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A rare cause of calcified abdominopelvic masses

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Clinical Image

A 78-year-old patient, treated 30 years ago for papillary carcinoma of the thyroid and who consults for constipation and weight loss. The physical examination found multiple abdominopelvic masses solid on palpation, non-movable and painless. The abdominopelvic CT showed multiple intraperitoneal abdominal and pelvic masses, partially calcified and associated with intraperitoneal effusion (Figure 1). The histological diagnosis retained following a CT scan was that of calcified peritoneal metastases of papillary carcinoma of the thyroid gland. Papillary carcinoma of the thyroid gland is a malignant epithelial tumor that is the most common form of thyroid tumors; it is a multicentric carcinoma with essentially lymphophile development. The distant metastases are mainly pulmonary and bone. However, some cases of unusual localization have been reported, often associated with lung and/or bone metastases. A few rare cases of the literature have reported the late discovery, years after tumor resection, of secondary axillary, uveal, and adrenal localizations of papillary carcinoma of the thyroid.



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Figure 1: Pre-contrast (a) and post-contrast (b, c) axial CT showed multiple intraperitoneal abdominal and pelvic masses, partially calcified and associated with intraperitoneal effusion.