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Images in Thyroidology*

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Embolization of a Bone Metastasis of Follicular Thyroid Carcinoma

A 68-YEAR-OLD WOMAN was evaluated because of difficulty walking. An x-ray showed severe arthrosis at the left hip and a large osteolytic defect in the right ilium (Fig. 1, arrow). Magnetic resonance imaging (MRI) showed a very large bone metastasis in the right ilium (Fig. 2, arrow). A biopsy revealed a bone metastasis of a follicular thyroid carcinoma. Total thyroidectomy was performed, which showed a multifocal follicular thyroid carcinoma. Four weeks later she was treated with 150 mCi ^{131}I . In addition to uptake in the thyroid bed, the posttreatment whole-body scan showed uptake at the left supraclavicular region, left humerus, right ilium, and skull. Two months later, embolization of the right ilium and the left

humerus was performed. Via the left femoral artery superselective microcatherization of the tumor vessels was achieved (Fig. 3) and polyvinyl alcohol foam particles were used for occlusion. Additional angiography after the embolization procedure showed nearly full devascularization of both bone metastases. Serum thyroglobulin declined from 8680 ng/mL, measured at diagnosis, to 102 ng/mL after this procedure.

Recently, embolization of large bone metastases of differentiated thyroid carcinoma was described in a small series

FIG. 1. X-ray of the pelvis.

FIG. 2. Magnetic resonance imaging (MRI) of the large bone metastasis in the right ilium.

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FIG. 3. Angiography of the pelvic metastasis before embolization.

of patients, leading to a rapid relief in pain, neurological symptoms and tumor burden (1).

Reference

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