



Thyroid Cancer in patients with Rheumatic Diseases. Series of cases and review of literature. January 2003- July 2019.

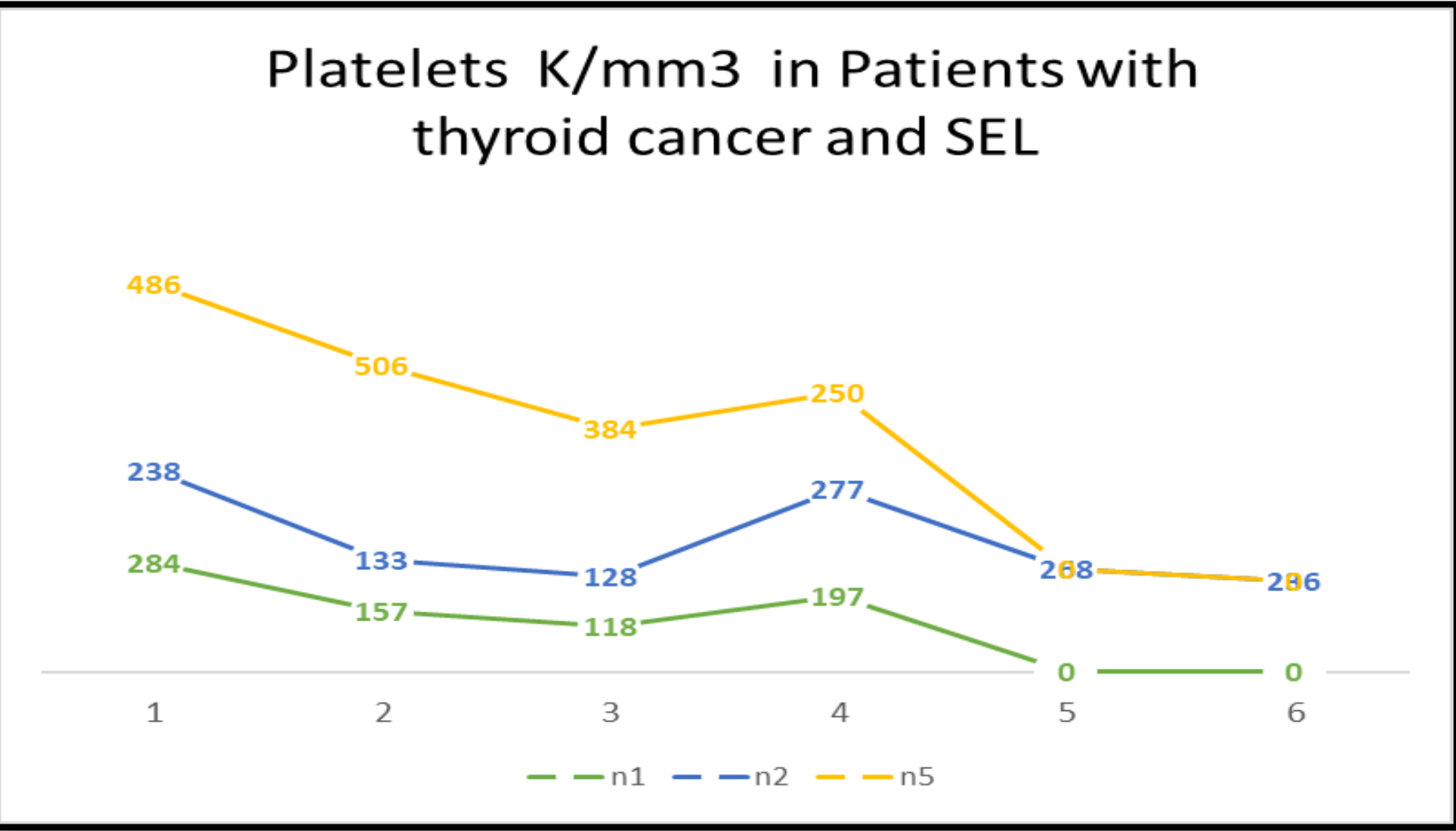
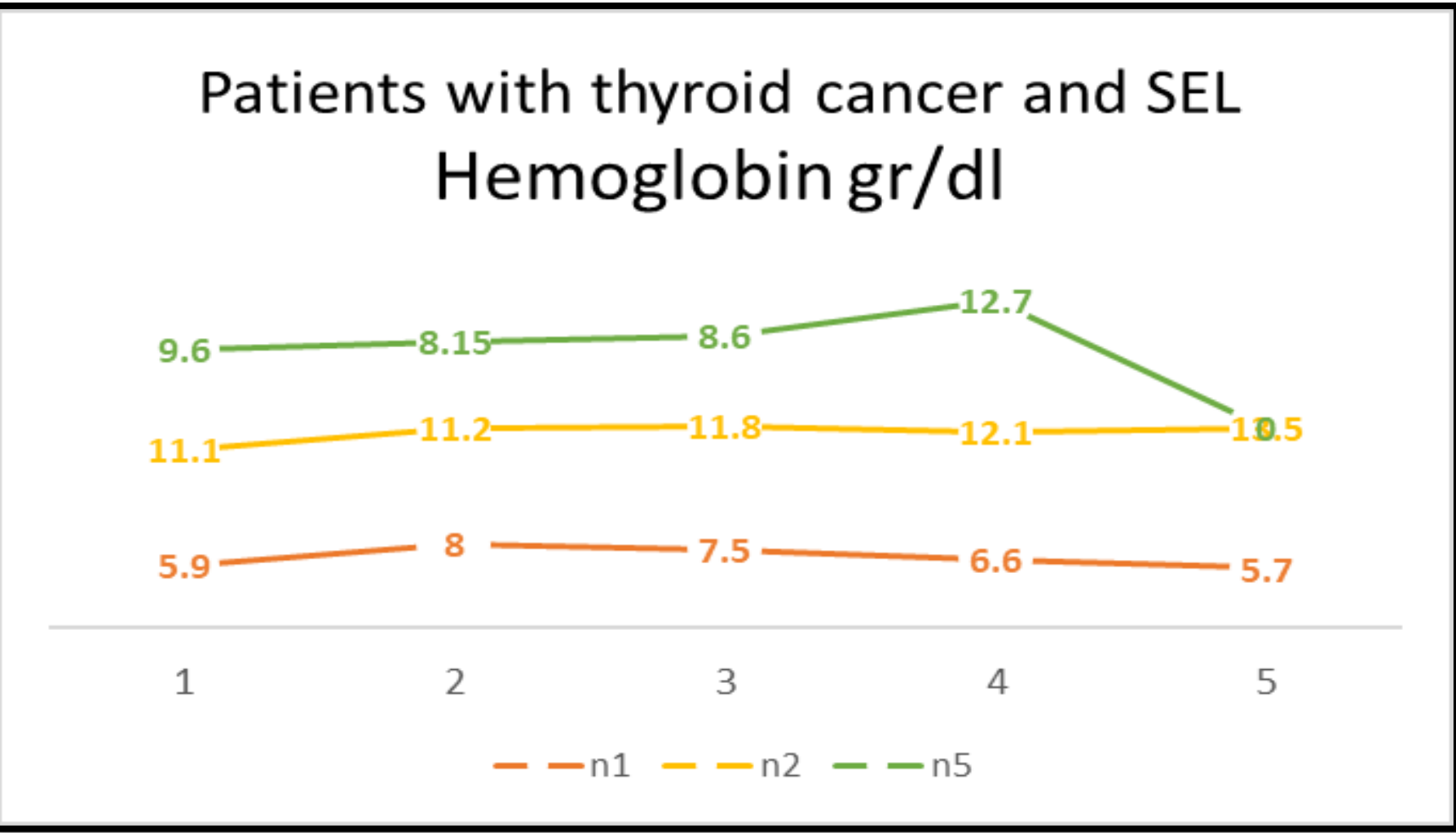
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Summary: A close bidirectional relationship coexists in patients with malignancies diseases and rheumatic diseases (RD). The autoimmune thyroid disease and RD go too far in the heterogeneity to development malignant neoplasms. Different autoimmune elements produced by thyroid cancer are detected in Systemic Erythematous Lupus (SEL)and Rheumatoid Arthritis (RA) patients. Autoantibodies against the thyroid gland are also detected in patients with RD. The goal of this paper is to know the clinical behavior of both entities. To describe the clinical characteristics of the patients with rheumatic diseases and thyroid cancer concurrent.

Methods: Descriptive study, series of cases and review of the literature. The file records of patients with diagnosis of thyroid cancer were reviewed over study period and selected the diagnosed with rheumatic disease according to American Rheumatology Collage. The clinical characteristics of the patients, histological subtype of thyroid cancer as world health organizations (WHO) the risk factor classification using AGES stage system. The thyroid cancer staging according to the American Joint Committee on Cancer (AJCC) and therapeutic approached. The univariable review was realized with frequency and percentage using Excel 2016. The laboratory test was proceed using operative laboratory system ClinSis 2015.

Results				
Universe	250 patients with thyroid cancer			
Sampling	5 patients with rheumatic diseases			
Sex	Male 1 (20%)	Female 4 (80%)		
Diagnostic	3 Systemic Erythematous Lupus (SEL) (60%)	2 Rheumatoid arthritis (RA) (40%)	1 patient with both	
Age	The age range 22 – 48 years	Average age 33 years		
Serologic test to SEL	Antinuclear antibodies (ANA – iFi) positive in all cases and the patients with RA: Rheumatic Factor positive 100%.			
Clinical presentation to SEL	Hematologic and cardiovascular symptoms all cases	One case with chronic failure kidney.	1 patient with severe tricuspid valves insufficiency plus right heart dilatation.	One case left hip severe osteoarthritis that required hip replacements.
Clinical presentation to Rheumatoid arthritis.	2 patients (40%).	1 male	1 female	
	1 patient with symmetric polyarthritis, morning stiffness and joint limitation, affecting elbow and carpus.	1 patient polyarthritis compromise both hands and cervical spine, after developed left lower limb edema with Doppler report of proximal pseudoaneurysm		
Papillary carcinoma	Low risk in patients with SEL	Intermediate risk RA patient.		
	Staging I corresponded to SEL	Staging IV corresponded to RA		
Treatment	The surgical approached 2 patients with total thyroidectomy and 1 with right lobectomy in SEL	2 Total thyroidectomies plus modified radical neck dissection corresponded to RA patients due to extra capsular extension and nodal positive. These used radio ablation with Iodo.		



Conclusion: The rheumatic diseases (SEL and RA) concurrent in patients with thyroid cancer, were present in the minority of cases in our little series. The young woman was the most affected, the majority with hematologic symptoms, but a severe case with Rhupus syndrome that die for pulmonary complication. The classic papillary thyroid cancer in early stage, of low risk and treated with total thyroidectomy plus radio iodine ablation in the majority of the cases without complications. Our result is similar as the international literature.

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