ANTERIOR MEDIASTINAL TUMOR IN A 76-YEAR-OLD WOMAN: A CASE REPORT

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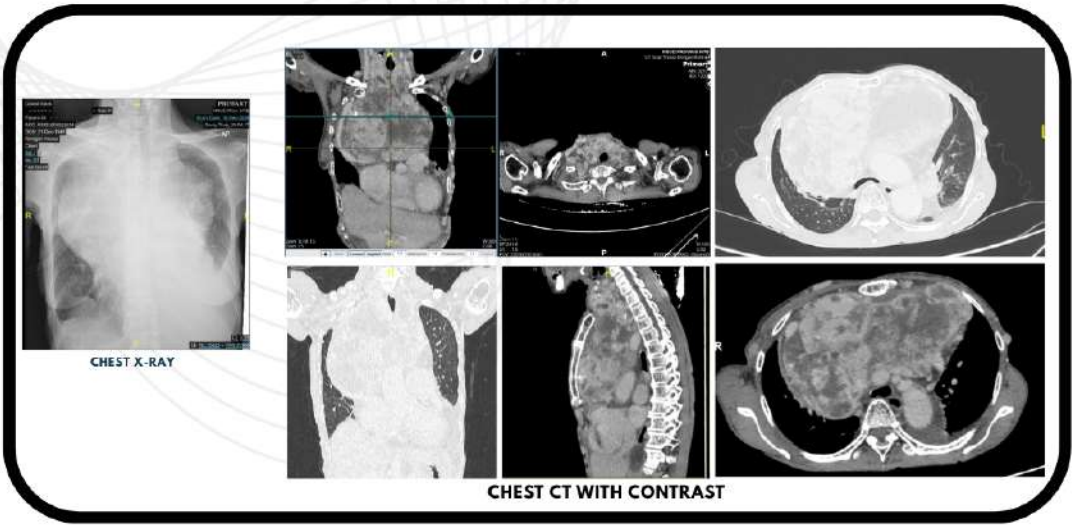
INTRODUCTION

Anterior mediastinal tumors remain challenging to diagnose due to a wide range of possible differential diagnoses, the most common being lymphoma, thymoma, teratoma, and substernal thyroid masses. Large tumors may compress vital structures such as the superior vena cava, airways, or pleura, leading to diverse clinical manifestations.

CASE REPORT

A 76-year-old woman presented with shortness of breath for one month prior to hospital admission, worsening with activity, accompanied by intermittent fever, weight loss, and epigastric pain. Physical examination revealed decreased breath sounds over the right apical and medial lung fields. Laboratory tests showed mild anemia and hyperthyroidism (decreased TSH and elevated FT3 and FT4). Chest X-ray and CT scan demonstrated a bilateral thyroid mass extending into the anterior mediastinum. Neck ultrasonography revealed bilateral thyroid masses with colli-submandibular lymphadenopathy; however, pleural fluid cytology, FNAB, and core biopsy showed no evidence of malignancy.

RADIOLOGICAL FINDINGS



CHEST X-RAY

CHEST CT WITH CONTRAST

DISCUSSION

The anterior mediastinal mass in this patient was most consistent with a teratoma, though differential diagnoses such as thyroid mass, lymphoma, and thymoma could not be excluded. Clinical presentation, laboratory findings, and imaging supported a neoplastic etiology, despite biopsy results showing no malignancy. This case highlights the diagnostic difficulty of mediastinal tumors, particularly in elderly patients with multiple comorbidities.

CONCLUSION

Anterior mediastinal tumors can cause life-threatening conditions such as superior vena cava syndrome and require a multimodal diagnostic approach. A definitive diagnosis depends on histopathological examination; however, clinical symptoms and imaging findings play crucial roles in guiding diagnosis and appropriate management.

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