An unusual cervical thymoma

Tsai-Wang Huang, Yeu-Chin Chen, Wen-Chiu Tsai and Shih-Chun Lee

A 48-year-old woman was admitted because of cervical mass. The computed tomography of the chest showed a lobulated mass (Fig. 1a and b). The tumour was removed with a cervical mediastinal approach. On microscopic examination, the tumour consisted of an epithelial-cell-rich thymoma (Fig. 2). The patient's postoperative course was uneventful at the 2-year follow-up.

Figure 1: Lobulated, heterogeneous mass (about 6.8 × 5.8 × 4.0 cm³) with multiple low-attenuation nodular lesions and small punctate calcifications. The fat plane between the mass and the lateral aspect of the trachea and the left innominate vein are unclear. Mild compression of the trachea by the mediastinal tumour is apparent.

Figure 2: On microscopic examination, the tumour cell revealed polygonal and spindle-shaped cells to oval nuclei and pale cytoplasm with round (a: lymphocyte-poor area; b: lymphocyte-rich area). The histopathological appearance of the tumour indicated a type AB thymoma (World Health Organization classification).