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CHIRURGIE CERVICO-FACIALE ET CANCÉROLOGIE

Hobnail Variant of Papillary Thyroid Carcinoma (HVPTC) : a rare and agressive variant : Case report

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Introduction

Thyroid cancers are the most common endocrine cancers. Papillary thyroid carcinoma (PTC) accounts for around 75% of all thyroid cancers. Taking all variants together, PTC has a very good prognosis. However, a small proportion of patients have an unfavourable course, with local recurrence, lymph node metastases, distant metastases or resistance to the usual complementary treatments. This progression is generally associated with histological variants known to be more aggressive, which for PTC are: cylindrical cell variant, high cell variant or diffuse sclerosing PTC and, a much more recent discovery, hobnail variant.

The aim is to study through an observation the epidemiological, clinicopathologic characteristics and therapeutic particularities of hobnail variant of papillary thyroid carcinoma (HVPTC).

Objective

Study through an observation the epidemiological, clinicopathologic characteristics and therapeutic particularities of hobnail variant of papillary thyroid carcinoma (HVPTC).

Material and Methods

A study of a case of an hobnail variant of papillary thyroid carcinoma (HVPTC)) diagnosed in ENT Department of the University Hospital Fattouma Bourguiba of Monastir (Tunisia).

Results

- A 25-year-old woman
- **Family history :** papillary thyroid carcinoma (PTC) in thermother
- **Personal history :** factor V deficiency
- **Presented with :** an anterior basi-cervical swelling
- **Cervical ultrasound :** a left lower polar thyroid nodule measuring 13*12 mm, classified as Eu-Tirads 5
- **Thyroid cytopuncture :** cytological aspects of papillary thyroid carcinoma (PTC)
- **Treatment :** total thyroidectomy with left mediastino-recurrent curage
- **Histopathological examination :** a 1.2 cm diameter, non-encapsulated, intra-parenchymal, hobnail variant of PTC of the left lobe, associated with lymph node metastasis and intra-vascular tumour embolism in the peri-thyroid tissue.

Conclusion

- HVPTC is a rare and new entity (WHO classification 2017).
- The histopathological diagnosis is based on four main criteria, present in 30% of tumor cells : a discohesive tumour, micropapillaries, loss of cell polarity and hobnail cells.
- It is important to recognize the HVPTC and to specify it in the pathological report because of its more pejorative prognosis.
- This variant presents aggressive criteria, with local extension, lymph node and distant metastasis, local recurrence and decreased survival.
- No specific management is recommended, but a close follow up seems necessary.