Bilateral parotid kimura disease: What we should do in this rare entity?

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SUMMARY

Kimura's disease (KD) is a rare idiopathic chronic inflammatory disorder. The disease usually manifests with unilateral swelling in the soft tissues of the head and neck, typically involving the salivary glands. We report a very rare case of KD with synchronous involvement of bilateral parotid glands. A 62-year-old gentleman presented with painless and slow-growing bilateral parotid swelling for about 15 years. Cosmetic disfigurement due to the swelling was the main reason that the patient sought treatment. On examination, there were bilateral parotid masses measuring about 10.0 x 10.0 cm, which were soft with multiloculated nodules. Bilateral facial nerves were intact. He subsequently underwent right superficial parotidectomy and subcutaneous soft tissue excision. Histopathological examination and immunohistochemical test features are compatible with Kimura disease. Post operatively, facial nerves were intact and he was started on oral steroids. He was not compliant to the oral steroid given. Right parotid swelling recurrence noted during follow-up visit at 4 months post-surgery. KD is a rare idiopathic chronic inflammatory disorder that rarely presents with bilateral parotid involvement. Adequate tissue biopsy needed for pathologists to provide the exact diagnosis. There are several ways to treat KD. In symptomatic cases, surgical excision was the treatment of choice followed by oral steroid. Long-term follow up is needed as KD has a constant risk of recurrence.

Atypical presentation of papillary thyroid carcinoma: Highlight of two cases

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SUMMARY

Papillary thyroid carcinoma (PTC) is the most common form of thyroid malignancy. The majority of PTC cases present with a firm and hard thyroid mass with or without recurrent laryngeal nerve involvement. In advanced cases of PTC, it can cause upper airway and digestive tract compression. The most common site of distant metastases are bones and lungs. The occurrence of florid distant metastases in PTC is a rare occurrence. Here we described two cases of PTC with atypical presentation. First case is a 61-year-old Malay male that presented with a painless, long standing diffuse neck swelling for more than 10 years, in which the neck mass then rapidly increased in size within four-months duration with the appearance of multiple nodular lesions on the overlying skin. Otherwise, he denied any obstructive symptoms like dysphagia and difficulty in breathing. On examination, there was a huge and heterogeneous anterior neck swelling that extends from the posterior border of sternomastoid muscle to the contralateral muscle. It was firm in consistency with presence of multiple skin nodules measuring 1.0cm x 1.0cm. Laryngoscopy showed patent laryngeal inlet with normal bilateral vocal cord mobility. The fine needle aspiration cytology (FNAC) was reported as PTC and contrasted CT of the neck revealed a thyroid mass that encasing bilateral carotid sheath and compressed the trachea with poor fat plane between the skin nodules and underlying subcutaneous tissue. The case was deemed inoperable, and he received chemotherapy with good response with the shrinking of the skin nodules. Second case is a 62-year-old Malay mlae, who presented with painless swelling at the left anterolateral neck, anterior chest wall, and right periorbital that gradually increased in size. Due to increasing swelling of the right periorbital, his right sided vision was also gradually reduced. There were no obstructive symptoms such as noisy breathing, dyspnea, dysphagia. There was also no hoarseness and aspiration symptoms noted. Urgent FNAC from the masses revealed metastatic cells in consistence with PTC. CT of the base of skull to thorax showed a lobulated enhancing mass at superolateral wall or right orbit with bony erosions with retro orbital extension. On the neck region, there was an ill defined heterogeneous mass at left thyroid gland which extend inferiorly to the manubrium sterni. There were also multiple metastases to the bone, cervical and mediastinal lymph nodes and lung. This patient defaulted his oncology appointment and represented with progressive orbital, sternum, neck and lung metastases. In both of cases, we highlight the atypical presentation of thyroid malignancy in which the orbital, cutaneous and sternal involvement are extremely rare.