

Acute dyspnoea due to an unusual giant thymic cyst

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Key Clinical Message

Does a percutaneous needle aspiration of thymic cyst should be considered? In case when a surgical excision is contradicted, the percutaneous needle aspiration should be performed. Surgical resection can be performed with a thoracotomy or a videothoroscopic procedure, but sometimes, a median sternotomy is unavoidable.

KEYWORDS

dyspnoea, mediastinum, thymic cyst

Thymic cyst is a rare benign tumor in mediastinum and usually asymptomatic. When the surgical excision is contradicted, a percutaneous needle aspiration of cyst should be considered. We present a 89-year-old male who was admitted in our hospital with acute dyspnoea due an unusual giant thymic cyst.

A 89-year-old man was admitted in an internal medicine department of our hospital with dysarthria and acute respiratory failure. Brain and chest CT scan were revealed acute hemorrhagic stroke and a large cystic mass which was occupied the middle and anterior mediastinum and the left and

right (upper and middle) pulmonary fields (Figure 1A,B,C). The patient had low SO_2 85%. Aspiration with three-lumen catheter through the right third intercostal space in anterior midclavicular line was performed (Figure 2A,B). Chest CT was performed eight days after paracentesis, and the mediastinal mass was eliminated (Figure 2C). Thymic cyst is a rare benign tumor in the anterior and middle mediastinum.¹ Percutaneous drainage may be appropriate for mildly symptomatic cysts. Surgical resection can be performed with a thoracotomy or a videothoroscopic procedure, but sometimes, a median sternotomy is unavoidable.²

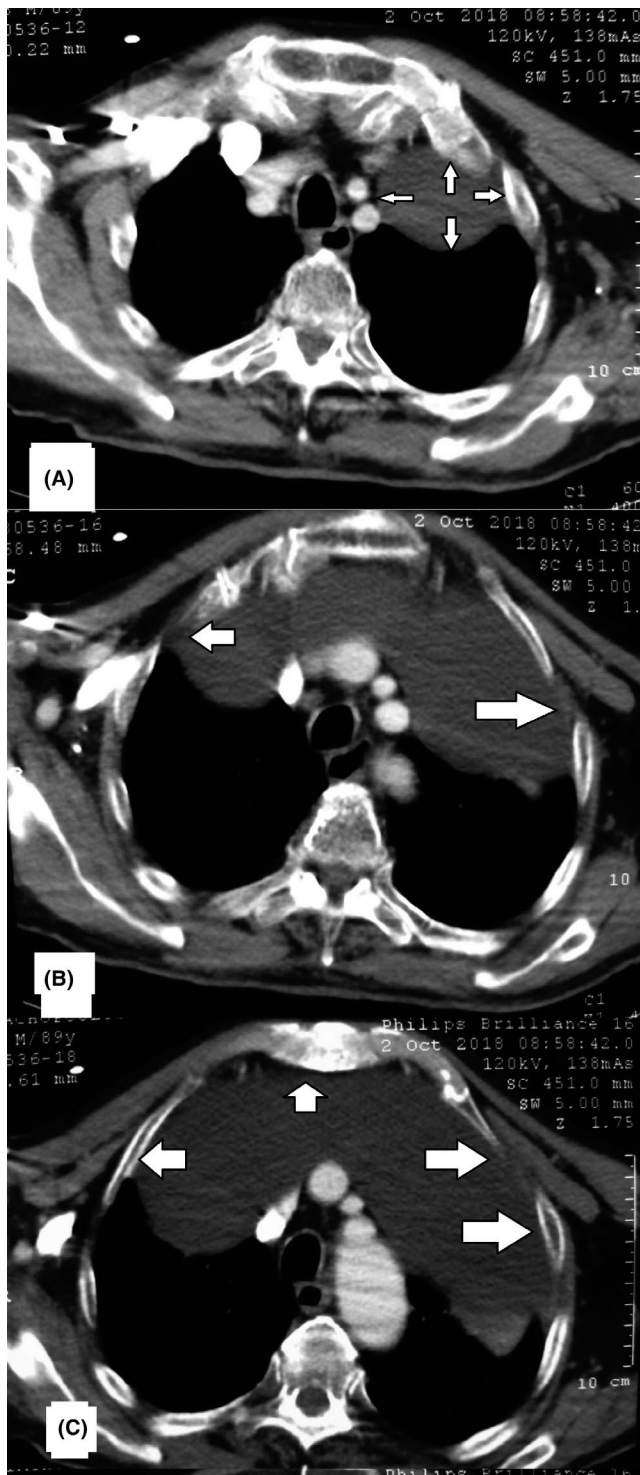


FIGURE 1 Chest computed tomography (A, B, C). The large mass in the anterior and middle mediastinum with extension in left and right hemithorax (white arrow)

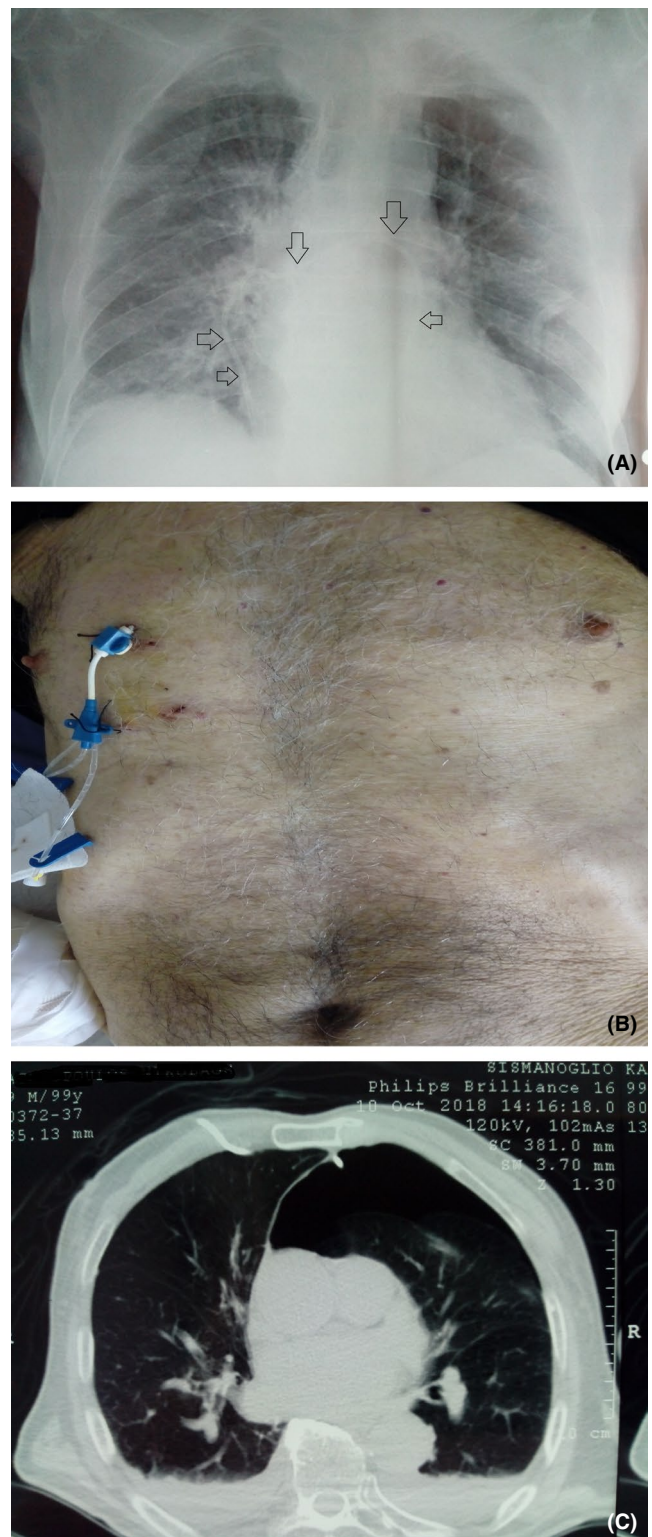


FIGURE 2 Three-lumen catheter in the right third intercostal space in anterior midclavicular line (A). Chest X-ray: three-lumen catheter in the mediastinal cyst (B) (black arrow). Chest computed tomography: the cyst in the anterior and middle mediastinum was shrinkaged (C)

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTION

EB, GS, IK, and PM: took part in the care of the patient and contributed to the medical literature search. GS: writing original draft, review, and editing. AL: had the supervision of this report. All authors approved the final manuscript.

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