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Papillary Thyroid Carcinoma: An Outlook

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ABSTRACT

Papillary Thyroid carcinoma (PTC) is the most usual form of well-differentiated thyroid cancer which appears as an irregular solid or cystic mass or nodule in a normal thyroid parenchyma. Present Outlook produce the key insights of thyroid Papillary Carcinoma at various levels in the Human body thus focusing affects, production, treatment and further occurrences of Papillary Thyroid carcinoma. Affects ought to be many; hence researchers in the field are striving for the better outcomes and cure of the disorder.

INTRODUCTION

In spite of its well-differentiated characteristics, these tumors may spread easily to other organs (1,2). The crucial prognostic factors related to thyroid carcinoma are gender, age, histology, size, grade, presence of extra thyroid extension, lymph node involvement, and completeness of resection (3). PTC produces high reoccurrence rates even after continuous efforts made for management which range from 8-23% where mortality ranges from 38-69% (4). The high metastasis regions affected are renal, colon, breast, lung and sarcoma.

Key Insights

Papillary Thyroid carcinoma reveal an enormous index of dissemination to other human body parts which lead to serious metastasis leading to secondary carcinoma in that areas spread.

For Example: When Ultrasound neck diagnosis was performed it has shown a lymph nodes metastasis near to thyroid gland (5). Similarly lacrimal duct tumor metastasis occurs when PCT invasion rapidly sets in (6), Ulcerated Nodal Metastasis (7) and Primary Thyroid Tuberculosis (8). Even squamous cell carcinoma may highly indulge in invading malignant neoplasm at accelerating levels in PCT affected individuals (9). Even the parts of lungs are affected (10), Spinal cord animosities are attacked by PTC (11) and Nodular Goitre (12).

The concentration levels of Serum Thyrotropin (13) and Galectin-3 (14) greatly influences the invasion of metacytes in the PTC.

CONCLUSION

Several women are enormously affected with unique disorders of Thyroid gland, even which the women are stressed for the customs and culture they adopt like being fasting, which really show a drastic effect

on her health. Recent analysis show that steroid injections lead to increase in intraocular pressure in the eyes which lead to serious thyroid destruction (15).

PTC have number of diagnostic therapies such as Completion Thyroidectomy (16,17), Radiofrequency ablation (18), sentinel lymph node (SLN) biopsy (19) Radioiodine Therapy (20-22), Strabismus Surgery (23), Fine Needle Aspiration Biopsy Of Thyroid Nodules (24), Lithium Treatment (25) etc.

Recent analysis regarding PTC over 10 decades shows tenfold increase of malignancy in Korea followed by USA. It is also found that low and high maternal thyroid hormone levels during pregnancy generally affects the new born IQ levels, which is the future problem enabled. Use of radioactive iodine in chemotherapy also results in high incidence of invasion to other organs.

Every step in treatment should be with utmost care and précised as to avoid the future complications of other organ failure. Even having sufficient therapies the medicinal research is following down as thyroid cases are increasing drastically across the world particularly in women.

The references mentioned show the clear overlook on the PCT which is however not a case in atleast resolving the incidence to slight decrease of PCT which is really a question raised in the research.

Living an efficient life style with proper diet and health conditions can reduce the disease intensity gradually which is a point to be followed by every woman in their daily schedule.

REFERENCES

1. Gauhar TM et al. Papillary Thyroid Carcinoma. *Thyroid Disorders Ther.* 2014;3:141.
2. Hiroto Y et al. The Diffuse Sclerosing Variant of Papillary Thyroid Carcinoma is not an Aggressive Subtype of Papillary Carcinoma. *Thyroid Disorders Ther.* 2014;3:163.
3. Chirila M. Prognostic Factors in Thyroid Cancer. *Thyroid Disorders Ther.* 2012; 2:e110.
4. Chulam TC et al. Prognostic Factors in Patients with Well-Differentiated Thyroid Carcinoma with Locoregional Recurrence Submitted for Salvage Treatment. *Thyroid Disorders Ther.* 2014;3:146.
5. Silva GS et al. Cervical Lymph Node Dissection in Papillary Thyroid Cancer: Pattern and Predictive Factors of Regional Lymph Node Metastasis. *Thyroid Disorders Ther.* 2014;3:150.
6. Yan K et al. Management of a Lacrimal Duct Tumor with Metastasis to the Thyroid. *Thyroid Disorders Ther.* 2015;4:174.
7. Cruz IS and Penín M. Ulcerated Nodal Metastasis from Thyroid Papillary Carcinoma. *Thyroid Disorders Ther.* 2015;4:170.
8. Prado CH et al. Primary Thyroid Tuberculosis, Intraoperative Diagnosis. *Thyroid Disorders Ther.* 2014; 3:156.
9. Al-Qudhaiby MM et al. Thyroid Abscess due to Squamous Cell Carcinoma of the Thyroid: A Case Report and Review of Literature. *Thyroid Disorders Ther.* 2013;2:119.
10. Criel M and Geurs F. Remarkable Effect of Metronomic Chemotherapy in Diffuse Lung Metastases of Thyroid Cancer. *Thyroid Disorders Ther.* 2012;1:101.
11. Hussain Hakeem A. Spinal Cord Compression as Initial Presentation of Follicular Thyroid Carcinoma Thyroid. *Thyroid Disorders Ther.* 2014;3:166.
12. Nikhil Nanjappa BA et al. Thyroid Carcinoma (Tc) in Nodular Goitre. *Thyroid Disorders Ther.* 2012; 1:115.
13. Taghavi SM and Takallu R. Serum Thyrotropin Concentration as a Predictor of Malignancy in Thyroid Follicular Neoplasm. *Thyroid Disorders Ther.* 2012;1:e106.
14. Htwe TT. Role of Galectin-3 in Thyroid Cancer. *Thyroid Disorders Ther.* 2012;1:e103.
15. Yakopson VS et al. Effect of Intraorbital Steroid Injections on Intraocular Pressure in Thyroid Eye Disease. *Thyroid Disorders Ther.* 2015;4:173.
16. Barczynski M. Completion Thyroidectomy for Well-differentiated Thyroid Cancer. *Thyroid Disorders Ther.* 2012;1:e101.

17. Mucci-Hennekine S et al. Oncologic Results of Completion Thyroidectomy and Secondary Prophylactic Lymph Node Dissection in the Management of Differentiated Thyroid Cancer. *Thyroid Disorders Ther.* 2012;1:116.
18. Jeon EJ et al. Radiofrequency Ablation for the Papillary Thyroid Micro-carcinoma in the High-risk Surgical Patient. *Thyroid Disorders Ther.* 2015;4:167.
19. Yan DG et al. Sentinel Lymph Node Biopsy in Papillary Thyroid Carcinoma. *Thyroid Disorders Ther.* 2013;3:140.
20. Mhiri A et al. Differentiated Thyroid Cancer in Children: The Contribution of Radioiodine Therapy. *Thyroid Disorders Ther.* 2015;4:171.
21. Mhiri A et al. Differentiated Thyroid Cancer in Children: The Contribution of Radioiodine Therapy. *Thyroid Disorders Ther.* 2015;4:171.
22. Sheng S et al. Quantitative Radioiodine Treatment of Graves' Hyperthyroidism Using Different Intended Activities and the Same Weighting Factor. *Thyroid Disorders Ther.* 2014;3:157.
23. Jiun-Yo L et al. Strabismus Surgery in Thyroid-related Ophthalmopathy. *Thyroid Disorders Ther.* 2014;3:162.
24. Ramos CO and Mirasol RC. Ultrasound Guidance Improves the Diagnostic Yield and Accuracy of Fine Needle Aspiration Biopsy of Thyroid Nodules in Detecting Malignancy. *Thyroid Disorders Ther.* 2014;3:148.
25. Zantour B and Chebbi W. Lithium Treatment and Thyroid Disorders. *Thyroid Disorders Ther.* 2104;3:143.