

**Clinical Image***Open Access, Volume 5***Thymoma unveiled by right atrium cavity mass:  
A rare clinical image****Mehdi Belhakim<sup>1\*</sup>; Jihad Aslaoui<sup>2</sup>; Hind M'chanter<sup>2</sup>; Kenza Gourram<sup>3</sup>; Evrard Niyonkuru<sup>4</sup>; Daoud Bentaleb<sup>3</sup>; Zineb Bouchbika<sup>2</sup>; Mehdi Karkouri<sup>2</sup>; Rachida Habbal<sup>1</sup>**<sup>1</sup>Cardiology Department, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.<sup>2</sup>Oncology Departement, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.<sup>3</sup>Radiology Department, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.<sup>4</sup>Anatomopathology Department, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.**\*Corresponding Author: Mehdi Belhakim**

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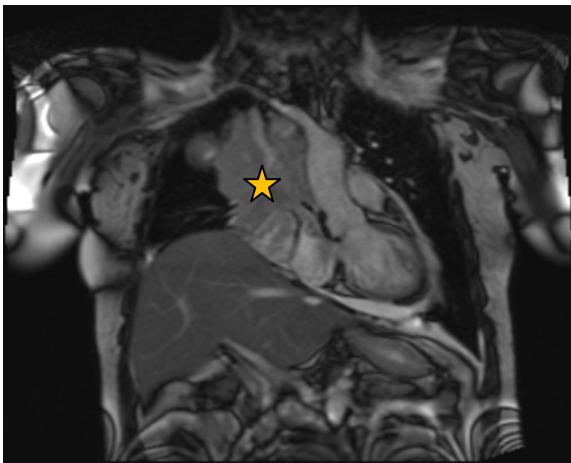
**Keywords:** Right atrium mass; Thymoma; Cardiology; Oncology.**Description**

Cardiac tumors are rare, and metastatic deposits are more common than primary cardiac tumors [1,2]. We present a rare case of a 52-year-old, without significant past medical history, initially reported intermittent right shoulder pain six years ago. Recently, she developed abdominal discomfort and dyspnea, leading her to seek cardiological consultation. Echocardiography revealed a right atrium mass (Figure 1). A CT scan of the thorax disclosed a locally advanced mediastino-pulmonary mass on the left side, intimately associated with major vessels and the pericardium. Cardiac magnetic resonance imaging demonstrated a mobile anterior mediastinal mass invading the right atrium, with a preserved left ventricular ejection fraction of 69% (Figure 2). Histopathological analysis confirmed a poorly differentiated and invasive tumor, morphologically consistent with a thymo-

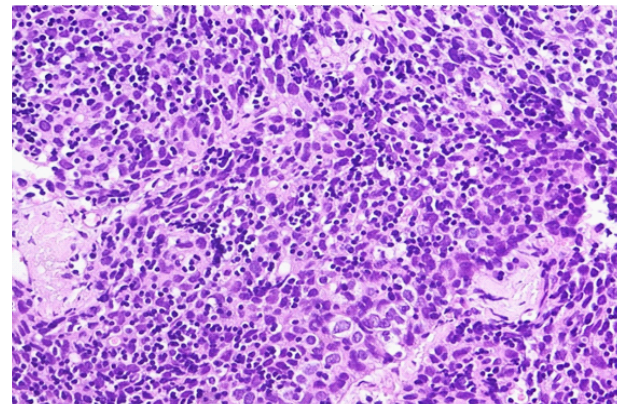
ma, specifically a type B1 (Figure 3). The case was discussed at a multidisciplinary consultation meeting. The decision was to use concomitant radio chemotherapy. The patient received 60 Gray of conformal radiotherapy with intensity modulation in 30 fractions of 2 Gray, combined with concomitant chemotherapy such as cisplatin 40 mg weekly. As of the latest follow-up on June 21, 2023, the patient remained asymptomatic, with a performance status of 0. A comparative thoracic CT exhibited a 50% reduction in tumor volume. The echocardiographic control shows the disappearance of the right intra-atrial mass. This case underscores the diagnostic and therapeutic challenges posed by thymomas infiltrating the cardiac structures, emphasizing the importance of a multidisciplinary approach for effective management [3].



**Figure 1:** Echocardiography demonstrated right atrium cavity mass (asterisk).



**Figure 2:** Cardiac magnetic resonance imaging demonstrated anterior mediastinal mass (asterisk) invading the right atrium.



**Figure 3:** Malignant tumor proliferation with diffuse architectural pattern on a background rich in lymphocytes.

### Declarations

**Ethical approval:** Written informed consent was obtained from the patient described in this article.

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