iMedPub Journals
http://www.imedpub.com

Archives in Cancer Research
ISSN 2254-6081

2015
Vol. 3 No. 3:21

Asynchronous Mediastinal Cystic Masses

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The masses of the mediastinum may present as cystic lesions and the underling pathological report varies as well as their malignancy profile [1]. The diagnosis may be established during adulthood years despite the fact that many of them are embryological remnants [2]. Surgical approach is the best option because of compressive effects especially in large tumours [3].

A 43-year old female with negative relevant family and medical history accused trouble breathing for several weeks 8 years ago. The investigations lead to the discovery of a mediastinal mass **(Figure 1).** The large pleuropericardiac cyst of 4 centimetres (cm) was surgically removed. Although no malignancy features were found at pathological report and normal imagery aspects were revealed at the mediastinum after surgery last year she developed similar symptoms. The computed tomography revealed a thymic cyst of 7 cm. Thoracotomy was chosen as procedure for the cyst: the lesion was partial evacuated during the procedure and then removed but the thymus gland was conserved. The pathological exam confirmed a simple thymus cyst with no atypical aspects **(Figure 2).** After this second procedure the patient felt well but lifelong follow-up is necessary.

The mediastinal cysts may have very large dimensions and sometimes a malignant behaviour is suggested by the relapse of the lesions. In this particular case the patient had two asynchronous cysts which were discovered during 7 years but the pathological report did not find any high proliferative aspects. Probably a genetic predisposition to such lesions may be involved and yet difficult to establish.

Acknowledgement

We thank to the patient. We would like to thank to the medical teams involved in this case.

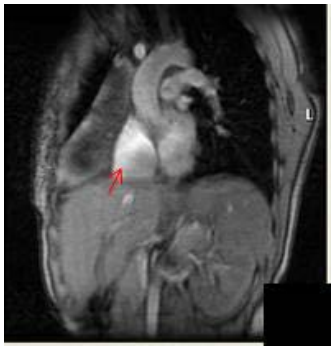

Figure 1 Pericardial cyst (magnetic resonance imagery aspect) in a female at age of 35.

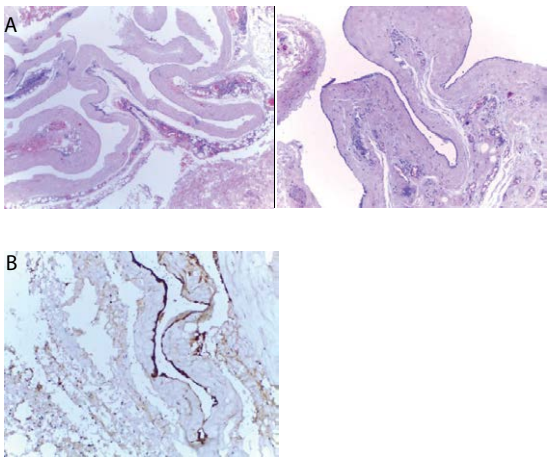

Figure 2 Pathological report of simple thymic cyst in a the patient at age of 42. (A) Pathological exam; hematoxylin-eosin staining (4X; respective 10X). (B) Immunohistochemistry report: positive CK7 at the level of cystic epithelium (20X).

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