

中文題目：經胸腔鏡成功切除巨大胸腔內胸腺脂肪瘤

英文題目：Successful Removal of Giant Intrathoracic Thymolipoma via Video-assisted Thoracoscopic Surgery

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## Introduction

Thymolipoma is relative rare in the intrathoracic tumor, it can be silent till mass effect happened or accidental found during medical exam for other reason even the huge one. The current management was surgical removal if symptomatic and thoracotomy might be needed among huge one. Here, we reported a giant intrathoracic Thymolipoma which removed via video-assisted thoracoscopic surgery (VATS). To our best knowledge, this is the largest intrathoracic thymolipoma successfully removed via thoracoscopy.

## Case Report

A 60-year-old woman, with no remarkable medical history, was presented to our outpatient department with progressive dyspnea for 1 month. Her body weight is 71.6 kg, height is 151 cm, and body mass index is 31.4. The chest radiography showed opacification at the left lower lung field, no interval change compared with her previous chest radiography 5 years ago. The chest computed tomography further showed a giant homogenous mass in the left lower pleural cavity, up to 15 cm in size. The Hounsfield units  $\approx$  -100, which fat-contained was impressed. Surgical department was consulted and the single port video-assisted thoracoscopic surgery (VATS) was arranged for tumor removal. Tumor originated from the anterior mediastinum with many feeding vessels noted during the surgery. The specimen was 22.4 x 21.8 x 8.7 cm; yellow and soft. Pathologic report show Cytokeratin in atrophic thymic tissue indicated the diagnostic of benign thymic lipoma. Patient was discharged on post OP day 12 and the following chest radiography showed only minimal left lung volume reduction and pleural effusion before discharge and the follow up 2 months after operation.

## Discussion

Thymolipoma is relative rare in the intrathoracic tumor, it can be silent till mass effect happened. The thymolipoma can had additional symptoms such as myasthenia gravis or Graves disease other than mass effect only. Current approach was surgical removal if symptomatic and could consider serial imaging following up if the not considered

as liposarcoma. The VATS was gradually replaced the thoracotomy among lung cancer, empyema and can consider in the larger benign tumor such as intrathoracic lipoma in experienced hand. The current management was surgical removal if symptomatic and thoracotomy might be needed among huge one. Aldahmashi et al. reported a current largest intrathoracic fibrolipoma (25 × 20 × 10 cm and weighed about 3500 g) in 2019 but the tumor was removed via conventional thoracotomy surgery. To our best knowledge, this is the largest intrathoracic lipoma removed via thoracoscopy. Patient recover well and discharged on post OP day 12. No special discomfort during further follow up. The VATS could be considered in this large benign tumor if experienced handed.