

CASE REPORT

Concomitant BRAF v600e and NRAS q61r Mutations in the same Thyroid Nodule: A Case Report

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ABSTRACT

BACKGROUND

Papillary thyroid cancer (PTC) is the most common type of well differentiated endocrine malignancy. Generally thyroid nodules with multiple oncogenic mutations are uncommon with an occurrence which may be related to more aggressive biological behavior of tumors.

RET/PTC rearrangement, RAS, and BRAF mutations are considered to be mutually exclusive in papillary thyroid carcinoma (PTC). Concomitant RET/PTC, RAS, or BRAF mutations have been documented, although the impact of these mutations for tumor growth and survival is debated.

CASE PRESENTATION

Here we present, a rare case of woman 46 years old with a neck mass and thyroid nodule classified as TIR5 on cytological examination.

We found contemporary BRAF p. (Val600Glu) (p. (V600E); c. 1799T>A) and NRAS p. (Gln61Arg) (p. (Q61R); c.182A>G) mutations in morphologically different areas within the same lobe (the right one); The two lesions show different morphology. The mutated BRAF lesion showed morphological characteristics compatible with classic papillary carcinoma; The mutant NRAS lesion shows morphological features compatible with follicular variant papillary carcinoma.

To the best of our knowledge, this is the first time that such mutations, which are normally mutually exclusive, have been detected at the same time.

CONCLUSION

The finding of synchronous mutations is a rare occurrence suggesting for intratumoral heterogeneity (ITH) even in PTC.

Patients with multiple mutations have a clinical worse prognosis, generally characterized by an aggressive thyroid cancer, which may influence the surgical treatment, chemotherapy, and BRAFV600E mutation-targeting therapy.

KEYWORDS

Papillary thyroid cancer; Concomitant mutations; Intratumoral heterogeneity; Prognostic markers; Cytology

Authors' Contribution

All authors have read, edited, and contributed to the content of this manuscript. This work has not been previously published and has not been considered for publication elsewhere.

REFERENCES

1. Abdullah MI, Junit SM, Ng KL, et al. (2019) Papillary thyroid cancer: Genetic alterations and molecular biomarker investigations. *International Journal of Medical Sciences* 16(3): 450-460.
2. Ren H, Ke N, Tan C, et al. (2020) Unusual metastasis of papillary thyroid cancer to the pancreas, liver, and diaphragm: A case report with review of literature. *BMC Surgery* 20(1): 1-4.
3. Krishnamurthy A and Vaidhyanathan A (2011) Axillary lymph node metastasis in papillary thyroid carcinoma: Report of a case and review of the literature. *Journal of Cancer Research and Therapeutics* 7(2): 220-222.
4. Li XO, Li ZP, Wang P, et al. (2014) Pancreatic metastasis of papillary thyroid carcinoma: A case report with review of the literature. *International Journal of Clinical and Experimental Pathology* 7(2): 819-822.
5. A Al Hamad M, Albisher HM, Al Saeed WR, et al. (2019) BRAF gene mutations in synchronous papillary thyroid carcinoma and Langerhans cell histiocytosis co-existing in the thyroid gland: A case report and literature review. *BMC Cancer* 19: 1-6.
6. Shrestha RT, Karunamurthy A, Amin K, et al. (2015) Multiple mutations detected preoperatively may predict aggressive behavior of papillary thyroid cancer and guide management-a case report. *Thyroid* 25(12): 1375-1378.
7. Costa AM, Herrero A, Fresno MF, et al. (2008) BRAF mutation associated with other genetic events identifies a subset of aggressive papillary thyroid carcinoma. *Clinical Endocrinology* 68(4): 618-634.
8. Zou M, Baitei EY, Alzahrani AS, et al. (2014) Concomitant RAS, RET/PTC, or BRAF mutations in advanced stage of papillary thyroid carcinoma. *Thyroid* 24(8): 1256-1266.
9. Guerra A, Zeppa P, Bifulco M, et al. (2014) Concomitant BRAFV600E mutation and RET/PTC rearrangement is a frequent occurrence in papillary thyroid carcinoma. *Thyroid* 24(2): 254-259.
10. Xing M, Liu R, Liu X, et al. (2014) BRAF V600E and TERT promoter mutations cooperatively identify the most aggressive papillary thyroid cancer with highest recurrence. *Journal of Clinical Oncology* 32(25): 2718-2726.
11. Henderson YC, Shellenberger TD, Williams MD, et al. (2009) High rate of BRAF and RET/PTC dual mutations associated with recurrent papillary thyroid carcinoma. *Clinical Cancer Research* 15(2): 485-491.

12. Wang YL, Wang JC, Wu Y, et al. (2008) Incidentally simultaneous occurrence of RET/PTC, H4-PTEN and BRAF mutation in papillary thyroid carcinoma. *Cancer Letters* 263(1): 44-52.
13. Finkel A, Liba L, Simon E, et al. (2016) Subclonality for BRAF mutation in papillary thyroid carcinoma is associated with earlier disease stage. *The Journal of Clinical Endocrinology & Metabolism* 101(4): 1407-1413.
- Colombo C, Muzza M, Proverbio MC, et al. (2019) Impact of mutation density and heterogeneity on papillary thyroid cancer clinical features and remission probability. *Thyroid* 29(2): 237-251.
14. Fugazzola L, Muzza M, Pogliaghi G, et al. (2020) Intratumoral genetic heterogeneity in papillary thyroid cancer: Occurrence and clinical significance. *Cancers* 12(2): 383.
15. Chmielik E, Rusinek D, Oczko-Wojciechowska M, et al. (2018) Heterogeneity of thyroid cancer. *Pathobiology* 85(1-2): 117-129.
16. Ieni A, Vita R, Pizzimenti C, et al. (2021) Intratumoral Heterogeneity in Differentiated Thyroid Tumors: An Intriguing Reappraisal in the Era of Personalized Medicine. *Journal of Personalized Medicine* 11(5): 333.
17. Di Cristofaro J, Marcy M, Vasko V, et al. (2006) Molecular genetic study comparing follicular variant versus classic papillary thyroid carcinomas: Association of N-ras mutation in codon 61 with follicular variant. *Human Pathology* 37(7): 824-830.
18. Bagga PK and Mahajan NC (2010) Fine needle aspiration cytology of thyroid swellings: How useful and accurate is it?. *Indian Journal of Cancer* 47(4): 437-442.
19. Savvides P, Nagaiah G, Lavertu P, et al. (2013) Phase II trial of sorafenib in patients with advanced anaplastic carcinoma of the thyroid. *Thyroid* 23(5): 600-604.
20. Ho AL and Sherman E (2011) Clinical development of kinase inhibitors for the treatment of differentiated thyroid cancer. *Clinical Advances in Hematology and Oncology* 9(1): 32-41.
21. Heidorn SJ, Milagre C, Whittaker S, et al. (2010) Kinase-dead BRAF and oncogenic RAS cooperate to drive tumor progression through CRAF. *Cell* 140(2): 209-221.
22. Lo RS (2012) Receptor tyrosine kinases in cancer escape from BRAF inhibitors. *Cell Research* 22(6): 945-947.
23. Sak SD (2015) Variants of papillary thyroid carcinoma: Multiple faces of a familiar tumor. *Turkish Journal of Pathology* 31(Suppl 1): 34-47.
24. Coca-Pelaz A, Shah JP, Hernandez-Prera JC, et al. (2020) Papillary thyroid cancer-Aggressive variants and impact on management: A narrative review. *Advances in Therapy* 37(7): 3112-3128.
25. Rivera M, Ricarte-Filho J, Knauf J, et al. (2010) Molecular genotyping of papillary thyroid carcinoma follicular variant according to its histological subtypes (encapsulated vs infiltrative) reveals distinct BRAF and RAS mutation patterns. *Modern Pathology* 23(9): 1191-1200.