The patient is a 61-year-old woman who had undergone total thyroidectomy and central and left lateral lymphadenectomy due to Hurthle cell carcinoma 5 months earlier. She referred cervical pain, dyspnea, and a left lateral neck mass (Fig. 1). Cervical MRI demonstrated a tumor extending from the thyroidectomy bed to the left jugular-carotid space that infiltrated the carotid, retropharyngeal space, submandibular and parotid glands, sternocleidomastoid muscle and C2 transverse process (Figs. 2 and 3).

Hurthle cell carcinomas exhibit lymphatic and hematogenous dissemination, higher local tumor recurrence and mortality than typical follicular carcinoma.