

Vagal paraganglioma miming a lymph node metastasis of papillary thyroid carcinoma

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Abstract

Vagal paragangliomas are rare tumors that developed from paraganglioma tissue. They are relatively easy to diagnose. They have benefited from advances in diagnostic imaging, particularly angiography and magnetic resonance imaging (MRI).

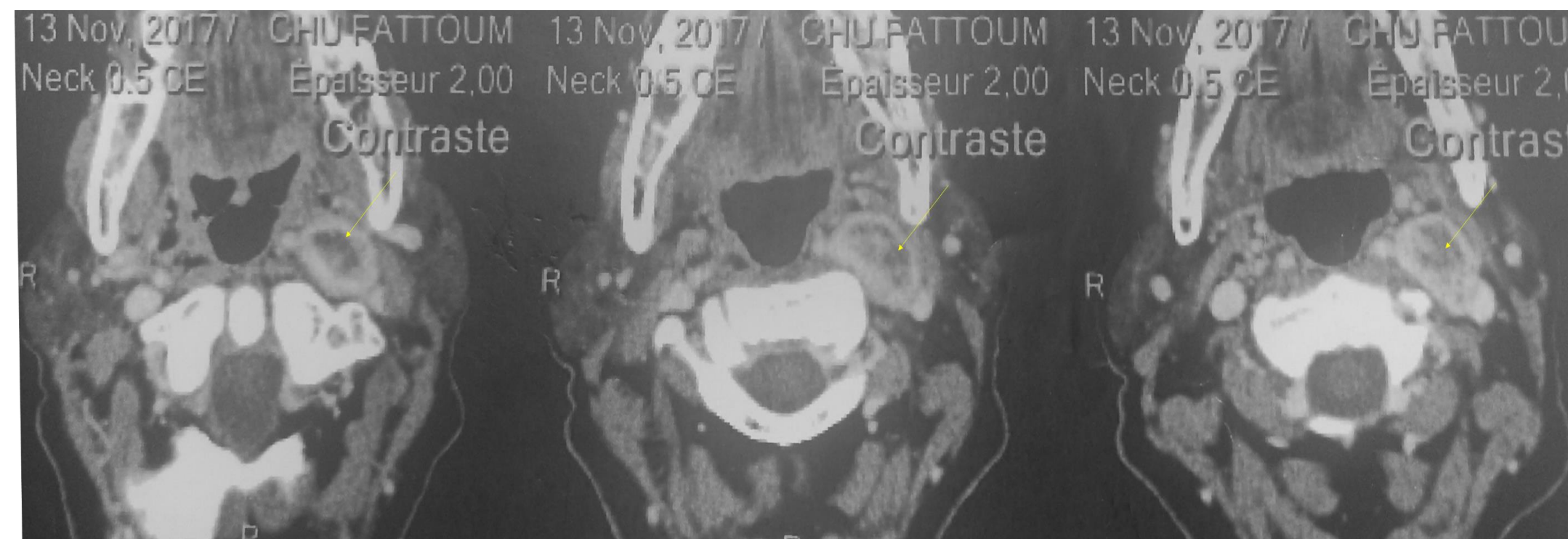


Figure 1: Cervical CT scan with contrast showing a vascularized mass closed to the left carotid bifurcation (arrow)

- A cervico-thoracic computed tomography was performed concluding to a vascularized mass sized 18x30 mm closed to the left carotid bifurcation (figure 1), suggesting paraganglioma or lymph node metastases in the context.
- The patient underwent left functional lymphadenectomy. Per-operatively, we observed a high bleeding lesion closed to the vagal nerve (figures 2, 3, 4). The extemporaneous examination confirmed the diagnosis of a vagal paraganglioma. The definitive anatomopathological examination did not show any lymph node metastases.
- The postoperative period was marked by the occurrence of a recurrent left paralysis with a good course after speech therapy. There were no recurrence of paraganglioma and thyroid carcinoma after six years of follow-up.

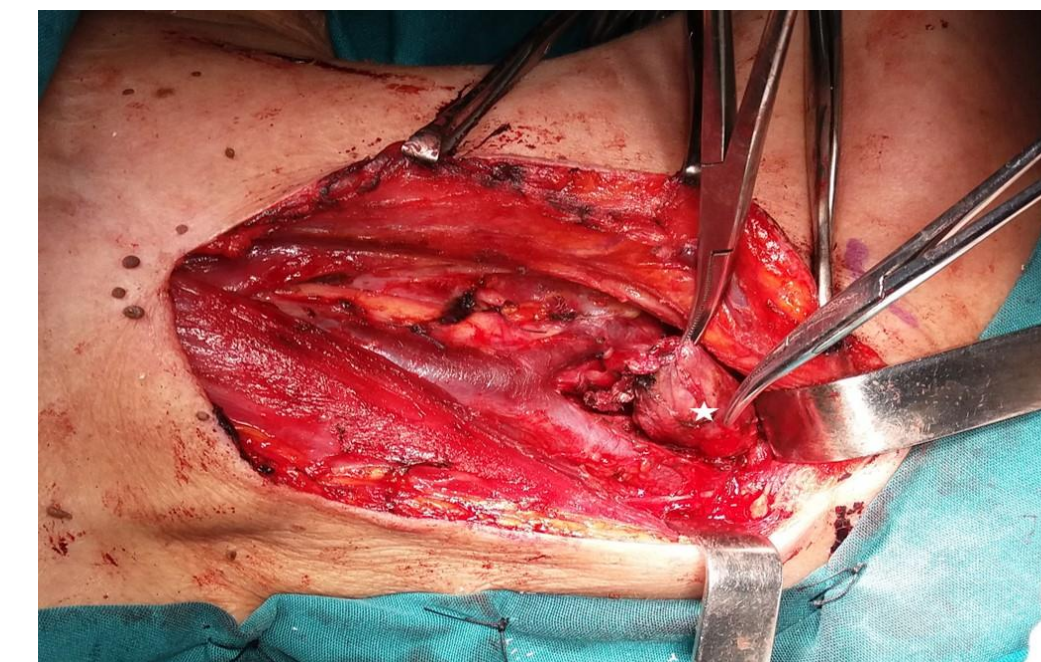


Figure 2: Intraoperative view showing the paraganglioma of the left vagal nerve



Figure 3: the surgical specimen

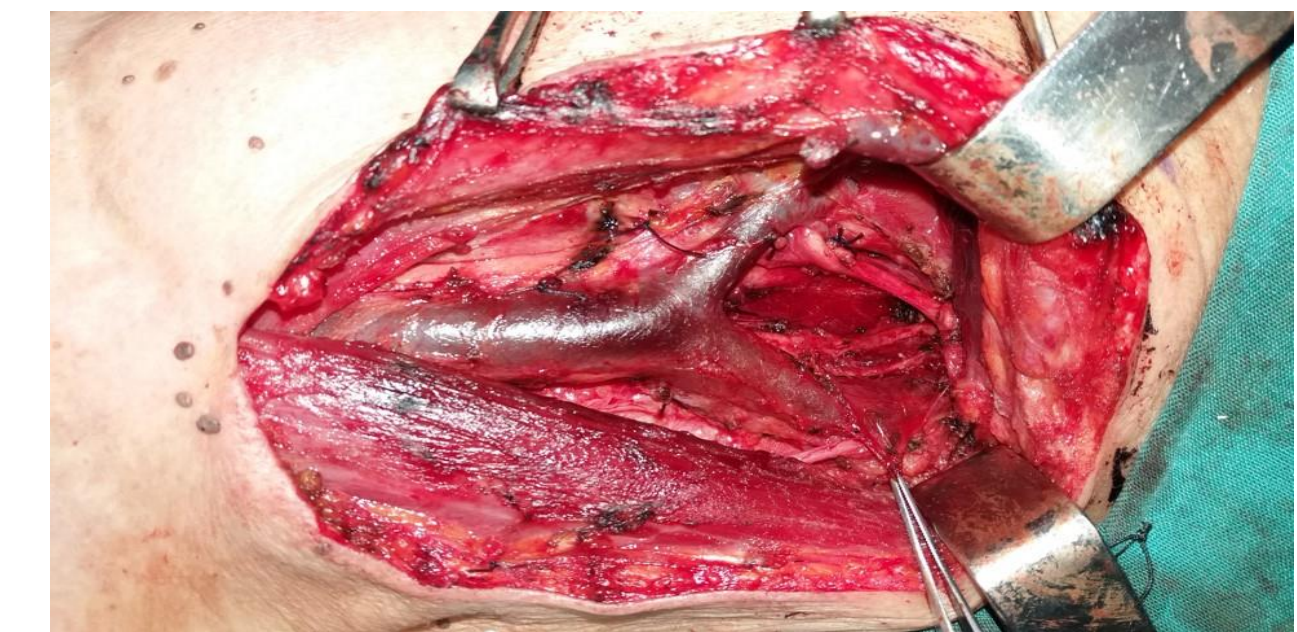


Figure 4: Intraoperative view after surgical removal of the vagal paraganglioma

Résultats

Objectifs

We aim to study the particularities of clinical findings in a vagal paraganglioma miming a lymph node metastases in patient with a history of papillary thyroid carcinoma.

Conclusion

Paragangliomas are usually benign tumors. Management is well codified included imaging for the diagnosis of the tumor and its extensions, surgery as standard treatment and radiotherapy is an alternative in non-operable cases. Nevertheless is not usually the rule, as in our case we misdiagnosed the paraganglioma on the CT scan, as it highly miming a lymph node metastasis.

Case report

- A 66-year-old woman treated for lymph node tuberculosis eight years ago, with a discovery on a cervical ultrasound of a left 1.8 cm thyroid nodule staged EU-TIRADS 4. The patient underwent a total thyroidectomy with bilateral mediastinal lymphadenectomy for multifocal papillary carcinoma associated with lymph node metastases in recurrent chains.
- The patient was treated by complementary iratherapy with a left lateral cervical fixation on technetium scintigraphy with high levels of thyroglobulin.

Références

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