

Queries regarding “Anaplastic Thyroid Carcinoma: Spot Diagnosis”

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ABSTRACT

Anaplastic thyroid cancer (ATC) is one of the most aggressive solid organ cancers with high mortality. Even after so much progress in chemotherapy, radiotherapy, and surgical techniques, we lose almost all patients within 2 years of diagnosis. The very low threshold for suspecting ATC and Prompt diagnosis are crucial factors in the management of ATC.

Keywords: Anaplastic thyroid carcinoma, Endocrine cancer, Pemberton maneuver.

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We had the opportunity to read your article “Anaplastic Thyroid Carcinoma: Spot Diagnosis.”^{1,2} At the outset, we congratulate the author for highlighting the importance of time in the management of ATC. We have some queries to ask.

- The authors mentioned that the patient had difficulty in breathing, hoarseness of voice, and there were prominent veins over the anterior chest wall. The authors also mentioned that the mass was extending into the thoracic inlet and therefore thoracic outlet obstruction is likely to be present in this case. Whenever there is a suspicion of thoracic outlet obstruction, one should check for Pemberton’s sign. So we want to ask what were the findings of the Pemberton’s sign if it was elicited.³
- The authors also mentioned that there was a deviation of the trachea to the left and there may be an underlying tracheal obstruction in this case. Tracheal obstruction is the most common cause of death in these types of patients.⁴ Whether the authors checked for Kocher’s test, and what were the findings?
- We can understand that in a government set up patients have to face a long waiting for computed tomography (CT) scan and magnetic resonance imaging (MRI). The CT scan and MRI are very useful tools for staging the ATC^{5,6} However, ultrasonography (USG) can be done quickly if there is urgency. We want to know the experience of authors in predicting ATC on USG.

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