Thymoma complicated by deep vein thrombosis of the arm

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DESCRIPTION

Our patient was referred urgently with an anterior neck lump. The patient was otherwise well with no history of smoking or radiation exposure. Initial investigation with ultrasound-guided aspiration cytology was suspicious and atypical for thyroid carcinoma. A CT scan demonstrated the neck lump was part of a 64×56×54 mm retrosternal mass infiltrating the superior vena cava and atrium (figure 1). Surgical biopsy and histological analysis demonstrated a mixed widely invasive thymoma P1 prominent with some P2 elements, Masaoka stage 3. A positron emission tomography-CT scan was arranged to identify any signs of metastasis (figure 2). Following extensive discussion between different specialties and centres, a surgical debulking thymectomy was performed, followed by adjuvant chemoradiotherapy. Following surgical resection, the tumour was staged as pT3N0M0. The tumour showed a good response to an ABVD regime (doxorubicin, bleomycin, vinblastine, dacarbazine) of chemotherapy and 54 Grey of radiotherapy split into 30 fractions over 42 days with a multiple conformal field technique.

After a good response to treatment, our patient had 18 months of disease remission, though, unfortunately, during his surveillance, a CT scan identified disease recurrence. He also developed an acute swelling of the left arm shown by ultrasound to be a thrombus of the brachial, axillary and subclavian veins extending to the internal jugular vein (figure 3). This was successfully treated with anticoagulation consisting of low molecular weight heparin and direct factor Xa inhibitor (rivaroxaban). Following further multidisciplinary discussion, a regime of palliative chemotherapy has been started, though due to the rare nature of post-treatment recurrence it is difficult to offer accurate survival estimates.¹

Learning points

▸ Rare malignancies such as this require expertise of multiple specialties and, often, collaboration with specialist centres.
▸ Deep vein thromboses of the upper extremities can result from or be an indication of significant underlying disease.
▸ Anterior neck lumps do not always arise from the thyroid.

Acknowledgements

We would like to acknowledge the help and participation of our patient in preparation of this case report.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCE
