

CASE REPORTS

Papillary thyroid carcinoma mimicking an autonomous functioning nodule

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The relationship between hyperthyroidism and thyroid cancer remains uncertain.¹ Correlations have been reported in the case of toxic multinodular goitre although the incidence of cancer in autonomously functioning thyroid nodule (AFTN) seems to be very low. We have described a case of papillary carcinoma appearing as an AFTN in a 55-year-old male patient. The single module had the diameter of a 2.4 cm measured with ultrasonography, and was localized at the lower pole of the left lobe. ¹³¹I thyroid scans revealed activity localized only at the palpable nodule with complete suppression in the extranodular tissue. Serum T3, T4, FT3, FT4 (RIA) level were in the upper normal range and serum TSH (IRMA) was 0.2 mIU/l with reduced response to TRH 200 µg iv. The patient underwent left lobectomy with isthmectomy. Isthmological examination revealed, at the level of the hot nodule, a papillary carcinoma of 2.6 cm in diameter, with clear and grooved nuclei. The patient underwent thorough further radical surgery. No malignancy was found in the right thyroid lobe.

The present case confirms that the diagnosis of AFTN does not

preclude concurrent thyroid carcinoma inside the hot nodule² and surgery appears the only therapeutic approach offering a resolution to this problem.

References

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Ductal carcinoma *in situ* in the male breast presenting as a profuse watery nipple discharge: a case report

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Case report

A fit 49-year-old man presented in 1996 with a 3-month history of a profuse, painless clear, watery discharge from his left nipple, associated with a lump beneath the nipple. cytology was equivocal, and he proceeded to a left microdoectomy. The histology demonstrated incompletely excised low grade DCIS, diameter 14 mm, with atypical ductal hyperplasia. A completion mastectomy and level I axillary dissection specimen demonstrated clearance of the residual DCIS and no tumour in lymph nodes. He has been well since.

Discussion

Ductal carcinoma of the male breast is found in about 10% of male breast cancers, which account for about 1% of all breast cancers. The presentation with watery discharge is very rare, and the mechanism is unknown. Simple mastectomy must be considered the safest treatment option. Conservative procedures may lead to disease progression and complications.^{1,2}

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DCIS in the male breast may in due course yield clues as to the molecular biology and aetiology of breast carcinoma in general. Meanwhile, though rare, it must be considered in the differential diagnosis of male breast conditions, including the curious and unusual, and must be investigated appropriately.

References

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