

CALIFORNIA TUMOR TISSUE REGISTRY  
SIXTY-FIRST SEMI-ANNUAL SLIDE SEMINAR  
ON  
TUMORS OF THE THYROID

MODERATOR:

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SUNDAY, FEBRUARY 8, 1976  
9:00 A.M. - 5:30 P.M.

REGISTRATION: 7:30 A.M.

FAIRMONT HOTEL  
SAN FRANCISCO, CALIFORNIA

Please bring your protocol, but do not bring slides or microscopes to the meeting.

CONTRIBUTOR: Roger Terry, M.D.

FEBRUARY 8, 1976 - CASE NO. 1

ACCESSION NO. 20246

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 27 year old Mexican-American male presented with a neck mass of seven years' duration. A scan with <sup>125</sup>I revealed a cold nodule in the left lobe of the thyroid. The serum calcium was 10.4 (normal 9-11) and the serum phosphorus was 3.6 (normal 2.6-4.5).

SURGERY: (July 5, 1973)

Following a biopsy a total thyroidectomy and a bilateral neck dissection were performed. The left superior and inferior parathyroid glands were preserved.

GROSS PATHOLOGY:

The thyroid gland was submitted in five pieces varying from 1.3 to 4 cm. in greatest dimension. Within the parenchyma were firm tan-white nodular areas.

Microscopic examination of numerous lymph nodes from the neck dissection revealed metastatic tumor deposits.

FOLLOW-UP:

The patient was last seen on August 1, 1973 at which time he was doing well. Blood (10 cc) was drawn at that time to determine the serum calcitonin level, but for some reason or other the test was never performed.

The patient was thereafter lost to follow-up.

CONTRIBUTOR: R. J. Kleinhenz, M.D.

FEBRUARY 8, 1976 - CASE NO. 2

ACCESSION NO. 21328

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 75 year old Caucasian male with a two year history of paroxysmal atrial tachycardia was hospitalized on February 17, 1975 for light-headedness and a 65 pound weight loss. Bilateral neck masses were palpated which extended substernally by chest x-ray. Thyroid function tests were within normal limits. A thyroid scan showed cold nodules bilaterally. The serum calcium level was within normal limits. However, plasma calcitonin was 3660 pg/ml (normal is less than 200 pg/ml).

SURGERY: (February 28, 1975)

A subtotal thyroidectomy was performed.

GROSS PATHOLOGY:

Numerous well defined nodules were present within the thyroid tissue bilaterally, and measured up to 2 cm. in diameter on the left and up to 5 cm. on the right. Cut sections of the nodules were solid and light gray.

FOLLOW-UP:

Post-operative serum calcium was normal. Additional follow-up is not available.

CONTRIBUTOR: Joyce Bradshaw, M.D.

FEBRUARY 8, 1976 - CASE NO. 3

ACCESSION NO. 20144

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 50 year old Caucasian female presented in November, 1972 with a mass in her right neck. Admission thyroid scan showed an uptake of 13% at 24 hours (normal 15-20%) and a "cold" mass distorting the inferior pole of the right lobe. Chest radiograph showed deviation of the trachea to the left. T-3, T-4, and serum calcium were all normal.

SURGERY: (November 15, 1972)

An enlarged right lobe was found and a subtotal thyroidectomy was performed with a residual of 3 grams adherent to the trachea.

GROSS PATHOLOGY:

The specimen is labeled right and left lobes of thyroid and consists of markedly enlarged fibroid gland weighing 105 grams. It is multinodular by palpation. The left lobe is markedly enlarged and extremely soft to palpation, measuring 6.5 x 5.5 x 3.5 cm. Sections through this lobe revealed a cystic cavitation measuring 2 cm. in its largest dimension. It is partially filled by papillary appearing outgrowth. The cut surface of the lobe is flat with a grayish-white, soft fish-flesh texture. The right lobe measured 4 x 2 x 1.5 cm. The isthmus is enlarged somewhat and measures 4.5 x 3.5 x 2.5 cm. Serial sections through the isthmus reveal the same grayish-white homogeneous soft fish-flesh texture. Sections through the right lobe are grossly similar.

FOLLOW-UP:

On February 12, 1973 the patient re-presented with a rapidly growing mass in the right neck since surgery. Exploration on February 13, 1973 showed a 5 cm. polypoid nodule attached to the sternocleidomastoid and scalenus medius. The mass was removed.

CONTRIBUTOR: W. Harriett Davis, M.D.

FEBRUARY 8, 1976 - CASE NO. 4

ACCESSION NO. 20758

TISSUE FROM: Isthmus of thyroid

CLINICAL ABSTRACT:

This 57 year old Caucasian female had no complaints except for a palpable nodule in the area of the thyroid. There was no adenopathy. No lesions were seen on radioactive iodine uptake studies. T-3 and T-4 tests were normal, as were other routine laboratory studies.

SURGERY: (June 18, 1974)

Excision of the thyroid nodule which involved the isthmus and portion of the left lobe was performed.

GROSS PATHOLOGY:

A single, ovoid, apparently encapsulated, firm, yellowish-tan nodule measuring 2 x 1.5 x 1.2 cm. was readily removed from the isthmus. The remainder of the gland was entirely normal.

FOLLOW-UP:

On June 21, 1974 the patient was taken to surgery and there was no evidence of residual tumor found.

CONTRIBUTOR: Paul Thompson, M.D.

FEBRUARY 8, 1976 - CASE NO. 5

ACCESSION NO. 17905

TISSUE FROM: Right lobe of thyroid

CLINICAL ABSTRACT:

This 27 year old female was found to have a lump in the right side of the thyroid gland during a physical examination when she was pregnant in June 1967. She complained of continual hoarseness. She did not have signs or symptoms of hyperthyroidism. A Protein Bound Iodine serum test revealed a level of 8.9 mg. A radioactive scan was not performed. The patient was treated with propylthiouracil. In the ensuing months, however, both lobes of the thyroid gland began to enlarge.

SURGERY: (February 7, 1969)

A subtotal thyroidectomy was performed.

GROSS PATHOLOGY:

The entire gland weighed 25.5 grams. The left lobe measured 4.5 x 2 x 1.7 cm. The right lobe measured 5.2 x 2.8 x 2.5 cm. Upon bisection the left lobe appeared normal. In the right lobe, however, was a pale tan nodule with a glistening white margin that measured 1.3 cm. in diameter.

FOLLOW-UP:

None available.

CONTRIBUTOR: Victor J. Rosen, M.D.

FEBRUARY 8, 1976 - CASE NO. 6

ACCESSION NO. 14297

TISSUE FROM: Left lobe of thyroid

CLINICAL ABSTRACT:

This 66 year old Caucasian male presented with an extremely firm mass in the left lobe of his thyroid gland which measured 7 cm. in greatest dimension. The right lobe was not palpable. A scintogram revealed absence of function in the left lobe. An intravenous pyelogram was normal. Thyroid function studies were normal.

SURGERY: (June 16, 1965)

A left thyroidectomy was performed.

GROSS PATHOLOGY:

The left lobe of the thyroid gland weighed 50 grams. Upon bisection a thin layer of compressed thyroid parenchyma was found to enclose a hard, gritty, focally calcified, grey-white tumor which measured up to 6 cm. in greatest dimension.

FOLLOW-UP: (J. S. Wollman, M.D.)

The patient received  $^{131}\text{I}$  radiotherapy postoperatively for ablation of the remaining thyroid tissue. In July, 1965 a small grade I papillary carcinoma of the urinary bladder was removed. As of 1968 he was being followed as an outpatient for a left lower lobe pulmonary nodule of unknown etiology, which had not changed in size. There was no evidence of recurrent neck tumor as of 1968. The patient has been lost to follow up since 1968.

Note: Unfortunately, neither the Registry nor the Pathology Department at the Contributor's hospital has any wet tissue available to stain for the presence of fat.

CONTRIBUTOR: E. DuBose Dent, Jr., M.D.

FEBRUARY 8, 1976 - CASE NO. 7

ACCESSION NO. 21386

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 53 year old Caucasian female with a history of "thyroid trouble" was admitted in late June, 1975 for an enlarging thyroid with dysphagia and hoarseness of recent onset. There was no familial history of goiter. In March, 1975, while on Synthroid, T<sub>4</sub> and uptakes have been low, and a scan was consistent with multinodular goiter. A pre-Synthroid I-131 uptake was 49%. On physical the thyroid was markedly enlarged bilaterally, firm and multinodular. Admission calcium was 9.0 mg%.

SURGERY: (July 1, 1975)

A total thyroidectomy was performed.

GROSS PATHOLOGY:

The right lobe measured 10 x 6 x 5 cm., the left lobe 7 x 5 x 4 cm., the isthmus 6 x 4 x 3 cm. with the pyramidal lobe 2 cm. in greatest dimension. The surface was slightly nodular and on section the tissue was of a brownly indurated consistency. Irregular areas of reddish-brown to yellowish brown discoloration were found.

FOLLOW-UP:

On December 11, 1975 this patient was last seen in the office of her Internist. He found no problems relative to her thyroid. She is being maintained on Synthroid 0.5 mgm. daily. The T<sub>4</sub> (MP) was 8.4 mcg.% (normal 4.0-11.0).

CONTRIBUTOR: James Whiteside, M.D.

FEBRUARY 8, 1976 - CASE NO. 8

ACCESSION NO. 19907

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 72 year old Caucasian female presented with a nodule in the anterior midline region of her neck. It had appeared two years earlier and had gradually increased in size since then. Two months before admission another nodule appeared in the right side of the neck which grew rapidly and seemed to join the nodule in front.

SURGERY: (1972)

When the neck was opened a tumor was found which involved the thyroid gland, the right sternocleidomastoid muscle, the deep structures of the neck and the internal jugular vein. A subtotal thyroidectomy was performed in order to relieve symptoms of pressure and difficulty swallowing.

GROSS PATHOLOGY:

The specimen consisted of two firm nodular rubbery segments of altered thyroid tissue which together weighed a total of 130 grams. The larger of the two segments measured 8 x 6 x 4 cm. Upon bisection both pieces of tissue had a pinkish-tan-gray glistening somewhat fishflesh appearance.

FOLLOW-UP:

The patient received a full course of radiotherapy and responded well. As of February 1975 she was alive and had no evidence of recurrent or metastatic tumor.

CONTRIBUTOR: Seymour B. Silverman, M.D.

FEBRUARY 8, 1976 - CASE NO. 9

ACCESSION NO. 9465

TISSUE FROM: Left lobe of thyroid

CLINICAL ABSTRACT:

This 79 year old Caucasian male presented with a painless, nontender swelling of the left neck that progressed in size over the month prior to admission in June, 1957. Examination revealed a walnut sized hard mass beneath the sternocleidomastoid muscle apparently located in the left lobe of the thyroid. There was no lymphadenopathy, hepatomegaly, or splenomegaly.

SURGERY: (June 10, 1957)

The entire left lobe of the thyroid, which was replaced by tumor, was excised.

GROSS PATHOLOGY:

The partially encapsulated mass of tissue measured 6 x 5 x 4 cm. and weighed 47 grams. The consistency varied from soft to rubbery firm and the cut surface had a uniform, creamy, yellow-white appearance.

FOLLOW-UP:

The patient had local recurrence postoperatively and died a few months after surgery. An autopsy was not performed. At no point did he show signs of a lymphoma.

CONTRIBUTOR: Frank J. Glassy, M.D.

FEBRUARY 8, 1976 - CASE NO. 10

ACCESSION NO. 17821

TISSUE FROM: Right lobe of thyroid

CLINICAL ABSTRACT:

This 71 year old female presented with an enlargement in the right side of the neck for 3 to 4 weeks. She had a sensation of tightness in the neck and episodes of gagging. Thyroid uptake of  $^{131}\text{I}$  was 11% (normal 16-42%). A T-3 resin uptake was 28% (normal 33-38%). Physical examination of the neck showed the mass to be firm and nontender and related to the right lobe.

SURGERY: (December 20, 1968)

At surgery a large tumor was found to be occupying the mid-portion of the right lobe. Since there was no evidence of infiltration, a partial lobectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of an oval, irregular thyroid mass which measured 8.5 x 5.5 x 3.5 cm. and weighed 73 grams. Upon bisection a relatively well-delineated tumor which measured 5.5 x 5 x 3 cm. was found. It was hemorrhagic, multinodular, bulging, pale yellow and contained fibrous trabeculae.

FOLLOW-UP:

Her postoperative course was uneventful until June, 1969 when she experienced anorexia, weight loss, and fatigue. A chest radiograph on September 8, 1969 revealed multiple pulmonary masses measuring from 1 to 13 cm. in diameter. No other follow-up is available.

CONTRIBUTOR: John O'Donnell, M.D.

FEBRUARY 8, 1976 - CASE NO. 11A & 11B

ACCESSION NO. 20662

TISSUE FROM: (A) Right lobe of thyroid  
(B) Left sixth rib

CLINICAL ABSTRACT:

This 82 year old Caucasian male presented with a thyroid mass in May, 1973. A chest radiograph demonstrated a lesion in the left sixth rib. A radioactive iodine scan revealed a cold nodule in the right upper pole of the thyroid and a hot nodule in the left sixth rib. An endocrine consultant suspecting a highly vascular thyroid neoplasm decided not to risk a needle biopsy to obtain a tissue diagnosis. He placed the patient on Synthroid for control of the tumor but otherwise decided on a laissez-faire approach. He expired less than six months later.

GROSS PATHOLOGY: (October 2, 1973)

At necropsy the right lobe of the thyroid and the isthmus were replaced by a gray-white firm tumor which measured 15 x 13 x 4 cm. In large areas there was marked necrosis. The tumor compressed the trachea but did not infiltrate into it. The left lobe of the thyroid measured 4 x 3 x 1 cm. and showed fibrous striae, small colloid nodules and blended imperceptibly into the firm white isthmus tumor.

A 10 x 6 x 6 cm. well encapsulated, variegated gray-tan tumor was attached to the medial aspect of the left fifth rib and entirely replaced a segment of the left sixth rib so much that the rib in that region could be easily bisected with a scalpel blade.

CONTRIBUTOR: Roger B. Arhelger, M.D.

FEBRUARY 8, 1976 - CASE NO. 12

ACCESSION NO. 20090

TISSUE FROM: Right lobe of thyroid

CLINICAL ABSTRACT:

The patient, an 80 year old female, noted a right neck nodule one month ago which doubled in size during the period preceding surgery. She was not aware of a mass prior to that time. She complained of symptoms associated with compression, particularly when lying down. Thyroid scan revealed a non-functioning right lobe. Other studies were non-contributory.

SURGERY: (March 16, 1973)

A total thyroidectomy was performed.

GROSS PATHOLOGY:

The right lobe was 7 x 4 x 3 cm., which upon bisection was infiltrated with a tan homogeneous material occupying almost the entire lobe. The left lobe was 4 x 3.5 x 1.5 cm. and had a tan fleshy appearance upon bisection.

FOLLOW-UP:

None available.

CONTRIBUTOR: William F. Burgos, M.D.  
William J. Thorpe, M.D.

FEBRUARY 8, 1976 - CASE NO. 13

ACCESSION NO. 20891

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 21 year old Caucasian female had been on Tapazole for thyrotoxicosis since August of 1973. Pretreatment of <sup>131</sup>I uptake was 86% and PBI was 12.4 mcg%. She became euthyroid and had gained 20 pounds by May, 1974. After becoming allergic to Tapazole, she was placed on propylthiouracil and, prior to surgery, iodine. Between 18 months and 2 years of age, she received radiation for enlarged hypertrophic adenoids and tonsils.

SURGERY: (May 17, 1974)

She underwent subtotal thyroidectomy.

GROSS PATHOLOGY:

The subtotal gland specimen weighed 95 grams and was uniformly enlarged, but upon bisection there were ill-defined, grayish tan nodules measuring up to 1 cm. in diameter present bilaterally.

FOLLOW-UP:

The patient did well after surgery. Six months later she was married and lost to follow-up.

CONTRIBUTOR: A. D'Agostino, M.D.

FEBRUARY 8, 1976 - CASE NO. 14

ACCESSION NO. 21675

TISSUE FROM: Right lobe of thyroid

CLINICAL ABSTRACT:

This 80 year old female was found to have a thyroid tumor of the right lobe in 1971.

SURGERY: (September 3, 1971)

A right thyroid lobectomy was performed.

GROSS PATHOLOGY:

There was a distinct nodular pattern to the 35 gram specimen of thyroid tissue, which was variably tan, yellow and brown. One soft nodule, 1.5 cm. in diameter, was gray-red-brown.

FOLLOW-UP:

She received postoperative irradiation and in 1972 metastasis to the opposite lobe brought about further irradiation. In February 1974 she began experiencing hemoptysis and dysphasia and was begun on Adriamycin. After a tracheostomy in February 1975 she was discharged, but soon thereafter became cyanotic and died on April 23, 1975.

At autopsy tumor was found in the right inferior larynx with extension through the tracheal wall forming a fungating mass 1 cm. in diameter. Upon bisection it was pink to deep red, soft and friable with a necrotic center. A similar 1.5 cm. nodule was found in the apex of the right lung with scattered nodules, 0.4 - 0.7 cm. in diameter, bilaterally. A rubbery firm nodule, 4-6 cm. in diameter, of the same consistency, was found in the pancreas.

CONTRIBUTOR: W. Harriett Davis, M.D.

FEBRUARY 8, 1976 - CASE NO. 15

ACCESSION NO. 21181

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 76 year old Caucasian female was admitted to the hospital one hour before her death with severe dyspnea and cyanosis. There was massive enlargement of the neck, felt to be secondary to a thyroid tumor, with upper airway obstruction. She died and an autopsy was performed.

GROSS PATHOLOGY:

A large, firm, faintly, nodular mass was present in the anterior and lateral neck region, somewhat more on the left than on the right. It was salmon pink to tan-white in color and weighed 350 grams. The right lobe of the thyroid measured 6.0 x 3.0 x 2.5 cm, and sections showed a 2.5 cm. adenomatous nodule with foci of calcification. The left lobe was completely replaced by tumor. The tip of the small finger could not pass through the larynx, which was engulfed by tumor. There was invasion of the upper trachea with a 5 mm., almost spheric, pedunculated tumor projecting into the lumen. No metastases were found.

CONTRIBUTOR: John K. Waken, M.D.

FEBRUARY 8, 1976 - CASE NO. 16

ACCESSION NO. 21622

TISSUE FROM: Right lobe of thyroid

CLINICAL ABSTRACT:

This 37 year old female bookkeeper noticed a steadily increasing lump in the right side of her neck with dysphagia over the month prior to her hospitalization. On physical examination a 4 cm. nodule was palpated, which involved the entire right lobe without regional adenopathy. Thyroid function studies were normal. However, a scan showed a large "cold" nodule in the right lobe.

SURGERY:

A right thyroid lobectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a 34 gram thyroid lobe, measuring 5 x 4.2 x 3 cm. Bisection revealed a 4 x 3.2 x 3.2 cm. encapsulated, yellow tan nodule, the surface of which was smooth. Cut surface of adjacent thyroid was red and meaty with a normal lobular pattern.

FOLLOW-UP:

The patient is alive and well with no evidence of recurrence.

CONTRIBUTOR: W. E. Carroll, M.D.

FEBRUARY 8, 1976 - CASE NO. 17

ACCESSION NO. 21530

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

This 52 year old Caucasian female had a nodule in her neck thought to be of thyroid origin. However, it did not shrink with 2 grams of Synthroid per day. Physical examination was unremarkable except for the thyroid nodule, which was 2 x 2 mm, firm and located in the lateral aspect of the right lobe. Thyroid uptake was 10% at 6 hours and 15% at 24 hours, both within normal range. The scan at 24 hours showed a normal gland. Chest radiographs were normal and other routine laboratory studies were within normal limits.

SURGERY: (August 8, 1975 and August 21, 1975)

An excisional biopsy was performed followed three days later by a total thyroidectomy.

GROSS PATHOLOGY:

The excisional biopsy revealed a firm, 1.2 x 1.0 x 0.6 cm. nodule. Bisection showed gray-white tissue and fine yellow streaking which had a gritty consistency. There was also a 3 cm. calcified nodule near one edge. After thyroidectomy both lobes were found to weigh 6 grams and contained several small nodular indistinct gray-white areas measuring up to 0.3 cm. in diameter.

CONTRIBUTOR: Arnold A. Channing, M.D.

FEBRUARY 8, 1976 - CASE NO. 18

ACCESSION NO. 21649

TISSUE FROM: Left lobe of thyroid

CLINICAL ABSTRACT:

About one month prior to admission, this 45 year old Caucasian male noted a painless swelling in his neck. The patient also had emphysema and old inactive tuberculosis. A thyroid scan localized this swelling as a "cold" nodule within the thyroid.

SURGERY: (November 4, 1975)

A left thyroid lobectomy was performed.

GROSS PATHOLOGY:

The left lobe measured 4 x 3.5 x 2 cm. and included a portion of isthmus and pyramidal lobe. Within the tissue was an encapsulated mass measuring 3 x 3 x 2 cm., which upon bisection was glistening gray-tan with extensive areas of congestion and hemorrhage.

FOLLOW-UP:

None available.

CONTRIBUTOR: T. C. Nelson, M.D.

FEBRUARY 8, 1976 - CASE NO. 19

ACCESSION NO. 13451

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 37 year old Caucasian female was admitted with a chief complaint of weakness and chronic debility. She had a history of chronic pyelonephritis and pneumonitis and spent several months in a tuberculosis sanitarium. On physical examination there was an Addisonian color to the skin and an enlarged thyroid. Adrenal insufficiency was diagnosed by hormonal levels and other laboratory data. Although a chest radiograph showed cavitory lesions, repeated sputums were negative for acid fast bacilli.

SURGERY:

A total thyroidectomy was performed.

GROSS PATHOLOGY:

The thyroid was not nodular, weighed 78 grams, and measured 9 x 6 x 3 cm. The right lobe was slightly larger than the left, and the tissue was glistening, tan and friable with pressure.

FOLLOW-UP:

The patient expired a few weeks following surgery. Autopsy was not permitted, but needle biopsies were allowed. These showed amyloidosis of the kidneys, lungs, heart, and skeletal muscles of the diaphragm. There were also acute pneumonitis and chronic pyelonephritis.

CONTRIBUTOR: O. G. Rosolia, M.D.

FEBRUARY 8, 1976 - CASE NO. 20

ACCESSION NO. 20447

TISSUE FROM: Right lobe of the thyroid

CLINICAL ABSTRACT:

This 58 year old Caucasian male experienced a rapidly progressing enlargement of the thyroid gland for two months. The patient had no other symptoms. A nontender mass was located on the right side of the gland. There was no uptake of radioactive iodine on scan. Other laboratory data were within normal limits.

SURGERY:

The right lobe of the thyroid was removed and the tumor appeared to dissect easily from its location.

GROSS PATHOLOGY:

The right lobe measured 5 x 4 x 4 cm. The gland was uniformly distorted by a proliferating process which gave a uniform, whitish, firm appearance to the organ. The serosal surface was partly distorted by multiple, torn fibrous adhesions and partly replaced by the tumor.

FOLLOW-UP:

As of December 11, 1975 the patient is alive and well with no evidence of recurrence.

CONTRIBUTOR: H. S. Aijian, M.D.

FEBRUARY 8, 1976 - CASE NO. 21

ACCESSION NO. 21494

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

This 51 year old female noted a swelling on her left neck with accompanying dysphagia of three weeks' duration. There were no other symptoms. A solitary, cystic nodule was palpable in the region of the thyroid. A thyroid panel showed normal thyroid activity. A scan showed 19% uptake, which was insufficient for visualization, and the blockage was felt to be due to the vitamins she was taking. Rather than wait a month and rescan, a surgical exploration was decided upon.

SURGERY: (June 2, 1975)

At surgery there was nodularity and enlargement with marked inflammation of the left lobe. In contrast the right lobe was soft, non-nodular, smaller and less inflamed. There was also a large nodule in the posterior aspect of the midportion of the left lobe which was of concern. Thus, with this discrepancy between the lobes in size and consistency, and with the worrisome nodule of the left lobe in mind, a left lobectomy was performed.

GROSS PATHOLOGY:

The left lobe was removed as two pieces. One specimen was 2 x 1 x 1 cm. and was firm, pinkish-tan to ivory and corresponded to the inferior pole. The other specimen weighed 10 grams and measured 4 x 2.5 x 1.6 cm. There were two distinct palpable nodular densities. which were serially sliced, blended and merged into the adjacent tissue. It was homogeneously yellow-white to pinkish-tan and fibrous.

FOLLOW-UP:

Since June, 1975 she has had regular monthly checkups with no evidence of recurrence. She has had thyroid profiles in June and August which were within normal limits.

CONTRIBUTOR: William Meissner, M.D.

FEBRUARY 8, 1976 - CASE NO. 22,23&24

ACCESSION NO. 21676, 21679 & 21680

Clinical details of these cases were not available at the time of printing of the protocols. They will be supplied with the addendum after the seminar.