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

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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

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References

