Primary Tuberculosis of Thyroid – a Rare Mimic of Thyroid Cancer

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We describe a case of a 73-year-old patient with no previous history of tuberculosis (TB) or exposure to tuberculosis. He presented with a right painless anterior neck mass that was enlarging over 1 week. Of note, he did not have any systemic symptoms such as fever or weight loss. Clinical examination confirmed that it was a 5cm thyroid mass without any cervical lymphadenopathy while ultrasound scan showed a 5.4 by 4.8 cm TIRADS 6 mass with infiltration of the overlying strap muscles. FNA revealed granulomatous inflammation with negative Ziehl-Neelsen staining for acid fast bacilli (AFB). A chest X ray done was normal.

He underwent a right hemithyroidectomy for a presumptive malignancy and the intra-operative findings were that of a 6cm hard thyroid mass which was adherent to the strap muscles, sternocleidomastoid muscle as well as internal jugular vein. The final histology reported necrotising granulomatous inflammation of the thyroid mass which again stained negatively for AFB. However, subsequent TB-Polymerase Chain Reaction was positive with Mycobacterium Tuberculosis Complex DNA detected. A retroviral screen done was negative. He has since been referred to an infectious disease physician and started on anti-TB medication.

Thyroid TB can present as a painless solitary nodule which can often mimic malignancy both on clinical examination as well as imaging. Although this is a rare condition, it is important to explore this as one of the possible differentials for thyroid nodules, as medical treatment with anti-tuberculous medications is often adequate, and unnecessary surgical intervention may be avoided for these patients.

Biography

Sally Chan has completed her MBBS from Yong Loo Lin School of Medicine, National University of Singapore, and obtained her Membership of the Royal Collages of Surgeons at the age of 25 years. She is currently working the Department of General Surgery in Sengkang General Hospital, Singpaore.



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