ABSTRACT:

Objectives: To present a case of thymic cyst in an elderly patient and to discuss the pathophysiology and management of thymic cysts, as a rare cystic lesion in the mediastinum.

Method: Case report

Results: The authors describe the case of a 70-year-old female who presented to the emergency department with a fishbone lodged in the esophagus for three days. She complained of increasing odynophagia, dysphagia, and new onset fever of 38.2°C. Endoscopic exam revealed a submucosal fullness of the posterior pharynx/hypopharynx and left pharynx. A CT scan with intravenous contrast was subsequently ordered which revealed an oval hepatoesophageal foreign body, paraesophageal cyst, a small retroperitoneal collection, and a fluid fluid collection adjacent to the foreign body, extending into the mediastinum. Differential considerations based on the CT were abscess vs. thymic cyst.

Emergent direct laryngoscopy, esophagoscopy, removal of foreign body, and neck exploration was performed. A 3.5 cm fishbone was removed. Additional findings included a transmural esophageal perforation, purulent exudate in both the esophageal lumen and the adjacent neck, and a large cystic structure in the left neck extending into the mediastinum. Aspirated fluid was straw colored and its in consistency. The cystic lesion was dissected free from the adjacent thyroid gland, carotid sheath, trachea, and aortic arch, and removed in its entirety. Pathologic analysis was consistent with thymic cyst (TC).

Discussion: Thymic cysts are unusual lesions and rarely reported in the literature. The thymus develops mainly from the ventral (thymopharyngeal) pouch. Cysts develop from thymic rests left along the thymopharyngeal pouch during its descent into the neck. Cysts can be congenital or can develop later from extrinsic thymic tissue. These lesions typically affect the pediatric population as asymptomatic neck masses, the majority of which are in the left neck and mediastinum. In a review of 32 cases of cervical thymic cysts, only two cases were documented in individuals greater than 70 years. Surgery is the treatment of choice for diagnostic purposes.

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REFERENCES:

A THYMIC CYST PRESENTING AS AN ABSCESS IN A CASE OF ESOPHAGEAL PERFORATION FROM A FISHBONE

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A THYMIC CYST PRESENTING AS AN ABSCESS IN A CASE OF ESOPHAGEAL PERFORATION FROM A FISHBONE

A 70 year old female presented to the emergency department with a suspected fishbone lodged in the esophagus and new onset fever of 102.8°F. She had been experiencing increasing odynophagia and dysphagia over the past two days. Examination revealed mild tenderness over the anterior and left neck at the level of the cricothyroid. There was no palpable abnormality. Flexible endoscopic exam revealed a submucosal fullness of the posterior pharynx/hypopharynx and left pharynx. A CT scan with intravenous contrast was subsequently ordered which revealed an oval hepatoesophageal foreign body, paraesophageal cyst, a small retroperitoneal collection, and a fluid fluid collection adjacent to the foreign body, extending into the mediastinum. Differential considerations based on the CT were abscess vs. thymic cyst.

Emergent direct laryngoscopy, esophagoscopy, removal of foreign body, and neck exploration was performed. A 3.5 cm fishbone was removed. Additional findings included a transmural esophageal perforation, purulent exudate in both the esophageal lumen and the adjacent neck, and a large cystic structure in the left neck extending into the mediastinum. Aspirated fluid was straw colored and its in consistency. The cystic lesion was dissected free from the adjacent thyroid gland, carotid sheath, trachea, and aortic arch, and removed in its entirety. Pathologic analysis was consistent with thymic cyst (TC).