

Lenvatinib as a promising treatment option for unresectable hurthle cell carcinoma: A Case Report

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In this case report, we highlight the importance of Lenvatinib, a Tyrosine Kinase Inhibitor (TKI), as a management strategy for technically-unresectable Differentiated Thyroid Carcinoma (DTC). A 37-year-old gentleman presented with a locally advanced and widely metastasized case of large Hurthle cell carcinoma (HCC) encasing the left carotid sheath and the left recurrent laryngeal nerve. Fine needle aspiration cytology (FNAC) and very high (300,000 ng/ml) levels of serum thyroglobulin (Sr. TG) were suggestive of HCC. The patient received oral Lenvatinib 20 mg once daily as part of the treatment, and the response profile was assessed. The treatment protocol for thyroid cancers of any size that invade local structures is total thyroidectomy with extended resection. But surgical management is challenging if the tumor is locally advanced and invades major neck structures with an increased risk of recurrence. TKIs are used in the case of advanced disease, especially in unresectable, radio-iodine refractory, and metastatic status. Lenvatinib, a TKI, used as the first line of treatment, plays a key role in improving prognosis and survival rates among patients. The median progression-free survival (PFS) with Lenvatinib is 18.3 months. Whereas, in this patient, the treatment clinically translated into a good response in a high disease burden scenario and showed positive results with a PFS of 30 months and a reduction in the size of the tumor, along with an overall improvement of well-being.