Thyroid carcinoma usually presents as an asymptomatic mass in the thyroid gland that is noted by the patient or detected during routine physical examination. Less frequently, the first sign of the disease is a solitary lateral neck mass anatomically separate from a clinically normal thyroid gland. Previously, it was believed that some thyroid cancers arose in lateral embryonic rests, and these were called "lateral aberrant thyroid" carcinomas [1]. Pathologic study of the resected thyroid glands in these cases disclosed an occult thyroid cancer in nearly every instance. The purpose of this paper is to present a series of 43 patients in whom the initial clinical presentation was an enlarged cervical lymph node due to metastatic papillary cancer. Although all patients were subsequently demonstrated to have a primary carcinoma within the thyroid gland, these lesions were not clinically apparent at the time of the initial diagnosis. This study reviews the surgical approach, pathologic findings, and clinical follow-up of this group of patients.

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