Primary thyroid lymphoma versus Riedel's thyroiditis.

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BACKGROUND
<ul style="list-style-type: none">Primary thyroid lymphoma (PTL) and Riedel's thyroiditis (RT) are rare and diagnostically challenging entities^{1,2}.Both can present as a rapidly enlarging thyroid mass and airway compromise due to compression of surrounding anatomical structures^{1,2}.RT involves the overgrowth of progressively fibrosing connective tissue, often seen on diagnostic open biopsy².It has been successfully treated with corticosteroids, tamoxifen and rituximab³, however, debulking surgery is indicated in the presence of compression symptoms².PTL is usually diagnosed on core biopsy, however certain immunobiological markers can aid diagnosis. PTL is treated with chemotherapy and debulking surgery is not advised¹.

CASE SUMMARY
<ul style="list-style-type: none">A 59 year old lady presented with a rapidly enlarging thyroid mass and voice hoarseness (Fig.1).Initial core biopsy and open thyroid biopsy showed severe inflammation consistent with RT.Initial corticosteroid and tamoxifen therapy resulted in significant improvement.Within weeks, despite addition of Rituximab, an emergency tracheostomy was required due to disease progression causing bilateral vocal cord palsy and dysphagia.Further core biopsies then revealed a diffuse large B-cell lymphoma and remission was observed with R-CHOP therapy.

Figure 1: cervical MRI scan performed before R-CHOP treatment

DISCUSSION
<ul style="list-style-type: none">Similar cases of lymphoma resembling RT and vice versa have been previously reported^{4,5}.In this case, initial biopsies were non-diagnostic and, hence, the diagnosis was delayed.The delay in diagnosis resulted in a requirement for difficult airway management.It was safer for the tracheostomy to be performed by a Head & Neck consultant surgeon, as the regional anatomy was distorted. Failure to perform the surgery successfully on first attempt could have lead to fatal complications.

CONCLUSIONS
<ul style="list-style-type: none">Rarely, RT can present as a rapidly enlarging neck mass, however, in such aggressive cases, a high index of clinical suspicion and repeat biopsies should be considered to exclude lymphoma.The diagnostic approach could potentially be improved by supplementing core biopsy with additional haematological investigations.A timely diagnosis is crucial due to rapid disease progression and potential significant morbidity resulting from surgery.Early involvement of the Haematology team is key because, even in cases of RT, chemotherapy can control disease progression.

REFERENCES
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