Date: March 2018
Reference: UKEPS/PM(ST)

UK Endocrine Pathology Society
www.ukeps.com

UKEPS Circulation 35

Deadline for answers Friday 11th May 2018

Case Histories (Glass)

Additional cases will be made available electronically.

1. M 69. PHPT. Large adenoma below/posterior left thyroid lobe. Pale Brown nodular tissue 35mm IME plus fragments. Nodule = 3.8g. Cream friable C/S. (SJJ)

2. M 60s. Calcitonin pre-op 399. 5cm right thyroid nodule. Ill-defined, variegated cream and haemorrhagic lesion occupying most of right lobe. Left lobe nodular. (SJJ)

3. M 60s. Isthmusectomy, thyroid cyst. Previous FNAs = THY2 and THY2c. Variegated cream/tan haemorrhagic solid/cystic nodule with focal calcification. 42mm IME. (SJJ)

4. M 67. Grossly invasive thyroid disease in neck. Cytology pre-op: malignant cells detected, favour papillary carcinoma (THY5). Total thyroidectomy and neck dissection forming matted tumour mass up to 140mm. Multiple metastatic nodes surrounding matted tumour mass. Obvious tumour in internal jugular vein. Section is from IJV. (CH)

5. M, 31. Left adrenal gland. Cushing's Syndrome. Gland and fat 115mm IME. 79g. Gland 80% replaced by orange/yellow tumour with focal haemorrhage. (TS)

6. F 34. New onset stridor. Clinically goitre coming off isthmus causing tracheal obstruction. Intraoperatively mass found to be completely separate from thyroid. No other obvious nodes in level 6 bilaterally. Nodule extending from the inferior central thyroid. Multinodular in appearance with multiple sub-centimetre white areas, ?fibrosis. Small cystic area in mid left lobe. No other masses. Right 45x22x15mm, left 57x25x15mm. (MT)

PM – March 2018

(Please confirm receipt of slides to paul.matthews@uhcw.nhs.uk)