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Parathyromatosis coexisting with papillary thyroid microcarcinoma

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Abstract
The aim of this report is to describe a fortuitely discovered association between parathyromatosis and papillary thyroid microcarcinoma.
Case description: A 56-year-old woman presented with a pyelic relapsed stone, bone pains, neurovegetative com-plaints and iPTH = 348 ng/l as manifestations of recurrent primary hyperparathyroidism after a right inferior parathyroid adenoma exeresis done elsewere six years ago. Ultrasonography showed a 5 mm hypoechoic zone at the lower pole of the right lobe of the thyroid. At the operation an irregular, unbounded, white-yellowish mass 5 mm in diameter was identified lateral and below the thyroid pole together with 15-20 nodules of 1-2 mm scattered on the distal surface of the gland and also in the areolar fibrofatty surrounding atmosphere. Excision and biopsy of the mass and of two main nodules showed the presence of parathyroid issue and the operation is finally completed to a thyroid lobectomy. Definitive paraffin examination evidencied multiple poorly outlined nests of benign parathyroid tissue but also a minute foci of papillary thyroid carcinoma. Two years after the operation the patient is symptom free without any local recurrence and in normal biological parameters.
Discussion: Coexistence between parathyromatosis - a rare but challenging cause of hyperparathyroidism – and thyroid (micro)carcinoma a more frequent encountered lesion is an entirely coincidental occurrence. The preoperative diagnosis of both conditions - particularly of the latter one – is rarely anticipated. In such intraoperative fortuitous finding the intervention must include an en bloc thyroid lobectomy together with periglandular and retro-sternal fibrofatty tissue. This strategy is beneficent also for the eventually nonidentified thyroid microcarcinoma.
Conclusions: Preoperative and intraoperative evaluation for recurrent primary and renal hyperparathyroidism must be exhaustive considering possible coexisting thyroid lesions. Indeed in our knowledge there have been no reports in the literature mentioning this unprecedented entity.
Key words: parathyromatosis, thyroid microcarcinoma, reoperation, thyroid lobectomy

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