THYMOMA WITH LARYNGEAL MASS MIMICKING LARYNGEAL CARCINOMA

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A 55 years old man presented to our clinic complaining of persistent hoarseness for 1 month. Patient's history was significant for heavy smoking and regular alcohol consumption for 35 years. He also described lack of appetite and 10 kg weight loss during last 6 months. Stroboscopic examination revealed a submucosal solid mass lesion on the left arytenoid region with the left cord vocal fixation. The presumptive diagnosis was laryngeal carcinoma. Computerized tomography (CT) of the larynx was revealed the possible supraglottic laryngeal carcinoma. The first laryngeal biopsy was performed and punch biopsy was done. Pathologic evaluation showed chronic inflammation. Patient was also showed a mediastinal enlargement at the chest radiograph and was referred to the thoracic surgery department. Thorax CT revealed an anterior mediastinal mass. Mediastinotomy and biopsy was performed and thymic carcinoma was diagnosed. Patient was planned to receive the radiotherapy.

Thymic carcinomas are rare thymic tumors consisting of malignant epithelial surface cells of the thymus. They are usually symptomless because of local extension of tumor. Most common presenting symptoms are persisting cough, chest pain, hoarseness. Surgery biopsy techniques are required for definitive diagnosis of the tumor. Persistent hoarseness in a adult man above 40 is also a very distinctive symptom for laryngeal carcinoma. In this case the patient was also presenting a benign laryngeal mass. In this paper we aimed to emphasize the importance of keeping in mind the non-laryngeal pathologies invading to the recurrent laryngeal nerve in the patients with persistent hoarseness and laryngeal mass.

INTRODUCTION

Thymic carcinomas are rare thymic tumors consisting of malignant epithelial surface cells of the thymus. They are usually symptomless because of local extension of tumor. Most common presenting symptoms are persisting cough, chest pain, hoarseness. Surgery biopsy techniques are required for definitive diagnosis of the tumor. Persistent hoarseness in a adult man above 40 is also a very distinctive symptom for laryngeal carcinoma. In this case the patient was also presenting a benign laryngeal mass. In this paper we aimed to emphasize the importance of keeping in mind the non-laryngeal pathologies invading to the recurrent laryngeal nerve in the patients with persistent hoarseness and laryngeal mass.

CASE REPORT

A 55 years old man presented to our clinic complaining of persistent hoarseness for 1 month. Patient's history was significant for heavy smoking and regular alcohol consumption for 35 years. He also described lack of appetite and 10 kg weight loss during last 6 months. Stroboscopic examination revealed a submucosal lesion with the diameter of 10x10 mm was seen on the left arytenoid cartilage (figure-1). Left arytenoid cartilage and vocal cord were fixed together. Other laryngeal structures were normal. The written informed consent of the patient was obtained and patient was hospitalized as a typical case of laryngeal carcinoma at the date of 31 th of May, 2007. The chest X-ray showed a mass about 5 cm in diameter nearby to the aortic knob (figure-2). Laryngeal Computerized Tomography (CT) investigation was reported as possible supraglottic laryngeal carcinoma with the findings of epiglottic edema, narrowing of preepiglottic space, irregularity of aryepiglottic folds, mass effect on the trachea and an anterior mediastinal mass was diagnosed. Patient was planned to undergo the mediastinoscopy.

Thymic carcinomas are newly seen. Due to recurrent laryngeal nerve involvement, they are a rarely presenting symptom. Persistent hoarseness in a smoker can above 40 is also a very distinctive symptom for laryngeal carcinoma. In this case the patient was also presenting a benign laryngeal mass. In this paper we aimed to emphasize the importance of keeping in mind the non-laryngeal pathologies invading to the recurrent laryngeal nerve in the patients with persistent hoarseness and laryngeal mass.

Figure 1. A solid mass lesion on the left arytenoid cartilage with vocal cord fixation is seen in stroboscopic examination.

Figure 2. Chest X-ray showing a mass about 5 cm in diameter, nearby to the aortic knob.

Figure 3. Irregularity of aryepiglottic folds is seen in laryngeal CT.

Figure 4. A 4x7 cm mass lesion adjacent to the anterior mediastinum and can’t be separated from the aorta and pulmonary trunk is seen (figure-4). Patient underwent to the mediastinoscopy.

REFERENCES