CLINICAL SNAPSHOT

Drop Metastasis of Type B Thymoma 5 Years After Resection

A 45-year-old woman came to our center with renewed symptoms of myasthenia 5 years after minimally invasive resection of a B1/B2 thymoma (anterolateral access). Diagnostic computed tomography showed normal findings at the operation site but detected a new right-sided paravertebral mass of unclear origin at the level of T11/T12. Video-assisted thoracoscopy visualized the lesion. Histological analysis following R0 resection confirmed the finding of a drop metastasis. The patient is again symptom free and is being monitored closely.

This case clearly shows that patients suspected of having a recurrence of thymoma should be investigated not only for systemic dissemination but also for postoperative drop metastases outside the thymic bed. Type B thymomas are epithelial tumors of the thymus that are divided by the WHO classification into subtypes B1, B2, and B3 according to the degree of cytological atypia. Because

they may be prone to late recurrence, long-term follow-up is required. The danger of intraoperative contamination of other sites with tumor cells can be minimized by the use of minimally invasive “no-touch” techniques at experienced centers.

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