

**CERVICAL NODAL METASTASES FROM A SUBCENTIMETER ACR TI-RADS 4 THYROID NODULE:
A DIAGNOSTIC PITFALL OF SIZE-BASED FNA RECOMMENDATION.**

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Introduction

- Papillary thyroid carcinoma is the most common endocrine malignancy and generally carries an excellent prognosis.
- The ACR TI-RADS classification assists radiologists in stratifying thyroid nodules and determining the need for FNA according to sonographic appearance and size.
- For TI-RADS 4 nodules, FNA is generally recommended when the lesion measures at least 1.5 cm.
- However, papillary thyroid microcarcinomas and other small PTCs can occasionally metastasize to cervical lymph nodes despite their small size.

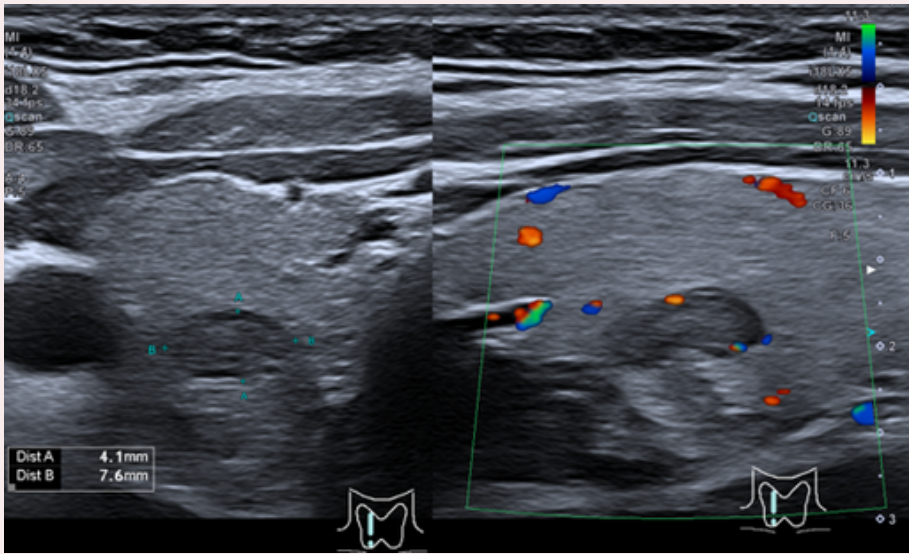
Objective

- To demonstrate that papillary thyroid carcinoma smaller than the recommended ACR TI-RADS fine-needle aspiration (FNA) threshold can present with metastatic cervical lymph node disease, emphasizing the importance of comprehensive cervical lymph node assessment in patients with thyroid nodules regardless of nodule size.

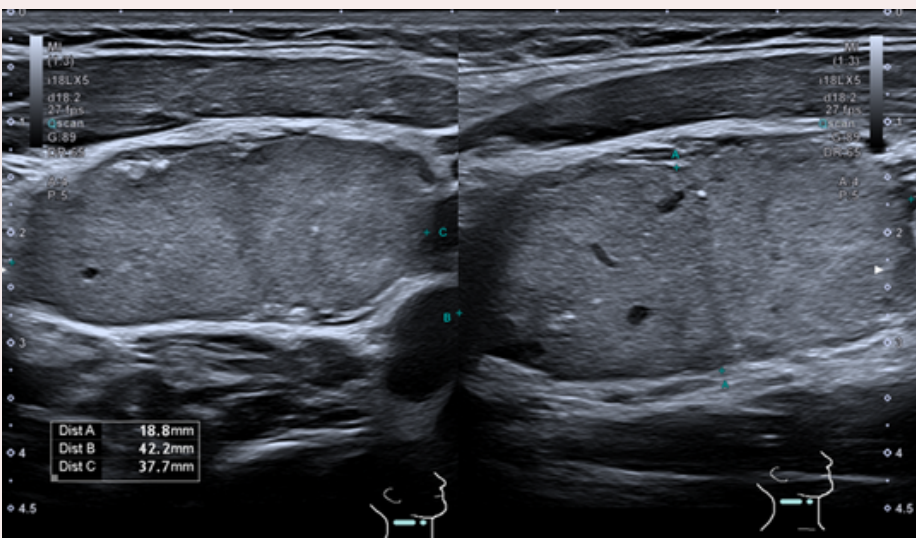
Case Presentation

- A patient presenting with right-sided cervical lymphadenopathy underwent ultrasound of the thyroid and neck. A subcentimeter right thyroid nodule was classified as ACR TI-RADS 4. Ultrasound-guided core needle biopsy of a suspicious right cervical lymph node demonstrated metastatic papillary thyroid carcinoma (PTC).
- The patient subsequently underwent total thyroidectomy with right neck dissection. Histopathological examination revealed a 15 mm papillary thyroid carcinoma in the right thyroid lobe with metastatic involvement of the dissected cervical lymph nodes.

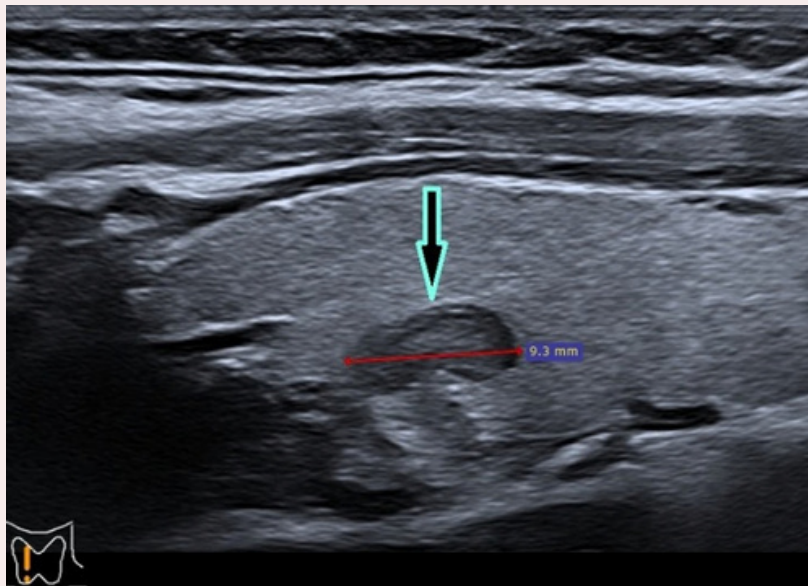
Imaging:



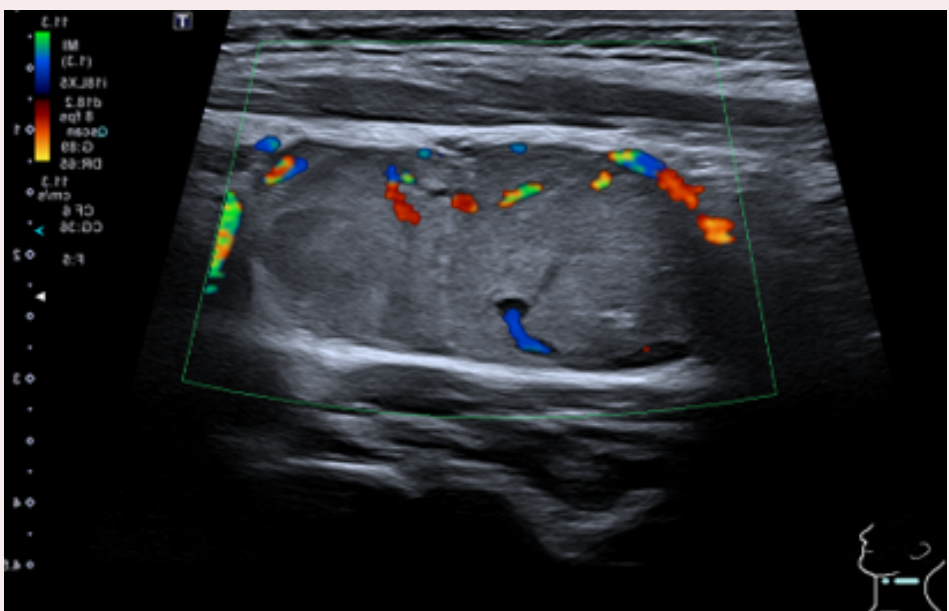
Right thyroid nodule



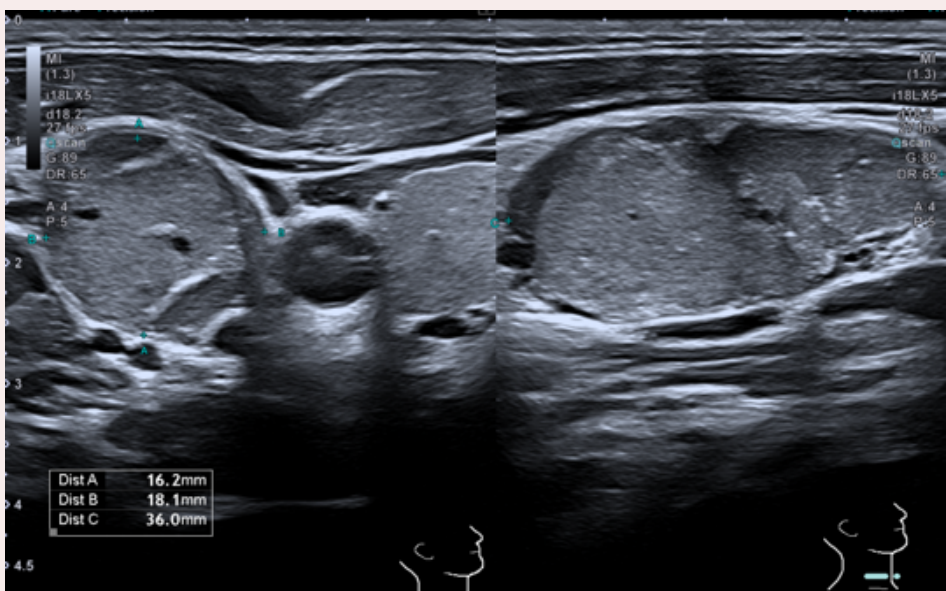
Right level II cervical lymph node



Right thyroid nodule



Right level II cervical lymph node



Right level IV cervical lymph node

Conclusion

- ACR TI-RADS FNA recommendations apply to thyroid nodules and should not be interpreted as excluding malignancy.
- Papillary thyroid carcinoma smaller than the routine FNA threshold may already have metastatic cervical nodal disease.
- Careful sonographic evaluation of cervical lymph nodes is as important as characterization of the thyroid nodule itself.