

## Insular Carcinoma of Thyroid

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### Abstract

**Introduction:** Insular carcinoma is a rare tumour with frequent tumour necrosis and micro follicles. **Materials and Methods:** Female patients with swelling in front of neck, USG and FNAC were carried out. FNAC showing follicular neoplasm were followed up with histopathology and 2 cases are presented here. **Observation:** Two female cases with swelling in front of neck with cytology depicting follicular neoplasm were studied. **Discussion:** Insular carcinoma of thyroid arises from follicular epithelium hence have abortive follicles with necrosis. Its prognosis lies between well and poorly differentiated thyroid carcinoma. **Conclusion:** It is necessary to recognize the tumour for better prognosis.

**Keywords:** Insular carcinoma of thyroid, neck swelling.

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### INTRODUCTION

Insular carcinoma of thyroid is an unusual variant of thyroid carcinoma which is placed between well differentiated thyroid carcinoma and anaplastic thyroid carcinoma with respect to morphologic, biologic and clinical behaviour [1].

The incidence of insular carcinoma of thyroid in the literature varies between 0.4 to 1% of all thyroid carcinomas.

Only 260 cases are reported previously in the literature [1].

### MATERIALS AND METHODS

Female patients with swelling in front of neck, USG and FNAC were carried out. FNAC showing follicular neoplasm were followed up with histopathology and 2 cases are presented here.

### OBSERVATION

#### Case 1 History

A 33 year old female presented with diffuse swelling in front of the neck since 3 months which has rapidly increased in size since 3 weeks.

#### Case 2 History

A 60 year old female presented with swelling in front of the neck mainly confined to the right side since 30 years and increased in size since 3 years.

#### Laboratory Data

For both cases showed normal thyroid function test, serum calcium and phosphate levels.

Ultrasound neck of both cases showed Multinodular Goitre.

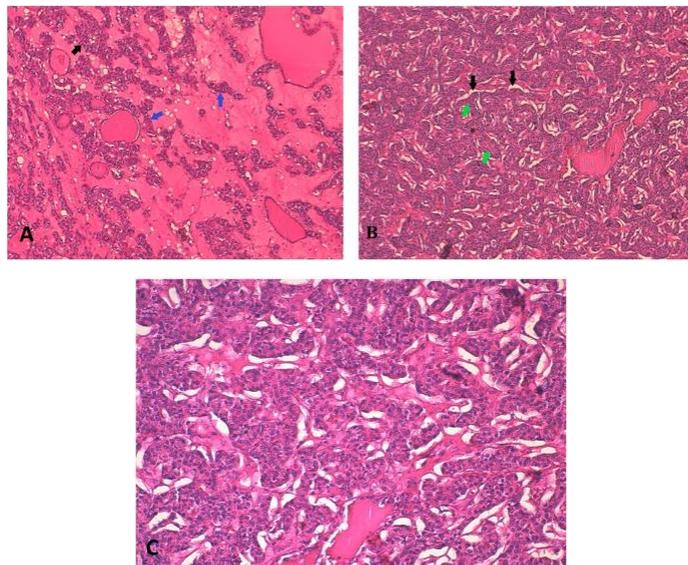
#### Fine Needle Aspiration Cytology

Both cases showed follicular neoplasm.

Hence, total thyroidectomy was performed.



**Fig. 1: Gross: Tumour showing necrosis**



**Fig 2: 2A: Abortive Micro-follicles, 2B: Insular and trabecular pattern of tumour, 2C: Follicular pattern**

## DISCUSSION

Insular carcinoma of thyroid arise from follicular epithelium hence most have follicular patterns (abortive follicles) with insular and trababecular pattern.

Necrosis, capsular and vascular invasion can be found within these tumours [2].

Treatment is surgery with post-operative radio ablation.

Prognosis is guarded when there is metastasis to regional nodes, lungs and bone [2].

## CONCLUSION

Insular carcinoma of thyroid has an aggressive behaviour than well differentiated type of thyroid

carcinoma and hence it is necessary to recognize the tumour for better clinical outcome.

## ACKNOWLEDGEMENTS

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