

## **Contralateral neck lymph node metastasis as a primary presentation of papillary thyroid microcarcinoma**

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Background: Papillary thyroid cancer usually follows a certain order of metastases to the lymph nodes of the neck. We present a case report of a patient with the primary presentation of the cancer in the form of a metastasis in the lateral neck compartment. Case report: A 22-year-old woman was referred for a painful nodule in region IV on the right side of the neck. Ultrasound showed a hypoechoic nodule measuring 0.5×0.4×0.6 cm in the left thyroid lobe and a hypoanechoic nodule measuring 2.5×2.0×3.1 cm in region IV on the right side of the neck. The FNAC finding of a nodule in region IV indicated the metastasis of papillary thyroid cancer, while the finding of the nodule in the left thyroid lobe did not indicate the presence of tumor cells. The multidisciplinary team decided to perform a total thyroidectomy with a selective neck dissection II-VI on the right side. The pathohistological analysis ultimately confirmed a papillary microcarcinoma (0.3 cm) in the left thyroid lobe, and a metastasis in the lymph node in region IV on the opposite side. Conclusion: Papillary cancer normally follows a certain sequence of metastases, and the central neck compartment is most often affected. In very rare cases, metastases can be seen in the lateral neck department without metastases in the central neck department (the so-called skipped metastases). From the presented case of the patient, a good preoperative evaluation and a discussion of the optimal surgical strategy by a multidisciplinary team is of utmost importance.

Key words: papillary thyroid microcarcinoma, skip metastases, multidisciplinary team, pathohistological analysis