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JCIMCR OPEN ACCESS Journal of Clinical Images and Medical Case Reports

ISSN 2766-7820

Clinical Image

Open Access, Volume 5

Thymoma unveiled by right atrium cavity mass: A rare clinical image

Mehdi Belhakim[1]*; Jihad Aslaoui[2]; Hind M'chanter[2]; Kenza Gourram[3]; Evrard Niyonkuru[4]; Daoud Bentaleb[3]; Zineb Bouchbika[2]; Mehdi Karkouri[4]; Rachida Habbal[1]

[1]Cardiology Department, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.

[2]Oncology Departement, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.

[3]Radiology Department, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.

[4]Anatomopathology Department, University Hospital Ibn Rochd, University Hassan II, Casablanca, Morocco.

***Corresponding Author: Mehdi Belhakim**
University Hospital Center Ibn Rochd, Hospital Street, 20360 Casablanca, Morocco.
Tel: +212-631477536 & +212520223694;
Email: mbelhakim10@gmail.com

Received: Dec 19, 2023
Accepted: Jan 11, 2024
Published: Jan 18, 2024
Archived: www.jcimcr.org

DOI: www.doi.org/10.52768/2766-7820/2804

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 thymoma, 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].

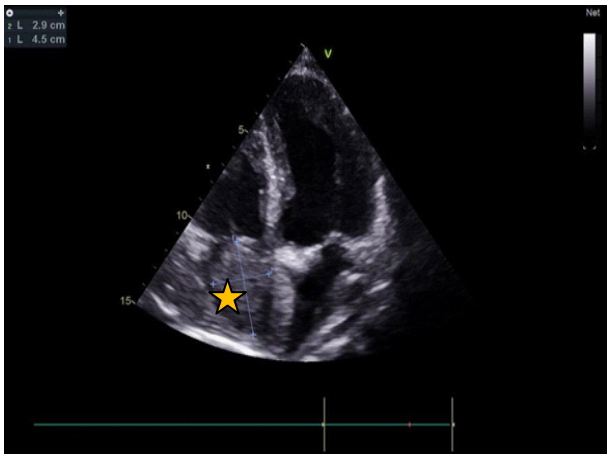

Figure 1: Echocardiography demonstrated right atrium cavity mass (asterisk).

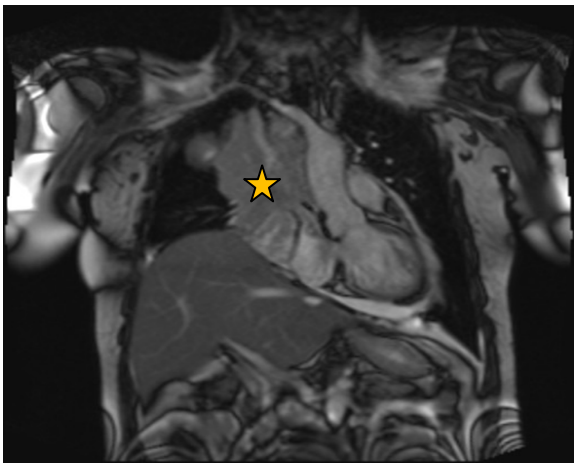

Figure 2: Cardiac magnetic resonance imaging demonstrated anterior mediastinal mass (asterisk) invading the right atrium.

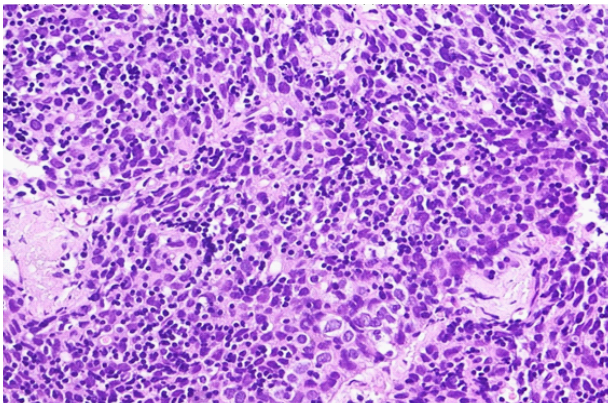

Figure 3: Malignant tumor proliferation with diffuse architectural pattern on a background rich in lymphocytes.

Declarations

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

Funding: No funding has been received to carry out the work described in this manuscript.

Disclaimers or conflict of interest: None.

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