

ECTOPIC HAMARTOMATOUS THYMOMA PRESENTING AS A THYROGLOSSAL CYST

A case study and literature review

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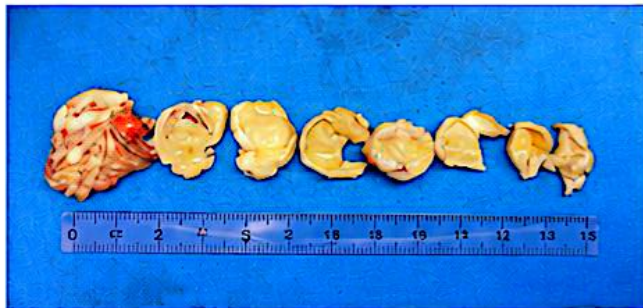
INTRODUCTION

Ectopic Hamartomatous Thymoma is an uncommon benign soft tissue tumor located in the lower neck/possibly of brachial origin) with fewer than 100 cases documented worldwide. This tumor lacks thymic differentiation and does not exhibit histological Hamartomatous elements; hence the label "Ectopic Hamartomatous thymoma" is viewed as a misnomer. A more appropriate term recently proposed is "Biphenotypic Branchioma", reflecting its mesodermal and endodermal origins.

CASE PRESENTATION

A 60-year-old male presented with a painless lump in the anterior midline of his lower neck. The lump was gradually increasing in size and was slightly tender on palpation. There was no history of trauma or any previous surgical intervention.

USG neck showed a well-defined superficial heterogeneous echogenicity focal lesion measuring 48x45mm, showing no apparent connection with the thyroid gland. Additionally, there was no evidence of retrosternal extension. Findings were suggestive of an "Infected Thyroglossal Cyst". Eventually the mass was excised and sent for histopathology.

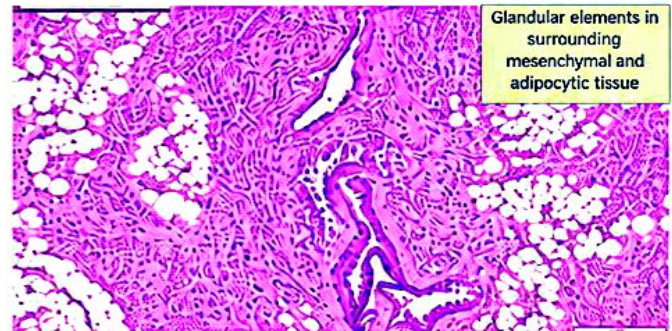


GROSS EXAMINATION AND HISTOPATHOLOGY

Grossly, the tumor measured 85x50mm, was well circumscribed, and had a firm, white-yellow cut surface with few areas containing cysts filled with clear fluid.

Microscopically the tumor exhibited diverse histological patterns, showing varying amounts of bland spindle shaped cells, islands of squamous cells with few foci showing keratin pearl formation and glandular areas lined by cuboidal to columnar epithelium filled with mucinous secretions. The background showed mature adipocytic population with interspersed blood vessels.

On IHC, Cytokeratin stained the epithelial elements of the tumor and CD34 stained the spindled areas.



Histopathologic image from the original picture.

CONCLUSION

In summary, ectopic hamartomatous thymoma is a rare benign tumor in the anterior lower neck, that can be misidentified, and precise diagnosis requires comprehensive clinical, radiological and most critically, histological assessment.

ADDITIONAL HISTOPATHOLOGY

