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ABSTRACT
We report the case of a 60 years old woman operated in 1987 for a papillar cancer of the left part of the thyroid gland and with a recidiv of the cancer in the right part (2004) after period of 17 years with an infiltration only of the capsule of the thyroid gland. There was a combination of a papillar microcancer and follicular adenoma with features of a functional activity and a centered lymphocitar thyroiditis. Despite the long period (17 years) between the first operation and the recidiv of the papillar cancer, the latter has infiltrated the capsule of the thyroid gland only and did not give further metastases.

Introduction
The cancer of the thyroid gland is a serious disease. It is an important medico-social problem. The papillar cancer shows a more favourable development and gives slower metastases (1, 2, 3, 4).

Case report
From anamnesis
In May 1987 the patient herself incidentally found a knot in the area of the left part of the thyroid gland. After the made scintigraphy of the thyroid gland the knot is hot. In may 1987 a resection of the left part of the thyroid gland. The histologic result is: follicular adenoma with signs of functional activity, papillar microcancer, centered lymphocitar thyroiditis.

After a period of 17 years without any subjective complaints when an ultrasound profilactic study was carried out and a lot of knots in the right part were found. On 28.10.2004 an operation was made again-resectio subtotalis lobi dextri intracapsular by the method of Nikolaev. The histologic result is papillar cancer of the thyroid gland with desmoplastic stroma. Infiltration of the capsule, diameter of the tumouris 1 cm. The diagnose is “carcinoma papillare gl. thyreoideae. PT3 Nx Mx”.

Paraclinic tests
Blood picture and biochemistry are in referent values; urine-15 leucocites, protein-some traces.

On 15.12.2004 a whole body and static screening with 2 mCi 131-I was performed. Three centers of a hyperfixation of 131-I in the area of the thyroid gland were established. There was remained thyroid tissue. In the rest organs and tissue no piling of the radioiod iwas visualized.

Test results from 13.12.2004
TSH-increased: 63.55 micro IU/ml (referent values 0.27-4.2); FT4-decreased: 6.62 mg/l (referent values 8.5-17); thyreoglobulin (tumour marker)- 25.17 (referent values 1.4-78).

The patient was presented to the oncologic committee. A postoperative radioiodotherapy was prescribed.

**Results and Discussion**

Two interesting facts are observed in this case:

1/ the combination of a papillar microcancer and a follicular adenoma with features of a functional activity and a centered lymphocitar thyreoiditis.

2/ despite the long period (17 years) between the first operation and the recidiv of the papillar cancer, the latter has infiltrated the capsule of the thyroid gland only and did not give further metastases.

Our results concur with the results carried out from other authors.

**Conclusions**

This case demonstrates a quite slow development and a very slow metastases of the papillar cancer of the thyroid gland (4, 5, 6).

**REFERENCES**