

갑상선종양으로 오인된 이소성 경부흉선종양 2예

고윤우¹ · 박재홍¹ · 변장열¹ · 김희경²

Two Cases of Ectopic Cervical Thymic Tumors Mimicking as Thyroid Tumors

Yoon Woo Koh, MD¹, Jae Hong Park, MD¹, Jang Yul Byun MD¹ and Hee Kyung Kim, MD²

¹Department of Otolaryngology-Head and Neck Surgery and ²Pathology, Soonchunhyang University, College of Medicine, Bucheon, Korea

ABSTRACT

The thymus arises from the ventral wings of the third and fourth branchial pouches in the embryo. Subsequently, the thymus passes down to the mediastinum by the sixth week of gestation. Several unusual conditions such as remnants of the thymus and incomplete descent may occur along the path of descent. Therefore, thymic diseases such as thymoma, thymic hyperplasia, and thymic cyst can be found in the neck. Thymoma is the most common anterior mediastinal mass in adult. Rarely, it is presented as an anterior neck mass, commonly located in the anterolateral aspect of the neck or adjacent to the thyroid. Cervical thymic cyst is uncommon and usually occurs in the first and second decades. Cervical thymic cyst after the third decade is so rare that it is very difficult to diagnose preoperatively. We experienced two cases of cervical thymic neoplasm in the lower anterior neck in an adult. Here, we present the cases with a review of the related literatures. (Korean J Otolaryngol 2005;48:1536-40)

KEY WORDS : Thymus · Thymus neoplasm · Thymic cyst.

10

(ectopic cervical thymic tissue)

3, 4

(thymoma)

(thymic cyst)

1941 Boman

44

가

가

(cervical thymic anomaly)

4.8 x 2.9 x 4.8 cm

가

2005 5 28 / : 2005 9 30

: , 420 - 021 1174

6

가

: (032) 621 - 5438 · : (032) 621 - 5016

E - mail : ywkohent@schbc.ac.kr

Fig. 1. Case 1. Axial image of pre-operative CT scan. A : 4.5×3.0 cm sized homogenous solid mass is noted in left lower neck adjacent to the left lobe of thyroid gland. B : The mass is extended into superior mediastinum with compressing the trachea.

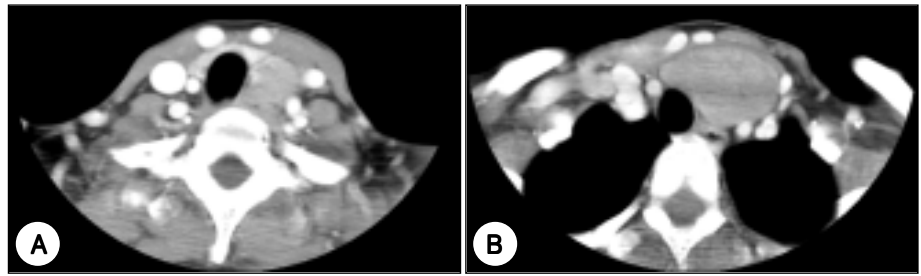


Fig. 2. Case 1. Operative finding of surgical exploration. 4×5×5 cm sized well capsulated mass was noted in lower pole of the left thyroid gland.

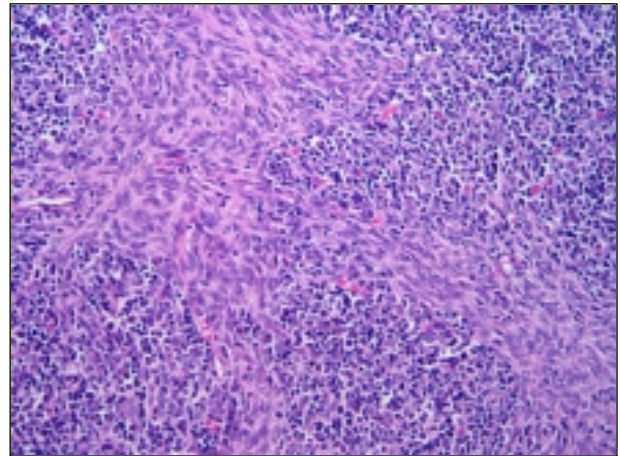


Fig. 4. Light microscopy shows that lymphocytes-rich B thymoma are closely intermingled with type A, with the latter forming cellular septa (×200)(H & Estain).

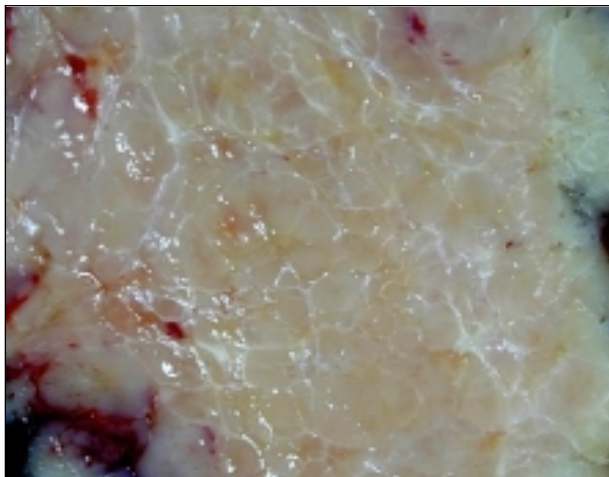


Fig. 3. The cut surface of a resected tumor typically shows tan-colored fleshy lobules of various size delineated by white fibrous septa.

4.5 × 3 cm 가

(Fig. 1).
 4 × 3 cm 가
 4 × 5 × 5 cm 가
 (Fig. 2).
 (Fig. 3), 가
 (Fig. 4).
 7 6
 28 .
 2 :
 25 가
 가

Fig. 5. Case 2. Axial image of pre-operative CT scan. A : About 4.5 × 2.7 cm sized well defined homogenous mass is noted in lower pole of the left thyroid gland. B : The mass is extended into superior mediastinum with compressing the trachea.

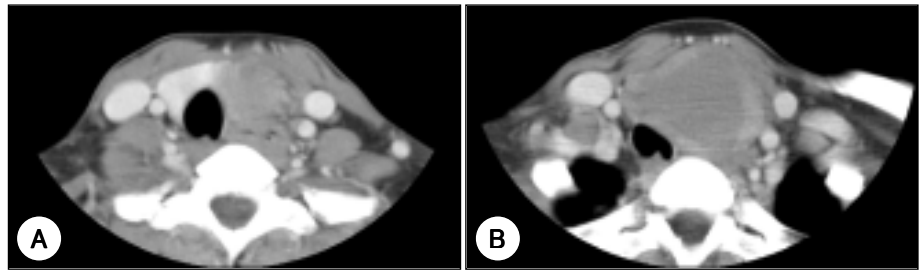


Fig. 7. A : Light microscopy shows that the cyst is multilocular with pericystic fibrous adhesions and a thick wall. Abundant lymphocytes, granulation tissue, and hemorrhage are noted in the fibrous wall (× 40) (H & E stain). B : The lining epithelium is mostly denuded and focally simple cuboidal (× 200) (H & E stain).

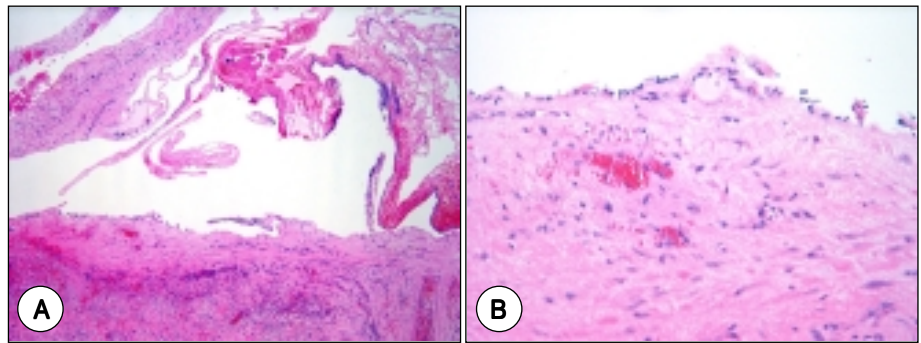


Fig. 6. Case 2. Operative finding of surgical exploration. 4 × 3 cm sized cystic mass displaced the the left lobe of thyroid gland to superior direction.

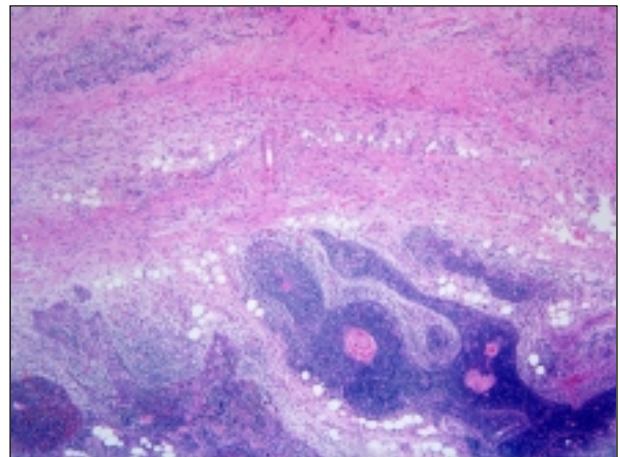


Fig. 8. Hassall corpuscular remnants and identifiable thymic tissue are present in the fibrous wall of the cyst (× 40) (H & E stain).

4.6 × 2.7 cm

가

2.7 cm

가

(Fig. 5).

가

가

가

(Fig. 6).

4 × 3 cm

4.5 ×

가

가

가

(Fig. 7).

(Fig. 8).

8

3 68% 25%

11 (7%).¹⁸⁾ 2

가

¹⁹⁾

(Hassall's corpuscle) 가

¹⁹⁾

6 3 가

30% 가 ⁵⁾⁶⁾ 가 ¹⁶⁾¹⁷⁾

(thymic neo-

plasms) 가 ⁷⁾

³⁾

8-10)

1 가 ²⁾⁸⁾¹¹⁾¹²⁾ 가 ⁷⁾¹⁰⁾¹¹⁾ 2 :

¹⁰⁾¹³⁾ 가 ²⁰⁾²¹⁾ 가

가

15~60%

가

³⁾⁴⁾ 1 가 ¹⁰⁾ 1 가

WHO(World Health Organization)

A, AB, B1, B2, B3,

C 가 ¹⁴⁾¹⁵⁾ A, AB, B1 B2,

B3, C 가 ¹⁹⁾ 가

1 AB 가

가

2/3 가

10 1/3 20 ¹⁶⁾

¹⁸⁾¹⁹⁾

가
가

REFERENCES

- 1) Yamashita H, Murakami N, Noguchi S, Noguchi A, Yokoyama S, Moriuchi A, et al. Cervical thymoma and incidence of cervical thymus. *Acta Pathol Jpn* 1983;33:189-94.
- 2) Boman K. On thymusfoeraendringar via myasternier. *Nord Med* 1941; 10:1625-34.
- 3) Kim JS, Chung WY, Hong SW, Yoon JH, Chang HS, Park CS. Ectopic cervical thymic tumor misdiagnosed as a thyroid mass. *Korean J Head Neck Oncol* 2003;19:75-9.
- 4) Kim DJ, Park JY, Kum YS, Park TI, Sohn YK. Fine needle aspiration cytologic diagnosis of thymoma presenting as a thyroid nodule: A report of two cases. *Korean J Cytopathol* 2000;11:41-6.
- 5) Millman B, Pransky S, Castillo J 3rd, Zipfel TE, Wood WE. Cervical thymic anomalies. *Int J Pediatr Otorhinolaryngol* 1999;47:29-39.
- 6) Wagner CW, Vinocur CD, Weintraub WH, Golladay ES. Respiratory complications in cervical thymic cysts. *J Pediatr Surg* 1988;23:657-60.
- 7) Sameh IS, Ismaeil MF, Nasser MAF, Awadalla MME. Case report: Congenital huge cervico-thoracic thymic cyst. *Interactive Cardiovascular and thoracic surgery* 2003;2:339-40.
- 8) Oh YL, Ko YH, Ree HJ. Aspiration cytology of ectopic cervical thymoma mimicking a thyroid mass. A case report. *Acta Cytol* 1998; 42:1167-71.
- 9) Barat M, Rybak LP, Dietrich J. Metastatic thymoma to the head and neck. *Laryngoscope* 1988;11:418-21.
- 10) Juarbe C, Conley JJ, Gillooley JF, Angel MF. Metastatic cervical thymoma. *Otolaryngol Head Neck Surg* 1989;100:232-6.
- 11) Miller WT Jr, Geffer WB, Miller WT. Thymoma mimicking a thyroid mass. *Radiology* 1992;184:75-6.
- 12) Lanka KP, Sarin B, Prasad V, Sen S, Mehta A, Rawat HS, et al. Benign cervical thymoma masquerading as a malignant thyroid nodule. *Clin Nucl Med* 2002;27:862-4.
- 13) Gripp S, Hilgers K, Wurm R, Schmitt G. Thymoma: Prognostic factors and treatment outcomes. *Cancer* 1998;83:1495-503.
- 14) Chen G, Marx A, Wen-Hu C, Yong J, Puppe B, Stroebel P, et al. New WHO histologic classification predicts prognosis of thymic epithelial tumors: A clinicopathologic study of 200 thymoma cases from China. *Cancer* 2002;95:420-9.
- 15) Okumura M, Ohta M, Tateyama H, Nakagawa K, Matsumura A, Maeda H, et al. The World Health Organization histologic classification system reflects the oncologic behavior of thymoma: A clinical study of 273 patients. *Cancer* 2002; 94: 624-32.
- 16) Barat M, Sciubba JJ, Abramson AL. Cervical thymic cyst: Case report and review of literature. *Laryngoscope* 1985;95:89-91.
- 17) Boyd J, Templer J, Havey A, Walls J, Decker J. Persistent thymopharyngeal duct cyst. *Otolaryngol Head Neck Surg* 1993;109:135-9.
- 18) Miller MB, De Vito MA. Cervical thymic cyst. *Otolaryngol Head Neck Surg* 1995;112:586-8.
- 19) Ridder GJ, Boedeker CC, Kersten AC. Multilocular cervical thymic cysts in adults. A report of two cases and review of the literature. *Eur Arch Otorhinolaryngol* 2003;260:261-5.
- 20) Fahmy S. Cervical thymic cysts: Their pathogenesis and relationship to branchial cysts. *J Otolaryngol Otol* 1974;88:47-60.
- 21) Nguyen Q, deTar M, Wells W, Crockett D. Cervical thymic cyst: Case reports and review of the literature. *Laryngoscope* 1996;106: 247-52.