

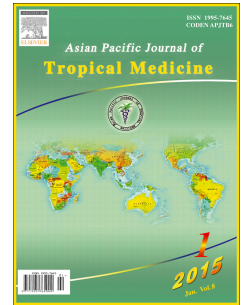
Coexistence of papillary thyroid microcarcinoma and mucosa-associated lymphoid tissue lymphoma in a context of Hashimoto's thyroiditis

Item type	info:eu-repo/semantics/article
Authors	Levy Blitchtein, Saul; Plasencia Rebata, Stefany; Luna, Domingo Morales; Del Valle Mendoza, Juana
Citation	Coexistence of papillary thyroid microcarcinoma and mucosa-associated lymphoid tissue lymphoma in a context of Hashimoto's thyroiditis 2016 Asian Pacific Journal of Tropical Medicine
DOI	10.1016/j.apjtm.2016.06.017
Publisher	Elsevier B.V.
Journal	Asian Pacific Journal of Tropical Medicine
Rights	info:eu-repo/semantics/openAccess
Downloaded	1-ago-2016 00:15:17
Link to item	http://hdl.handle.net/10757/615646

Accepted Manuscript

Coexistence of papillary thyroid microcarcinoma and mucosa-associated lymphoid tissue lymphoma in a context of Hashimoto's thyroiditis

Saul Levy-Blitchtein, Stefany Plasencia-Rebata, Domingo Morales Luna, Juana del Valle Mendoza



PII: S1995-7645(16)30134-1

DOI: [10.1016/j.apjtm.2016.06.017](https://doi.org/10.1016/j.apjtm.2016.06.017)

Reference: APJTM 303

To appear in: *Asian Pacific Journal of Tropical Medicine*

Received Date: 15 May 2016

Revised Date: 16 June 2016

Please cite this article as: Levy-Blitchtein S, Plasencia-Rebata S, Luna DM, del Valle Mendoza J, Coexistence of papillary thyroid microcarcinoma and mucosa-associated lymphoid tissue lymphoma in a context of Hashimoto's thyroiditis, *Asian Pacific Journal of Tropical Medicine* (2016), doi: 10.1016/j.apjtm.2016.06.017.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Title:

Coexistence of papillary thyroid microcarcinoma and mucosa-associated lymphoid tissue lymphoma in a context of Hashimoto's thyroiditis

Authors:

Saul Levy-Blitchtein^{1,2}, Stefany Plasencia-Rebata^{1,2}, Domingo Morales Luna³, Juana del Valle Mendoza^{1,2*}

Affiliations:

¹*School of Medicine, Faculty of Health Sciences, Universidad Peruana de Ciencias Aplicadas (UPC), Av. San Marcos cdra 2 Cedros de Villa, Lima, Peru*

²*Research Center and Innovation of the Health Sciences Faculty, Universidad Peruana de Ciencias Aplicadas (UPC), Av. San Marcos cdra 2 Cedros de Villa, Lima, Peru*

³*Pathologist Service, Hospital Nacional Edgardo Rebagliati Martins (HNERM), Jr. Edgardo Rebagliati 490, Jesús María, Lima, Peru*

First author: Saul Levy-Blitchtein, School of Medicine, Faculty of Health Sciences, Universidad Peruana de Ciencias Aplicadas (UPC), Av. San Marcos cdra 2 Cedros de Villa, Lima, Peru.

Tel: +51 1996303874

E-mail: levysaul45@hotmail.com

*Corresponding author: Juana del Valle Mendoza, Peruvian University of Applied Sciences (UPC), Av. San Marcos cdra. 2, Cedros de Villa, Lima-Peru.

Tel: +51 13133333 (Annex) 2704

Fax: +51 13496025

E-mail: jdelvall@upc.edu.pe

Foundation project: This paper was supported by 4th Incentives for Research of the Universidad Peruana de Ciencias Aplicadas, Lima-Peru (Grant-UPC-401-2014).

This paper has 1 Figure

Key words

Thyroid cancer-clinical

Hashimoto's thyroiditis

Pathology-thyroid

Thyroid diseases

ABSTRACT

Papillary thyroid cancer (PTC) represents 80%-85% of thyroid cancer and its prevalence has been rising in the last decades. Primary thyroid lymphoma (PTL) accounts for 3% of extranodal lymphomas and about 5% of thyroid malignancies, having a prevalence of one or two cases per million people. Mucosa-Associated Lymphoid Tissue lymphoma represents approximately 30% of PTL. Both entities have an indolent course and a very good prognosis. Diagnosis is made by ultrasound and fine needle aspiration (FNA) or surgery specimen pathology. They have also been associated with HT, but pathogenesis and its links remains to be known. Treatment remains controversial and surgery is generally accepted in cases of disease limited to thyroid, as the present. Patients with thyroid nodules should be observed and followed. If there is an enlargement by ultrasound or clinical symptoms, FNA should be performed promptly. Patients with Hashimoto's thyroiditis (HT) deserve additional surveillance, since this condition is associated with both PTC and PTL. In this case, the management