Abstract

Objectives: Cervical thymic cysts are rare lesions which accounting for 0.3% - 1% of all congenital neck masses.

Methods: Herein we report a rare case of giant thymic cyst extended from superior mediastinum to mandibular angle on the left side of the neck in a 7-year-old boy. The diagnosis was suspected on Magnetic resonance imaging (MRI) and confirmed on histopathology.

Results: The mass was totally excised and there was no finding compatible with recurrence at 3-year follow-up postoperatively.

Conclusions: This case is presented here for its rarity. In conclusion, thymic cyst should be considered by all means in cases with cystic neck masses encountered in childhood period.

Introduction

Cervical thymic cysts are rare and mostly unilocular lesions which accounting for 0.3% - 1% of all congenital neck masses. About 100 cervical ectopic thymic cyst cases are reported in the English literature. The majority of these cases are seen in male under the age of ten. It is often mistaken for branchial cleft cyst or cystic hygroma, which are much commoner. A slight higher incidence on the left side has been seen.

Case Report

A 7-year-old previously healthy boy presented with a 6 months history of a painless enlarging mass in the left side of the neck. In the physical examination, there was a huge mass extended from superior mediastinum to mandibular angle on the left side of the neck. MRI revealed a 9x4 cm cystic and solid mass in the left side of the neck (Figure 1). Fine needle aspiration cytology (FNA) cytology reported as thymus tissue. The treatment consisted of totally external excision of the tumor under general anesthesia (Figure 2a,b). Histological examination of the multiloculated cystic lesion with flattened cuboidal epithelium. Thymus tissue including hallowed cupules was observed around the cystic lesion. Finally, the case was reported as “thymic cyst.” There was no finding compatible with recurrence at 3-year follow-up postoperatively.

Discussion

Because of its embryogenic pathway, remnants of thymic tissue may be left behind leading to the formation of a cyst. They usually manifest as a multilocular cystic mass varying from 1 cm to 17 cm between the region of sternum and mandible during the first decade of life. In the differential diagnosis includes the other causes of cystic neck diseases such as branchial cleft cysts, cystic hygroma, lymphangioma, dermoid cyst, thyroglossal duct cyst, cystic nerve tumours, necrotic-granulomatous lymphadenopathy etc.

In the histopathologic examination it contains thymus tissue including hallowed cupules and cysts lined by single or multilayered epithelium. The parathyroid gland may be found in the periphery of the cyst. Fine needle aspiration cytology can be performed to the lesion for differential diagnosis.

REFERENCES