

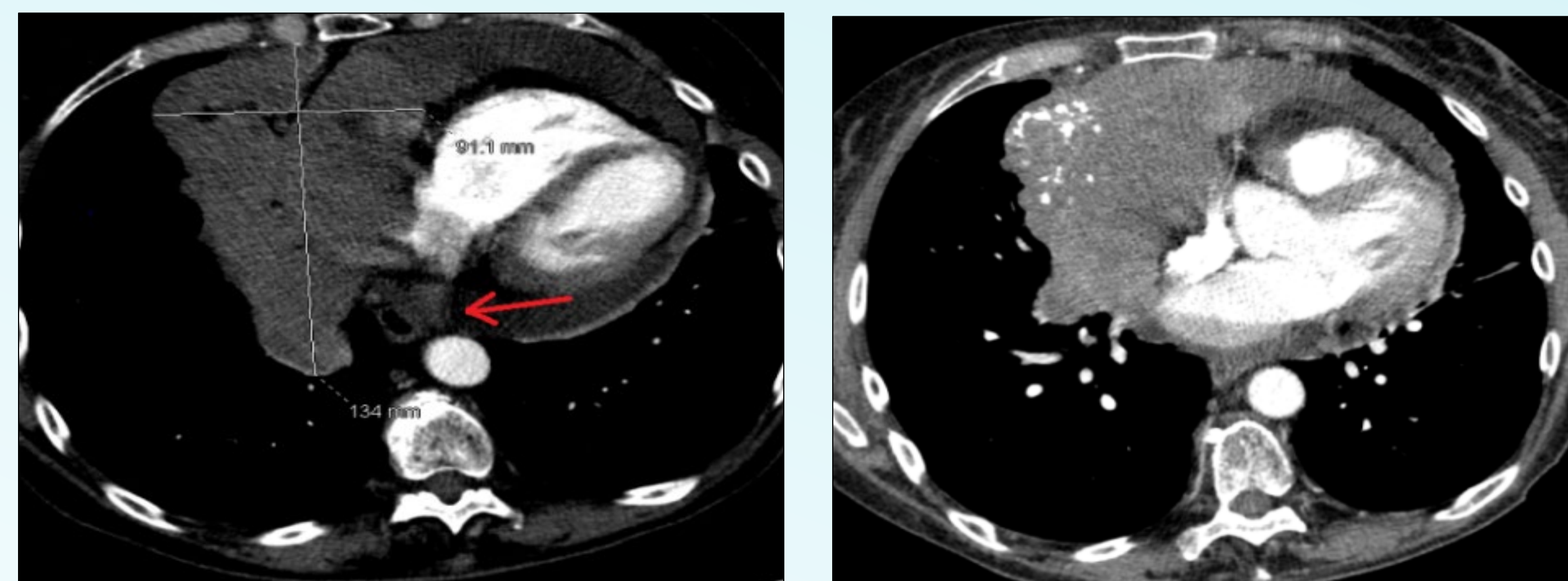
A Rare Case of A Large Thymoma Presenting with Subacute Pericardial Effusion

Case Presentation

- 69-year-old female, unremarkable PMH with recurrent left upper chest pain for five months
 - Recent dyspnea on exertion and declined functional capacity
 - Chest CT: 13.4 x 9.1 cm anterior mediastinal mass with moderate to large pericardial effusion; 15 mm subcarinal lymph node was also seen [Figure 1A].
 - Heterogeneous calcifications with extension into the pericardium and the right pleural space [Figure 1B]
 - Hemodynamically stable without evidence of tamponade physiology.
 - High-complexity fluoroscopy-guided pericardiocentesis: symptomatic relief and cytological examination.
- Combined morphology and immunohistochemical test results are indicative of **thymoma, subtype WHO B2** [Figure 2A, 2B, 2C].

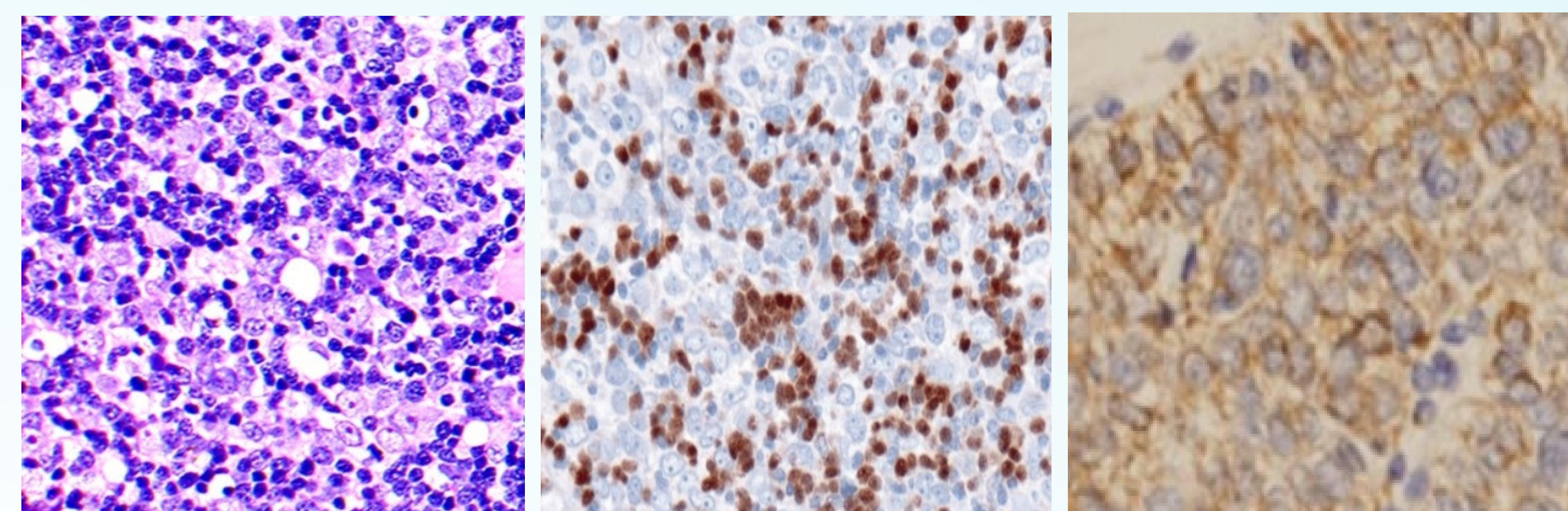
Literature Review

- Thymoma: uncommon malignancy with overall incidence ranging between 0.13 and 0.32 per 100,000 individuals per year [1,2].
- Given the emerging understanding of the biology of these tumors, there might be a need to retire the current WHO schema and replace it with a more accurate histological classification [3].
- Advanced and unresectable thymic tumors may require multimodal treatments: induction chemotherapy, extended surgical resections, adjuvant chemotherapy, and hyperthermic intrathoracic chemotherapy (HITHOC) [4].



(A)

(B)



(A)

(B)

(C)

Figure 1: Chest CT scans

(A): Large anterior mediastinal mass & moderate to large pericardial effusion and subcarinal lymph node (red arrow)

(B): Heterogeneous calcifications & extension into the pericardium and into the right pleural space

Figure 2: Histology & IHC results:

(A): Mixture of epithelial tumor clusters and small lymphocytes.

(B): CD5 positivity

(C): p40 positivity

→ **Thymoma, subtype WHO B2.**

Unique Aspect

- Initially: relatively indolent course characterized by mild, recurrent chest pain.
- Subsequently: the slow infiltration of the tumor and accumulation of pericardial effusion.
- Subacute presentation: exertional dyspnea and a decline in functional status.
- Fluoroscopy-guided pericardiocentesis: minimally invasive, symptomatic relief & diagnostic values.

Recommendation

- Local invasion and pericardial effusion poses challenges for complete mass resection.
- Importance of multidisciplinary approaches in such cases.

Conclusion

- Challenges in diagnosing and classifying thymomas.
- The importance of individualized, multidisciplinary approaches and accurate interpretation of clinical, radiologic, and histopathological findings.

SCAN HERE for Additional Images:



TEE result



Reference