

# Medullary thyroid cancer

Medullary thyroid cancer is derived from **parafollicular C-cells** thyroid gland. In four clinical forms:

- **sporadic** (70–80 % of carcinomas, most aggressive)
- **familial** (AD heritance)
- **MEN 2A and MEN 2B** (together with pheochromocytoma, neurofibroma, parathyroid gland adenoma,...)

## Clinical picture + diagnostics

- Similar to differentiated thyroid cancer,
- secretes calcitonin (tumor marker),
- is more aggressive than differentiated carcinoma, at the time of diagnosis metastasis are in more than 50% of cases,
- in medullary thyroid carcinoma in connection with MEN 2A and MEN 2B, vanillic acid is measured,
- 50% of medullary carcinomas produces CEA (carcinoembryonic antigen).

## Therapy

Totální thyreoidektomie, zevní ozáření (C buňky neakumulují jód), chemoterapie. Total thyroidectomy, external radiation (C cells do not accumulate iodine), chemotherapy.

## Prognosis

Despite the aggressiveness, prognosis is favorable - 75% of patients survive 15 years.

## References

### Related articles

- Thyroid tumors
- Differentiated thyroid cancer
- Anaplastic thyroid cancer

### Used literature

- DÍTĚ, P.. *Vnitřní lékařství*. 2. edition. Praha : Galén, 2007. ISBN 978-80-7262-496-6.
- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 2016]. <<http://jirben.wz.cz>>.