### CONTENTS

**Editorial**  
Criteria for deciding cost-effectiveness for expensive new anti-cancer agents  
*Rajiv Sarin* .................................................................................................................................1

**Original Articles**  
The effect of three mouthwashes on radiation-induced oral mucositis in patients with head and neck malignancies: A randomized control trial  
*PD Kumar Madan, PS Sequeira, Kamalaksha Shenoy, Jayaram Shetty* ..................................................3

Implications of contrast-enhanced CT-based and MRI-based target volume delineations in radiotherapy treatment planning for brain tumors  
*Niloy R Datta, Rajasekar David, Rakesh K Gupta, Punita Lal* ...................................................................9

Radiofrequency ablation of hepatic metastasis: Results of treatment in forty patients  
*GK Rath, PK Julka, S Thulkar, DN Sharma, Amit Bahl, S Bhatnagar* ....................................................14

Execution of mantle field with multileaf collimator: A simple approach  
*Ramachandran Prabhakar, Kunhi Parambath P Haresh, Pappiah S Sridhar, Macharla A Laviraj, Premod K Julka, Goura K Rath* .................................................................................................................................18

Prognostic and diagnostic value of serum pseudocholinesterase, serum aspartate transaminase, and serum alinine transaminase in malignancies treated by radiotherapy  
*Arun Chougule, Sofia Hussain, Dwaraka Prasad Agarwal* .......................................................................21

**Review Article**  
An overview on applications of optical spectroscopy in cervical cancers  
*C Murali Krishna, GD Sockalingum, MS Vidyasagar, M Manfait, Donald J Fernanades, BM Vadhiraja, K Maheedhar* .......................................................................................................................................................26

**Case Reports**  
Radiotherapy for management of skin cancers in fibrodysplasia ossificans progressiva: A case report and review of the literature  
*John Antony Frew, Charles G Kelly* .........................................................................................................37

Sarcomatoid squamous cell carcinoma of uterine cervix: Pathology, imaging, and treatment  
*Milind Kumar, Amit Bahl, Daya Nand Sharma, Shipra Agarwal, Dhanapathi Halanaik, Rakesh Kumar, Goura Kishore Rath* ............................................................................................................................................39

**Brief Communications**  
Chest wall metastasis from hepatocellular carcinoma in the absence of a primary: An unusual presentation  
*Kaustav Talapatra, Reena Engineer, Jai Prakash Agarwal, Shilpa Vyas, Shyam Kishore Shrivastava* ...............42

Endobronchial metastasis of follicular thyroid carcinoma presenting as hemoptysis: A case report  
*RAS Kushwaha, Sanjay Kumar Verma, Sanjay Vineet Mahajan* ....................................................................44

Accelerated partial breast irradiation: An advanced form of hypofractionation  
*Ashwini Budrukkar* ......................................................................................................................................46

Coexistence of carcinoma breast and Paget’s disease of bone  
*S Sundaraiya, PK Pradhan, A Gupta, M Jain, SK Mishra, BK Das* ...............................................................48

**Letter to Editor**  
Dysplastic hematopoiesis and underlying dysthyroidism  
*Riad Akoum, Michel Saade, Wafic Tabbara, Emile Brihi, Marwan Masri, Khaled Habib, Gerard Abadjian* ......50

**Reviewers’ List, 2007** .............................................................................................................................51

---

The copies of the journal to members of the association are sent by ordinary post. The editorial board, association or publisher will not be responsible for non-receipt of copies. If any of the members wish to receive the copies by registered post or courier, kindly contact the journal’s publisher’s office. If a copy returns due to incomplete, incorrect or changed address of a member on two consecutive occasions, the names of such members will be deleted from the mailing list of the journal. Providing complete, correct and up-to-date address is the responsibility of the members. Copies are sent to subscribers and members directly from the publisher’s address; it is illegal to acquire copies from any other source. If a copy is received for personal use as a member of the association/society, one cannot resale or give-away the copy for commercial or library use.
Endobronchial metastasis of follicular thyroid carcinoma presenting as hemoptysis: A case report

ABSTRACT
Endobronchial metastasis secondary to follicular thyroid carcinoma is extremely rare. Here, we report a case of follicular thyroid cancer in a 58-year-old male who presented with hemoptysis. Computed tomography of the chest revealed multiple lung metastases. Flexible fiberoptic bronchoscopy revealed a fragile polypoid mass 5 cm distal to the vocal cords; biopsy taken from this mass revealed follicular thyroid carcinoma.

KEY WORDS: Follicular thyroid carcinoma, hemoptysis

Endobronchial metastasis due to follicular thyroid carcinoma are very rare and may be life threatening due to their ability to cause massive hemoptysis. There are only a few cases reported in the literature of endobronchial metastasis secondary to follicular carcinoma of the thyroid. Here, in view of its clinical rarity, we present a case of follicular thyroid carcinoma with endobronchial metastasis, presenting as hemoptysis.

CASE HISTORY
A 58-year-old male, nonsmoker was admitted to our department with the complaints of recurrent hemoptysis and stridor for the last 1 month. The resting pulse rate was 102/min and his respiratory rate was 26/min. His blood examination revealed hemoglobin: 12.2 gm%; total leukocyte count: 10,100 cells/mm³; differential leukocyte count: neutrophils 76%, lymphocytes 21%, monocytes 1%, and eosinophils 2%. The platelet count was 2,54,000/mm³. His bleeding profile and thyroid profile were normal. He had a mass on the left side of his neck that had been growing in size. The rest of his general examination and chest examination revealed no abnormality. His chest x-ray was not very informative. CT thorax revealed multiple nodular opacities suggestive of metastasis in both lungs. Flexible fiberoptic bronchoscopy revealed a fragile polypoid mass on the lateral wall of the trachea, almost occluding the whole of the lumen; it was 5 cm distal to the vocal cords. Biopsy, taken from this mass, revealed follicular thyroid carcinoma. Ultrasonographic-guided biopsy from the left lobe of the thyroid space-occupying lesion was taken and it also revealed follicular thyroid carcinoma. Thus, a diagnosis of stage IV follicular thyroid carcinoma presenting as hemoptysis was established. A subtotal thyroidectomy under general anesthesia was done and was followed by external beam radiotherapy, with a total dose of 54 Gy. A total of 27 cycles with a dose of 2 Gy/cycle were given and 5 cycles were given per week. After this treatment, the hemoptysis did not recur and the patient was discharged.

DISCUSSION
Clinically, follicular thyroid carcinoma presents as a palpable, firm, and nontender thyroid lump. Symptoms like pain, stridor, vocal cord paralysis and, rarely, hemoptysis can be the presenting feature in advanced thyroid cancers involving the trachea (as in present case). The most common sites of metastasis of follicular carcinoma of the thyroid are bone, lung, and the central nervous system; endobronchial metastases are very rare. To the best of our knowledge, only three cases of Hurthle cell carcinoma have been reported previously. Although endobronchial metastasis of follicular carcinoma of the thyroid is very rare, it is important to keep the possibility in mind because the presence of such metastasis may be life threatening due to the risk of massive hemoptysis. Endobronchial metastasis can be associated with partial or complete obstruction of the bronchial lumen. In the presence of airway obstruction, a differential diagnosis of tracheal invasion by thyroid carcinoma should be considered.

The simplest way to establish the diagnosis is by fine needle aspiration biopsy (FNAB) (as was done in
procedures may prolong the median survival.\[^{2,8}\] Thus, when a patient with a thyroid mass and multiple nodular shadows in the lungs presents with hemoptysis, the possibility of thyroid cancer should be kept in mind.

REFERENCES


Source of Support: Nil, Conflict of Interest: None declared.