



Approach to Thymic Tumor Biopsies

Tumors of the thymus present in the pre-vascular space of the mediastinum. Large lesions are easy to biopsy but the ones that are smaller and in the retrosternal space can provide a challenge.

Here are two cases that show how we can approach these lesions. In the first patient, we used a traditional left parasternal approach, while in the second, we used a trans-sternal approach.

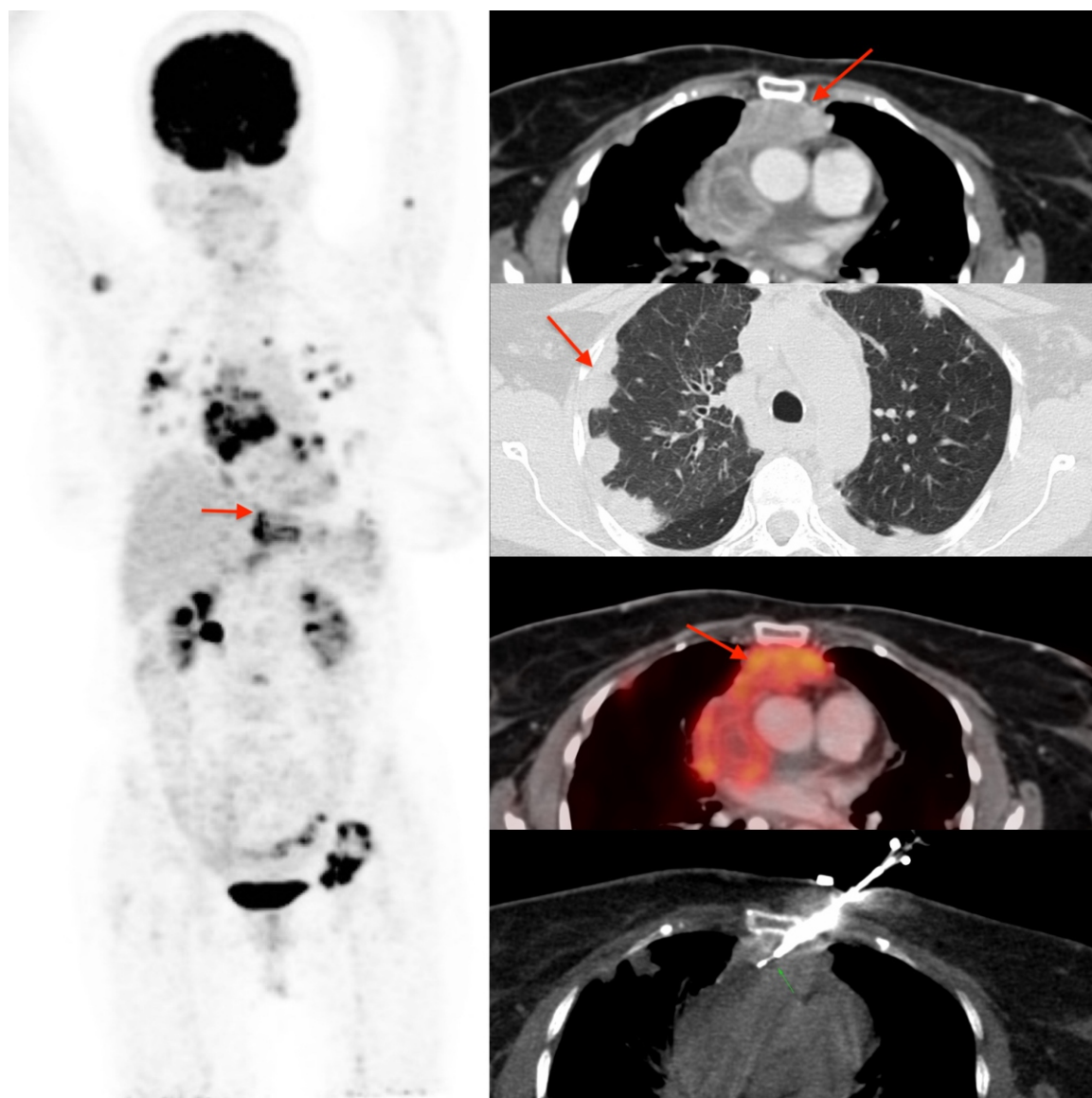


Fig. 1: This is a 67-years old lady who was operated for a sarcomatoid thymic carcinoma. The repeat PET/CT shows recurrence of disease, with spread to the lungs, pleura and the liver. A biopsy was needed to reconfirm recurrence. In her case, an oblique left parasternal approach using an 18G coaxial biopsy gun allowed a safe biopsy, with the needle tip directed away from the vessels. The biopsy showed recurrence of disease.



At a glance

- ◆ Thymic tumors present as pre-vascular, retrosternal lesions.
- ◆ Both parasternal and trans-sternal approaches are valid – the latter should be used when an easy approach is not available.

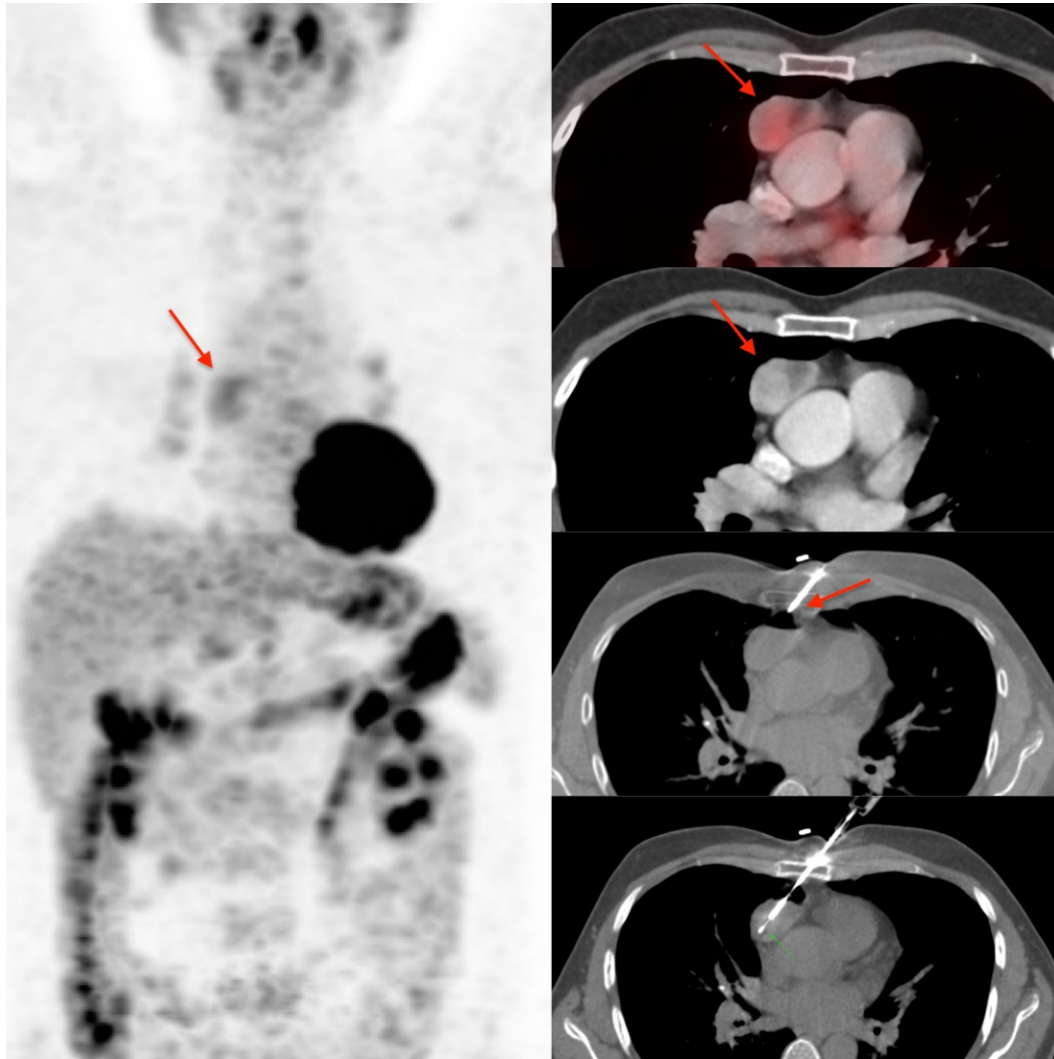


Fig. 2: This is a 53-years old man who had an incidentally discovered prevascular space mass. PET/CT showed no other lesion. He came for a biopsy. The only approach was through the lung, so I chose a trans-sternal approach directed along the long axis of the lesion through the lung using a 20G coaxial biopsy gun. A trans-sternal approach is safe and this can be done without sedation, by just infiltrating the periosteum of the anterior cortex. The bone is thin enough that a light tap of the mallet is sufficient to push the needle through. The only disadvantage is the inability to maneuver the needle if needed. The diagnosis was thymoma WHO B type. There was no complication.

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