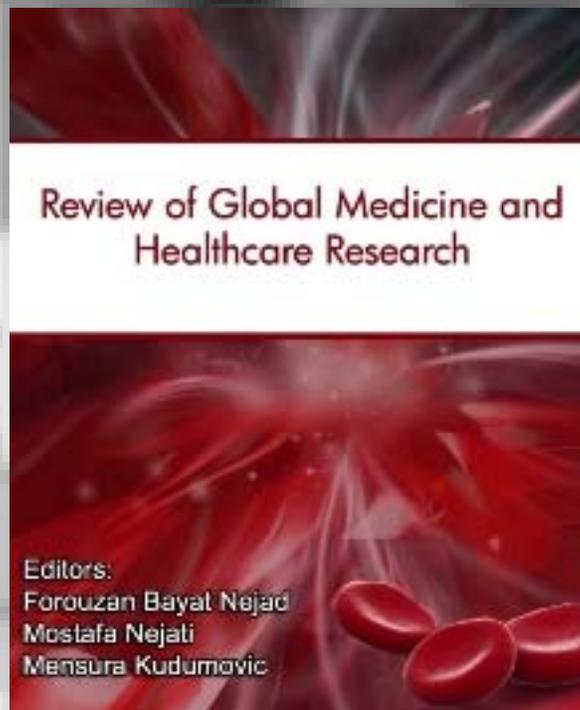


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# Unusual Presentation of a Fleshy Mass in the Suprasternal Notch

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## ABSTRACT

**Introduction:** The unusual presentation of this case was the strange and alarming appearance of the pink fleshy mass, which protruded from underneath the skin at the suprasternal region. This case illustrates that a cervical swelling can originate from superior mediastinum structures like the thymus gland.

**Method:** A 17 year old boy was presented at clinic with a pink fleshy mass, protruding from underneath the skin at the suprasternal region. He had previously undergone two operations, which had been performed in a district hospital, the first eight months and the second two months previously.

Seven days after the second operation, the patient noticed the appearance of a pink coloured mass, which was protruding from the surgical wound site of the second operation.

The CT scan of the chest and neck showed an anterior mediastinal mass within the thymus gland, which was connected to the mass in the neck.

A diagnosis of a thymic tumour was made and a thoracotomy operation performed through a median sternotomy, with the complete removal of the thymus gland and the mass connected to it.

**Result:** Histopathology of the specimen proved that the two solid tumor masses in the right and left thymic lobes, together with another mass connected to the isthmus of the gland by stalk, were all in fact a mature teratoma.

**Conclusion:** This case illustrate that not every cervical swelling with a retrosternal extension will be thyroidal or cervical in origin, but that a mediastinal mass such as the one in our case, could also present itself as a cervical swelling. This also demonstrates that a cervical swelling should always be taken seriously and full and complete investigations should be carried out by an experienced surgeon in a well equipped hospital.

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**Keywords:** Thymus gland, teratoma, anterior mediastinum, suprasternal notch, retrosternal thyroid (goiter)

## **CASE REPORT**

A 17 year old boy was presented to our surgical department in the University of Science & Technology Hospital, Sana'a, Yemen, with a fleshy swelling protruding from the middle of the scar of an operation performed on the suprasternal notch area two months earlier, fig.1. This was the second operation the boy had undergone on that area, as he had already had surgery eight months previously, for the removal of what had been diagnosed as a thyroid nodule. Both operations, which were performed in a small district hospital, had ended due to bleeding, before a full exploration was possible.

Seven days after the second operation the boy noticed that a pink coloured mass started to protrude from under the scar of the second operation. Evaluation of the case was made and the patient underwent full haematological screening, Blood biochemistry, renal and Liver function tests were done and all the results were within the normal range.

A chest x-ray revealed an anterior mediastinal shadow. A CT scan of the chest and neck showed that an anterior mediastinal mass in the thymus gland was connected to the fleshy mass in the cervical region. A diagnosis of thymic tumour was made. The patient and his family were informed and they agreed with the decision that the boy should undergo further surgery.

An informed consent was signed for both the surgery and the use of photographic evidence for medical purposes.

A Median sternotomy was performed and the tumor was found to have originated from the thymus gland without any infiltration into the surrounding tissue and there was no lymph node enlargement fig.2.

Complete removal of the thymus gland with the tumor mass connected to it was carried out. The operation and the post operative course of treatment were uneventful.

The patient was discharged home on the 4<sup>th</sup> post operative day and returned on 8<sup>th</sup> post operative day with a superficial wound infection, which took nearly twelve days to heal fig.3.

Histopathology of the specimen showed two solid tumor masses in both the right and left thymic lobes with another mass connected to the isthmus of the gland by a stalk. On sectioning the tumor it appeared yellow in colour, and showed necrotic cavitations with yellowish pussy fluid fig.4. Microscopy revealed a mixture of mature tissue including skin and its adnexal structure, skeletal muscle and fibro fatty tissue along with residual atrophic thymic tissue. There was no evidence of thymoma or malignancy, but the diagnosis of mature teratoma was confirmed fig.5.

## **Discussion**

This case illustrates that not every cervical swelling with retrosternal extension will be thyroid or cervical in origin, but that a mediastinal mass such as the one in our case could well be presented as a cervical swelling. This case also shows that a cervical swelling should always be taken seriously and full and complete investigations should

be carried out by an experienced surgeon, or at least backed by senior surgeon, in a well equipped hospital.

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[My paper] Ufuk Yetkin, Aylin Orgencalli, Gokhan Yuncu, Ali Gurbuz

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Fig1



Fig.2



Fig.3



Fig4

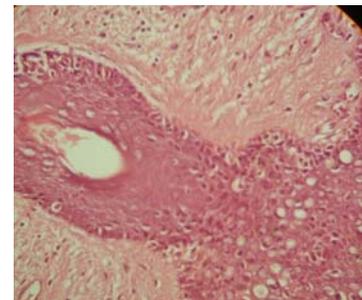


Fig.5