

Lymphoma of the thyroid gland in a Nigerian

Abstract

The lymphoma of the thyroid gland is a rarity. Single cases have been reported worldwide. Therefore, a case is presented here from Nigeria in connection with a man of the Igbo Ethnic Group.

Keywords: Thyroid, lymphoma, man, Igbo, Nigeria

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Introduction

The lymphoma of the thyroid gland is a rarity. Now, single case reports have appeared in countries as far apart as Poland,¹ Portugal,² and Tunisia.³ Therefore, this case concerns a patient of the Igbo ethnic group,⁴ which is domiciled in the South Eastern Nigeria.

Investigation

According to a Birmingham (UK) group,⁵ the establishment of a histopathology data pool facilitates epidemiological analysis. Therefore, the founding of a Regional Pathology Laboratory has enabled us, being a pathologist and a surgeon to co-author. The encounter was with a patient whose neck mass turned out to be due to lymphoma. It is worthy of documentation.

Case report

OA, a 35-year-old man was admitted to the University of Nigeria Teaching Hospital at Enugu by one of us (MACA). The complaint was that of neck swelling for 1 month with associated difficulty in breathing. Distended superficial veins were noted as well as tracheal deviation. Surgical biopsy was undertaken, while the tissue was submitted to the coauthor (WIBO). The specimen was received as a 1.8x1.2x0.8cm pale firm mass. On microscopy, thyroid tissue was scarcely apparent on account of sheets of small, round, hyperchromatic, tumor cells of the lymphoid series. Neither giant cell formation nor the starry-sky picture was evident. Non-Hodgkin's lymphoma was diagnosed firmly Figure 1.

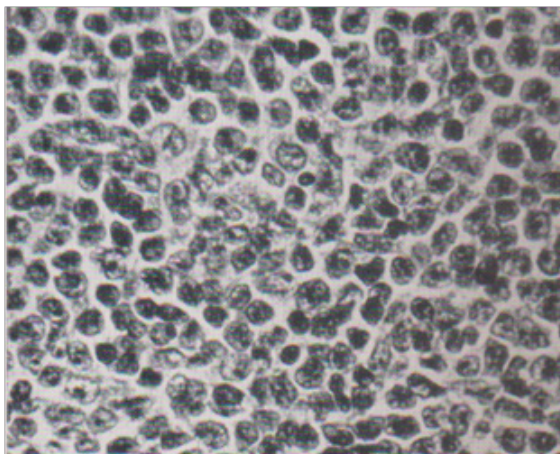


Figure 1 Lymphoma (H. & E.)x450.

Discussion

Considering age, the local man was 35 years old like the Polish male who was 36 years old.¹ The two other single cases were aged much older at 59 and 67 years respectively. The latter are more in keeping with the USA picture where "Patients typically present in the sixth or seventh decade of life".⁶ The French mean age is 59 years.⁷ A Canadian group recommended fine-needle aspiration.⁸ From France, we hear that "cytology has limited value; biopsy should be recommended".⁹ According to an Irish group, "An open surgical biopsy may still be required not only for definitive diagnosis but also to confirm the subtype of lymphoma".¹⁰ Our patient was classified loosely as Non-Hodgkin. Certainly, it was readily distinguished from anaplastic carcinoma.¹¹ A surprisingly large group of 119 patients with primary lymphoma was also reported with reference to treatment.¹² Actually, our patient was portrayed principally for the diagnosis of the uncommon lesion. In other words, no follow-up was involved.

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None.

Conflict of interest

The author declares there is no conflict of interest.

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