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Letter to the EditorLeszek Herbowski^{1,*}

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I read with great interest the paper by Reza Ghalehtaki and coworkers in the edition 9/2017 of your journal. The authors showed a case report of skeletal muscle metastasis of papillary thyroid cancer (PTC)¹. I congratulate them on disease detection and treatment. At the same time, I would like to raise a few concerns related to the published data.

Firstly, the study defines the prevalence of skeletal muscle metastases in the course of PTC as extremely rare referring to the paper by Song et al from 2012. Disappointedly, the authors overlooked the majority of such cases already published. In my extensive review of medical literature over 110 years, between 1907 and 2017, there were reported 58 cases of papillary and follicular thyroid carcinoma (FTC) skeletal muscle metastases, not 11 as Song et al stated³. Secondly, the majority (86%) of PTC/FTC skeletal muscle metastases are indeed associated with metastases in other organs, including other muscles. Thirdly, it is not a rule that „the skeletal muscle metastases are usually asymptomatic“. Among 40 patients with known detailed medical history, there were 13 patients (1/3) with painful muscle tumor, whereas 27 (2/3) were free of pain. Fourthly, in my review there were reported 5 cases of PTC (3) and FTC (2) thigh muscle metastases, whereas the most frequent metastatic muscles were the gluteus (9 cases). Last but not least, on the contrary to the authors' statement that „there are no previous reports about using sorafenib in muscular metastases of thyroid cancers...“, I had found 4 published papers by Krajewska et al in 2010, Mohapatra et al in 2012, Yun et al in 2014 and Cassidy et al in 2015, where these authors started to use sorafenib after muscle metastasis detection.

Any efforts to quantify the total number of PTC/FTC skeletal muscle metastases are worth appreciating. Nevertheless, how the scientific papers can be truly comprehensive if they omit most of relevant cases?

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