

Editorial

# Diffuse Goiter with Diffuse Microcalcification

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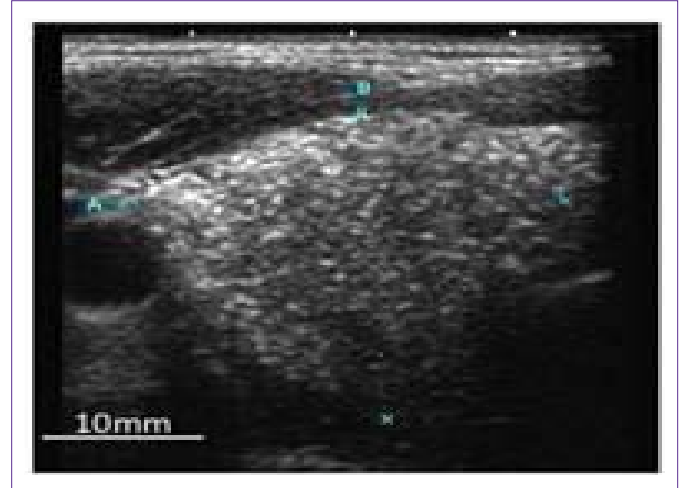
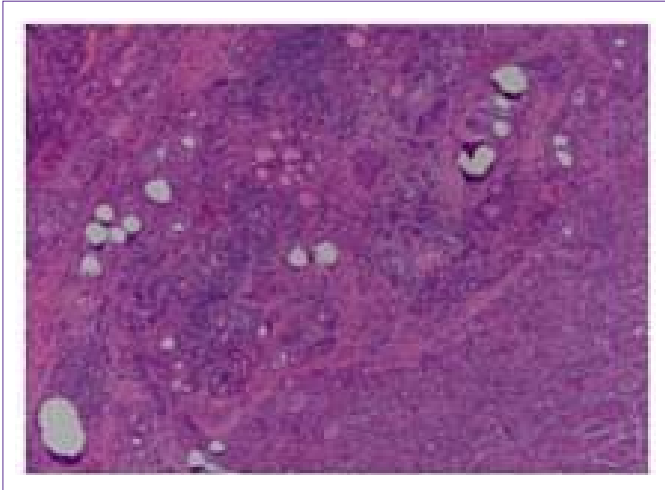
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A 23-year-old Chinese female was referred to our hospital because of a goiter. She had been diagnosed with chronic thyroiditis with anti-thyroglobulin antibodies >4000 IU/mL. Her thyroid was diffusely enlarged with numerous hyperechoic spots in ultrasound (Figure 1).

Q. What would be your next step in diagnosis?

The results of fine needle aspiration of the thyroid gland were compatible with diffuse sclerosing variant of papillary thyroid carcinoma (DSPTC). She underwent total thyroidectomy with neck lymph node dissection. Postsurgical pathological examination showed eosinophilic cell proliferation with papillary and solid growth spreading entire the right lobe of the thyroid (Figure 2) with many metastatic cervical lymph nodes.



DSPTC is a rare (<1%) and aggressive variant of thyroid papillary carcinoma [1,2]. It is known to be frequently associated with chronic thyroiditis and thus patients can be incorrectly treated as chronic thyroiditis. Diffuse microcalcification in ultrasound is one of the important clues to the diagnosis [1].

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