Skin metastasis of follicular thyroid carcinoma

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A 47-year-old man presented with unstable walk and a big nasal blue lesion with recent and quick growth. The nasal lesion was diagnosed as arteriovenous malformation (AVM) by angiography (a). MRI showed a lytic lesion in the base of the skull determined by biopsy to be metastasis of follicular thyroid carcinoma. After total thyroidectomy, 7,400 MBq of ^{131}I were administrated. Whole-body SPECT/CT, performed 72 h after, showed abnormal radioiodine uptake in the nasal region, basilar part of the occipital bone (clivus), cervical anterior region, paraesophageal region, lung, D-12, S-1, right sacroiliac joint and right minor trochanter (b). Thereafter, nasal AVM surgery was performed and anatomopathology demonstrated a skin metastasis of follicular thyroid carcinoma. After a second treatment with 7,400 MBq of ^{131}I , whole-body SPECT/CT showed the same lesions as the previous study except the absence of radioiodine uptake in the nasal and cervical anterior regions (c, d).

Skin metastases of follicular thyroid carcinoma are rare, even if they are more frequent than in papillary thyroid carcinoma. Skin metastasis are localized more frequently in the head and neck and are commonly associated with metastasis to other localizations [1–3].

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