyroid function tests were normal. Neck CT scan on follow up showed progressive increase in the size of the anterior neck mass. Core needle biopsy of the thyroid showed atypical lymphoid proliferation with immunohistochemical stains supporting the diagnosis of large B cell lymphoma. The chest, abdomen and bone marrow were also evaluated for possible sources of neoplastic foci yielding unremarkable results.

Conclusion: Although rare, there should be a high index of suspicion for primary thyroid lymphoma with B-cell origin in patients with rapidly growing thyroid mass causing compressive symptoms.