A Case of Ectopic Hamartomatous Thymoma Occurring in the Neck

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Ectopic hamartomatous thymomas (EHT) is an extremely rare disorder.

We report herein on a case of EHT occurring in the neck with a review of the literature. A 35-year-old man first noticed a swelling in his left cervical region at the beginning of March, 2005, and he came for a checkup in our department in March. In the initial examination, palpation revealed a 3×5 cm soft mass with a somewhat indistinct border in the left supraclavicular area. There was no subjective symptom except swelling, and palpation revealed no anomaly in the cervical lymph nodes, and no other lesion was seen in the head and neck area.

A tumor was present between the sternocleidomastoid muscle and the left lobe of the thyroid gland, and the MRI imaging did not show any involvement of the thyroid gland.

We performed a tumorectomy under general anesthesia. There was a tumor right under the sternocleidomastoid, there was no adhesions seen at the periphery of the tumor, and tumor removal went smoothly. The histological diagnosis was an ectopic hamartomatous thymoma.

In 1984, Rosai et al. proposed the concept of the EHT as a lesion having the character of both a hamartoma and a tumor also comprising cervical ectopic thymic tissue. No recurrence has been reported in cases where the tumor has been totally extirpated. In our present case, no recurrence has been seen in a 7-year postoperative follow-up.

Keywords : ectopic hamartomatous thymoma, diagnosis, neck tumor

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Preoperative neck MRI

A T1- weighted image revealed an isointense signal with partial high signal intensity inside, whereas T1-weighted imaging with gadolinium contrast showed up more strongly, thus demonstrating a clear margin and partly heterogenous signal intensity inside. A T2-weighted image indicated a clearly bordered high signal intensity, partly heterogeneous inside. STIR as well showed a high signal intensity which was partly heterogeneous inside.

Gross findings of the tumor

The extirpated tumor was 4×3. 5 cm. The color of the incised surface was grayish white, and was partly yellowish white inside, with coexistence of the solid part, cystic region and viscous liquid region.

Pathological findings

We found non-atypical fusiform cells and island-forming epidermal cells along with adipose cells. Literally, as well, we diagnosed EHT which characteristically coexists with these cells.