# Rad-Path Case Presentation

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#### Case: 55 year old male

- HPI: Presented to the ED after falling 10 feet off a roof. CT chest/abd/pelvis showed hematoma in tissues overlying gluteal musculature. Anterior mediastinal mass found incidentally.
- Reports chronic back pain, chronic dyspnea. No chest pain, nausea/vomiting, or weight loss. No h/o myasthenia gravis. No personal or family h/o cancer.
- PMH: GERD, COPD, tobacco use disorder, cervical degenerative disc disease
- PSH: cervical spine surgery

### Chest CT w/ contrast



▶ 10.9 x 12.1 cm x 7.4 cm anterior mediastinal mass

Multifocal central necrosis and heterogeneous calcifications

# DDx for Anterior Mediastinal Mass

- ► Thymoma
- Thymic carcinoma
- Lymphoma
- Germ cell tumor (e.g. teratoma)
- Thyroid neoplasm

### Labs for Mediastinal Mass

AFP, beta-hCG (for germ cell tumors)
Acetylcholine receptor antibody (for myasthenia gravis, associated w/ thymoma)

#### All negative

### **Biopsy Approach**

CT-guided approach chosen

Nonenhanced CT alone is sufficient for safe biopsy planning in most patients who have previously undergone diagnostic contrast-enhanced CT

Parasternal approach

Ultrasound guidance can be used for real-time, continuous monitoring of the needle, at the bedside of critically ill patients, and for patients who cannot tolerate a supine position





### **FNA Smear**

#### Diff-Quik stain

- Used for immediate cytological evaluation
- Fragments of tissue with small round blue cell morphology in a background of blood



https://www.researchgate.net/figure/Malignant-Thymoma-showing-mixed-population-of-oval-and-spindle-cells-in-th background-of\_fig4\_305827213

### (FNA Smear cont.)

#### Pap stain

- Nuclear features better preserved
- Clusters of crowded, mildly atypical epithelial cells exhibiting spindled morphology, with minimal cytoplasm and indistinct nucleoli



https://www.researchgate.net/figure/Malignant-Thymoma-showing-mixed-population-of-oval-and-spindle-cells-in-th background-of\_fig4\_305827213

# **Core Biopsy**

- H&E used to stain cell block sections
- Same population of cells which have relatively bland nuclei, with areas of apparent infiltration into adjacent fibrous tissue. Mitotic activity not evident.



https://www.webpathology.com/image.asp?n=9&Case=402

#### Immunohistochemistry

Used to exclude thymic carcinoma

#### PAX8 positive

- Thymic epithelial marker
- Supports thymic neoplasm, but does not differentiate thymoma from thymic carcinoma

#### CD-5 negative

Supports diagnosis of thymoma

# Treatment & Prognosis

- Surgical resection
- 5-yr survival rate 90%,10-yr survival rate 80%
- Consider post-operative radiation



#### References

- 1. https://pubs.rsna.org/doi/full/10.1148/rg.253045030
- 2. <u>https://diagnosticpathology.biomedcentral.com/article</u> <u>s/10.1186/1746-1596-2-13</u>
- 3. <u>http://www.pathologyoutlines.com/topic/mediastinumt</u> <u>hymoma.html</u>
- 4. <u>http://surgpathcriteria.stanford.edu/thymus/thymoma</u> /type\_a\_thymoma.html
- 5. <u>https://librepathology.org/wiki/Thymus#Normal\_histology</u>