Multiloculated Thymic Cyst Presenting As Mediastinal mass Mimicking Cystic Thymoma - A Case Report

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Introduction
Thymic cysts are relatively uncommon lesions, accounting for approximately 3% of all anterior mediastinal masses.

Case Report
10 yrs old male child admitted with complaints of recurrent episodes of cough, cold & fever for the past 1 yr. A chest x-ray was taken which incidentally showed a mediastinal mass. Ct scan of chest was done. Superior mediastinal widening was present. Large no enhancing mass lesion measuring 8cm x 7.3cm present in anterior mediastium causing encasement of major vessels is seen in the mediastinum. Trachea is compressed. Pulmonary artery dilated. Compression of adjacent lung parenchyma was present.

Cytological Findings
USG guided FNAC of the lesion revealed- 50 ml straw colored fluid which on microscopy shows high cellularity composed of lymphocytes, epithelial cells in a background of eosinophilic proteinaceous material (Figure-1,2). A provisional diagnosis of Thymic cyst /lymphocytic rich thymoma was given. Then, the child was taken up for surgery.

Histopathological Findings
The specimen submitted to pathology contained multiple cysts, largest cyst measuring 1.5x1cm in diameter and smallest cyst measuring 0.5x 0.5 cm in diameter. The specimen on sectioning appears grey brown and was filled with gray brown fluid (Figure-2, 3). Microscopy showed multiple cyst lined by flattened cells. These features were suggestive of multilocular thymic cyst (Figure- 5, 6).
Discussion

Thymic cysts are classified into, congenital and acquired. A congenital thymic cyst is composed of unilocular cyst with a flimsy translucent wall. Thymic tissues adhering to the cyst wall is often atropeid without inflammation. The cyst is filled with serous fluid which is derived from persistent thymopharyngeal duct. But, acquired thymic cyst comprises of thick walls multilocular cyst filled with murky fluid and is
related to inflammation. A multilocular thymic cyst can occur at any age. Subsequent to acquired inflammatory process, it originates from dilatation of medullary duct epithelial structures involving Hassall’s corpuscles. Reactive lymphoid hyperplasia with germinal centers formation is found frequently in the cysts, which implies that formation of multilocular Thorough sampling of all thymic cysts should be performed in all cases because, some cases of multilocular thymic cysts are related to thymic neoplasms like thymoma and thymic carcinoma. This is done not only to establish correct diagnosis but also to rule out the neoplasm, particularly in cases where the cyst wall is partially thickened

**Conclusion**
In a case of mediastinal mass, always the possibility of thymic lesion should be considered, especially in this age group, even though it is a rare entity.

**References**