



A rare appearance in type 2 thymoma: Ossification

Tip 2 timomada nadir bir görünüm: Ossifikasyon

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A 40-year-old man presented with a complaint of chest pain. The patient underwent percutaneous treatment for a hydatid cyst of the liver three months ago. Sagittal (Figure 1a) and coronal (Figure 1b) contrast-enhanced thoracic computed tomography revealed a retrosternal calcified mass.

The patient underwent thoracoscopic resection with preliminary diagnoses of a complicated hydatid cyst, cystic teratoma, or malignant mediastinal tumor. Following resection, the lesion was unable to be removed from the thoracoscopic port hole due to ossification (Figure 2). It was removed with a utility thoracotomy. Histopathological examination result was reported as type 2 thymoma according to the Masaoka system.

Masses containing mediastinal ossification are rarely seen.^[1] Thymoma is one of the most common

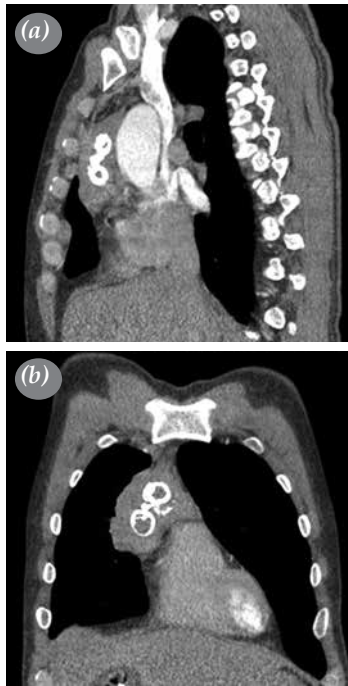


Figure 1. Retrosternal calcified mass is seen in the sagittal (a) and coronal (b) contrast-enhanced thoracic computed tomography images.

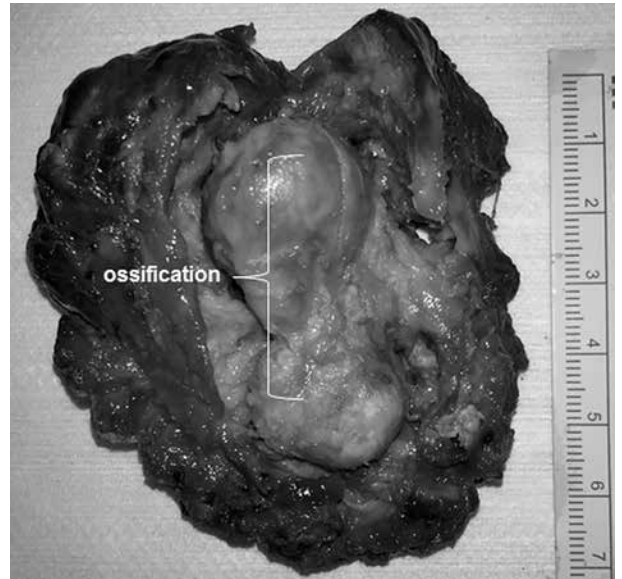


Figure 2. Ossification is seen in the resected material as macroscopic.

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mediastinal tumors. However, ossification is very rare and reported in the literature only as case reports.^[2-4] As in the presented case, type 2 thymoma may exhibit extensive ossification.

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