

# Interesting Image of Very Large Level 1 to 4 Lymph Nodal Recurrences in a Patient with Papillary Thyroid Cancer

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This clinical picture is of a 57-yr-old lady with papillary thyroid cancer (PTC) who underwent total thyroidectomy with central compartment lymph node dissection and bilateral modified radical neck dissection in 2017, followed by Radioactive iodine ablation in 2017 and 2019. She was subsequently lost to follow-up. She came to us with a history of having a right lateral neck swelling for 2 years duration. On examination, she had a 6 × 5 cm swelling just below the angle of the mandible on the right side with multiple enlarged lymph nodes at levels 2, 3, and 4 bilaterally (Fig. 1). Her serum thyroglobulin and anti-TG antibody levels were always normal. Contrast-enhanced computed tomography (CECT) neck showed large solid cystic lymph nodal masses, which were characteristic of PTC metastases. She was planned for surgery and underwent bilateral selective neck dissection in May 2022. Intraoperatively, the large level 1 right-side nodal mass was expanding in the prevertebral fascia and could be dissected with difficulty. Few lymph nodes were adherent to the right-side carotid artery, and the internal jugular vein was also dissected with difficulty due to previous surgery adhesions and critical spaces. The postoperative period was uneventful. Histopathology was PTC lymph nodal recurrences.

In literature, 20–50% of patients with PTC present initially with cervical lymphadenopathy and 20–30% as nodal recurrences.<sup>1</sup> Patients with nodal recurrences have a worse prognosis in terms of

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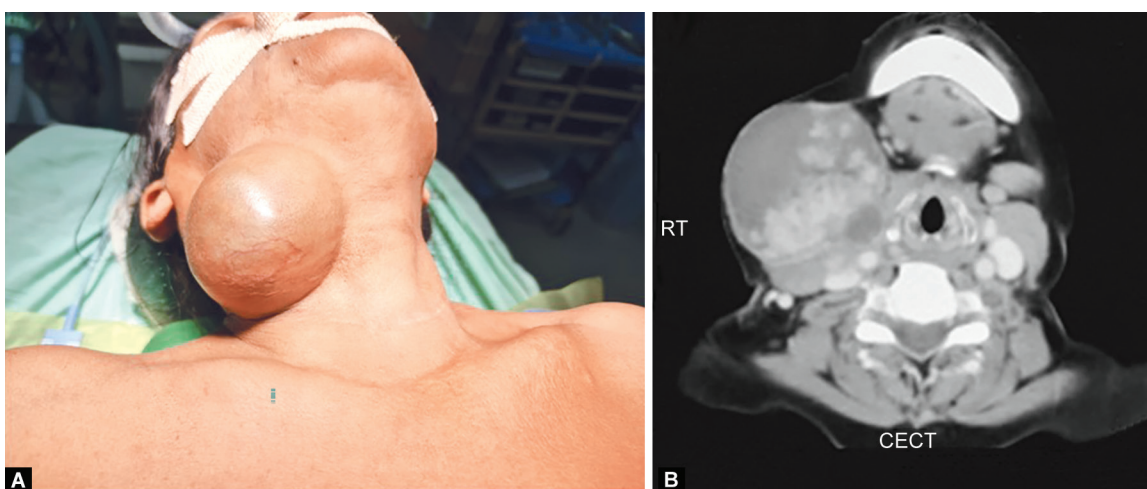
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mortality and bad disease biology as compared to patients with no nodal disease.<sup>2</sup> Level 1 cervical lymphadenopathy is rarely seen in patients with PTC.<sup>3,4</sup> We as endocrine surgeons need to be aware of managing these patients with difficult surgical resections and having bad disease biology. Lymph nodal recurrences may not be associated with rising thyroglobulin levels. Hence, we need to have clinical, radiological, and pathological assessments also in long-term follow-up of such patients who initially present with PTC with multiple lymph node involvements and are prone to have recurrences in follow-up.



**Figs 1A and B:** Clinical and radiological image of the patient with PTC with large multiple right side Level 1–4 lymph nodal recurrences

## REFERENCES

1. Gao L, Li X, Xia Y, et al. Large-volume lateral lymph node metastasis predicts worse prognosis in papillary thyroid carcinoma patients with N1b. *Front Endocrinol (Lausanne)* 2022;12:815207. DOI: 10.3389/fendo.2021.815207.
2. Liu FH, Kuo SF, Hsueh C, et al. Postoperative recurrence of papillary thyroid carcinoma with lymph node metastasis. *J Surg Oncol* 2015;112(2):149–154. DOI: 10.1002/jso.23967.
3. Schneider DF, Mazeh H, Chen H, et al. Lymph node ratio predicts recurrence in papillary thyroid cancer. *Oncologist* 2013;18(2):157–162. DOI: 10.1634/theoncologist.2012-0240.
4. Garg S, Enny L, Sasi Mouli V, et al. Bilateral level I lymphadenopathy in differentiated thyroid carcinoma: case report and review of literature. *World J Endoc Surg* 2020;12(1):41–44. DOI: 10.5005/jp-journals-10002-1288.