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Giant idiopathic thymic hyperplasia

İdiyopatik dev timik hiperplazi

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Thymic hyperplasia may occur in correlation with some diseases or as a rebound phenomenon during recovery from a stressful event such as steroid therapy or chemotherapy for malignant tumors. However, idiopathic true thymic hyperplasia is very rare.[1-3] It can be asymptomatic or can present with symptoms resulting from compression to the lung and airway. Herein, we present the cases of an 11-year-old girl with giant idiopathic thymic hyperplasia that was detected on her radiological examinations (Figures 1a and b) who was also suffering from dyspnea. The mass was subsequently excised via a right thoracotomy (Figure 1c).

On macroscopy, the solid proliferation of the tan-colored loose tissue formed lobular sections, and microscopy revealed the presence of minimal lipoid tissue throughout the lymphoid lobules and epithelial cells at the center of the lymphoid structures. In addition, the scattered, partly calcified

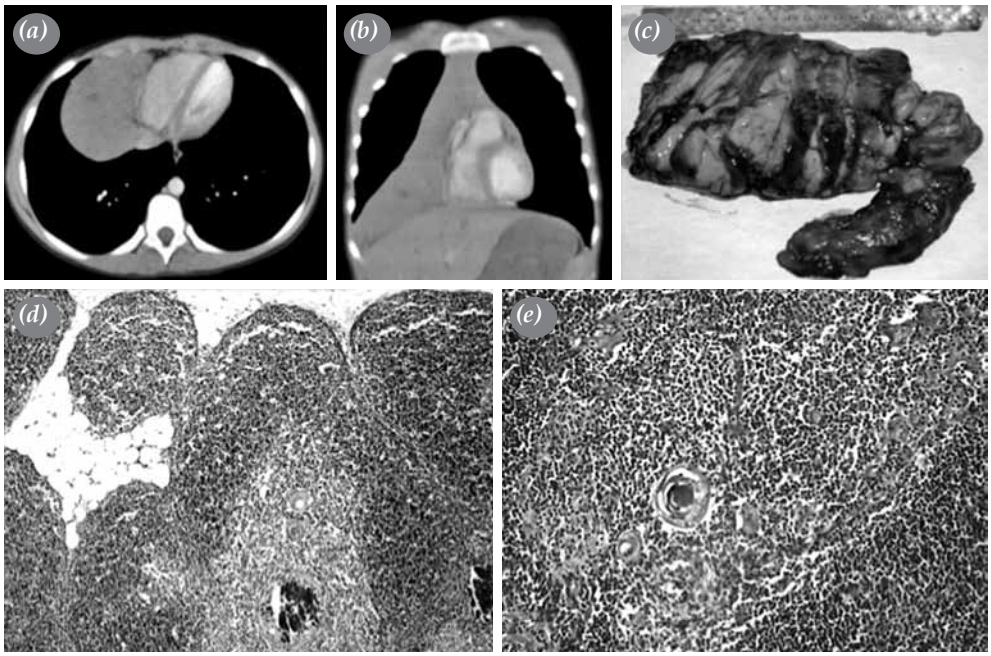

Figure 1. (a, b) A radiological view showing the giant idiopathic hyperplasia, **(c)** a photograph showing the surgical specimen, and **(d, e)** a microscopic view showing the giant thymic hyperplasia. [**(d)**: H-E x 100; **(e)** H-E x 200].

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Hassall's corpuscles were remarkable (Figure 1d), and higher magnification showed that the mixture of lymphoid tissue, thymic epithelial components, and Hassall's corpuscles were consistent with thymic hyperplasia (Figure 1e). Since the basic lobular structure of the thymic tissue persisted, thymoma was ruled out. After performing the thoracotomy, the patient's postoperative recovery was uneventful.

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