



1. Ascending Aorta
2. Descending Aorta
3. Pulmonary Artery
4. Thymoma

A 40 year old presented with chronic dry cough and weakness. On examination power was found to be 3/5 and tone 4/5. There was mild bilateral ptosis and associated joint pain. The lady complains of intolerance to cold and constipation and alopecia is found. On blood investigation TSH was found to be 10 mIU/L. A CT scan of chest was done (given above)

1) What is the probable diagnosis?

Answer-This is case of thymoma a tumor of anterior mediastinum with associated hypothyroidism and probable rheumatoid arthritis. Clinically patient may present with cough, stridor, dysphagia or SVC syndrome in severe cases.

2) What may be some of the associated conditions which may be found with this patient?

Answer-One-third of patients have their tumors discovered because they have an associated autoimmune disorder. As mentioned earlier, the most common of those conditions is myasthenia gravis (MG); 10–15% of patients with MG have a thymoma and, conversely, 30–45% of patients with thymomas have MG. Additional associated autoimmune conditions include thymoma-associated multiorgan autoimmunity, pure red cell aplasia and Good syndrome (thymoma with combined immunodeficiency and hypogammaglobulinemia). Other reported disease associations are with acute pericarditis, agranulocytosis, alopecia areata, ulcerative colitis, Cushing's disease, hemolytic anemia, limbic encephalopathy, myocarditis, nephrotic syndrome, panhypopituitarism, pernicious anemia, polymyositis, rheumatoid arthritis, sarcoidosis, scleroderma, systemic lupus erythematosus and thyroiditis.

3) Comment on further investigations and management which should be done.

Answer- IHC is done for further staging and determination of prognosis after surgical resection.

