



THYMOMA UNVEILED: THE POWER OF COMPREHENSIVE DIAGNOSTICS AND TEAM COLLABORATION

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Background:

Introduction: Tumors of the mediastinum represent a heterogeneous group of tumors. This poses a significant diagnostic challenge and a differential diagnosis problem. Thymoma, lymphoma, teratoma, germ cell tumors, mesenchymal tumors such as leiomyoma, lipoma and fibroma, neurogenic tumors like neuroblastoma, neurofibroma and schwannoma, thymic carcinoma or metastases are possible tumors of the mediastinum. It is crucial to determine the tumor's etiology in order to start the proper treatment. Transthoracic biopsy (TTB), fiberoptic bronchoscopy with transbronchial needle aspiration (FOB-TBNA), endobronchial ultrasound (EBUS), endoscopic ultrasound (EUS), and video-assisted thoracic surgery (VATS) represent minimally invasive procedures that enable acquirement of tissue samples and cytological or histopathological analysis.

This case emphasizes the imperative of comprehensive diagnostics and a multidisciplinary approach in dealing with mediastinal tumors.



Conclusion:

Conclusion: To conclude, this case report highlights the necessity of proper diagnostic evaluation, as diseases may not always present with specific symptoms, and there are numerous different mediastinal tumors. Minimally invasive diagnostical procedures allow tissue specimen acquirement and determination of the tumor's etiology and treatment. These procedures are safe, and the patients tolerate them well. Most of them can be performed on an out-hospital patient except for VATS, which requires a 2-3 day hospitalization. We emphasize the critical role of interdisciplinary collaboration in effectively managing diagnostics and treatment of mediastinal tumors.

Keywords: thymoma, pleural thickening

Case:

Case report: On April 7, 2023, a 64-year-old female presented to the Emergency Room with suspected urolithiasis. Abdominal and pelvic CT imaging revealed an absence of renal stones but indicated bilateral pleural thickening, notably more pronounced on the right side. A subsequent recommendation by the radiologist was to consult with pulmonologists and perform a chest CT scan. The follow-up CT scan on April 18, 2023, unveiled progressive pleural thickening alongside a sizable mass measuring 9.1 cm in diameter in the upper anterior mediastinum. A transthoracic biopsy performed on June 2, 2023, yielded inconclusive results due to insufficient material, though suggestive of a probable thymoma with secondary pleural metastases. FOB-TBNA and EBUS showed no malignant elements.



Consequently, a VATS biopsy was undertaken on August 23, 2023, accompanied by excision of the pleural and diaphragmatic tumors. Subsequent histopathological analysis confirmed the initial diagnosis of thymoma (B2) with metastasis to the pleura and diaphragm. Notably, the patient remained asymptomatic for myasthenia gravis and had not exhibited dyspnea despite evidence from imaging indicating compromised ventilation. Post-biopsy, the patient underwent chemotherapy according to the PAC protocol.