Primary lymphoma of the thyroid is rare constituting 2-5% of all thyroid malignancies and less than 2% of extranodal lymphomas. Patients typically present with a rapidly enlarging thyroid gland with or without compressive symptoms.

Current ATA guidelines recommend that diffuse FDG-PET uptake in the thyroid gland should be further investigated with thyroid ultrasound imaging and thyroid function assessment.

The patient is a 72-year-old female with hypertension, hyperlipidemia, coronary artery disease and hypothyroidism who presented for evaluation after diagnosis of extranodal follicular cell lymphoma discovered on breast biopsy. In her evaluation for extent of disease an FDG-PET scan was performed that showed evidence of diffuse avidity within the thyroid gland.

The patient was started on solitary Rituxan chemotherapy per oncology discernment in setting of age and relatively indolent disease. After initiation of treatment repeat imaging showed reduction in thyroid gland size, nearly back to its original size years before.

Thyroid lymphoma should always be considered when approaching a patient with a rapid, diffusely enlarging thyroid gland.

Etiologies to consider when approached with diffuse FDG-PET avidity in the thyroid gland includes graves disease, chronic lymphocytic thyroiditis as well as malignancy. Based on current ATA guidelines, increased thyroid gland FDG-PET avidity and ultrasound findings suggestive of chronic lymphocytic thyroiditis typically would not warrant further action. However, we propose the evaluation for thyroid lymphoma should be explored if the clinical picture is suspicious, as was this case.

References