A Case of Invasive Thymoma with Endobronchial Growth

Motoki Sakuraba, MD,1 Yuzo Sagara, MD,1 Atsuhisa Tamura, MD,2 Zaizen Park, MD,1 Akira Hebisawa, MD,3 and Hikotaro Komatsu, MD1

We report a rare case of invasive thymoma with endobronchial growth in a 69-year-old woman. Chest CT revealed an ill-defined mass with a calcified lesion in the anterior mediastinum and coin lesion in the bilateral lung fields. An endobronchial polypoid tumor in the right B3 bronchus was found by bronchoscopic examination. A biopsy specimen obtained from the polypoid tumor suggested thymoma. After radiotherapy combined with chemotherapy, thymothymectomy combined with right upper lobectomy through median sternotomy was performed. The surgical specimen revealed that the tumor extended nodularly, not only into the pulmonary parenchyma but also into the bronchial lumen. We performed an added chemotherapy for lung metastasis, and partial resection of lung with video-assisted thoracoscopic surgery (VATS) was done. Now she is alive and disease-free. (Ann Thorac Cardiovasc Surg 2005; 11: 114–6)

Key words: invasive thymoma, endobronchial growth, anterior mediastinal tumor

Introduction

Thymomas are one of the most common neoplasms of the mediastinum. Invasive thymomas directly extend in all directions from the original site and may penetrate the pleura, pericardium, or other mediastinal structures. We report herein our experience of a rare case of invasive thymoma with an endobronchial polypoid tumor in the right B3 bronchus.

Case Report

The patient was a 69-year-old woman. An abnormal shadow was noted on chest x-ray (Fig. 1). Chest CT revealed an ill-defined mass with a calcified lesion in the anterior mediastinum and coin lesion in the bilateral lung fields (Fig. 2). The mass extended into the right upper lobe. An endobronchial polypoid tumor in the right B3 bronchus was found by bronchoscopic examination (Fig. 3). A biopsy was attempted twice, because the diagnosis was not clear from the specimen. According to the clinical feature, the polypoid tumor was regarded as thymoma. As multiple lung metastasis and apprehension of pneumonia by the lung invasion, first total 40 Gy radiotherapy combined with chemotherapy consisting of carboplatin AUC=6 and paclitaxel 35 mg/m² (×1 course) was administered. Thymothymectomy combined with right upper lobectomy through median sternotomy was also performed. The surgical specimen revealed that the tumor extended nodularly, not only into the pulmonary parenchyma but also into the bronchial lumen (Fig. 4). Microscopically, the polypoid tumor showed histological findings of thymoma. Chemotherapy consisting of cisplatin 50 mg/m², adriamycin 40 mg/m², vincristine 0.6 mg/m², cyclophosphamide 700 mg/m² (×1 course) was administered for bilateral lung metastasis. After this, partial resection of bilateral lungs with video-assisted thoracoscopic surgery (VATS) was done. Now she is alive and disease-free.

Discussion

To our knowledge, only eighteen cases of thymoma with
Various chemotherapy regimens based on platinum for thymoma have been reported. Fornasiero et al. and Berruti et al. reported that ADOC regimen (cisplatin 50 mg/m², doxorubicin 40 mg/m², vincristine 0.6 mg/m² and cyclophosphamide 700 mg/m²) yielded a response rate of 91%. Second-line therapy in patients receiving ADOC has been reported to be ineffective. Recently, the efficacy of paclitaxel as a single agent against thymoma has been reported by Umemura et al. We treated the patient with carboplatin and paclitaxel combined radiotherapy. However, the tumor did not decrease. Thus, thymothymectomy combined with right upper lobectomy through median sternotomy was performed. After the operation, ADOC...
regimen was given for lung metastasis. The tumor occupying bilateral lung fields resisted this therapy. After this, partial resection of bilateral lungs with VATS was done. Now she is alive and disease-free.

References


