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Clinical Image

Rare Etiology of a Mediastinal Mass

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Clinical Case

A 22-year-old man, with no pathological history, was hospitalized for right basal thoracic pain associated with unstated fever and weight loss of 6 kg in one month. Physical examination revealed fever at 38.6°C and polypnea at 32 cycles/minute. The rest of the examination was without abnormalities. In biology, there was a biological inflammatory syndrome. Arterial blood gases were normal. The chest x-ray showed a mediastinal widening (Figure 1) and on the chest CT there was a heterogeneous mass of the anterior mediastinum of 12.5 cm compressing the right atrium and the superior vena cava associated with a right pleural effusion and lymph nodes centimetric right cardiophrenics (Figure 2). Transthoracic cardiac ultrasound revealed an extracardiac mass with invasion of the right atrium. The biopsy of the mass was performed objectifying histological appearance and immuno-histochemical for a yolk sac tumor. The rate of alpha feto-protein was raised to 12826ng/ml.

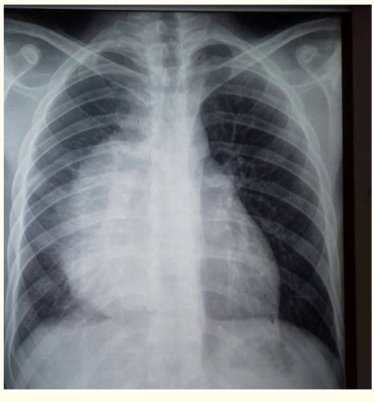

Figure 1: Chest x-ray showing mediastinal enlargement.

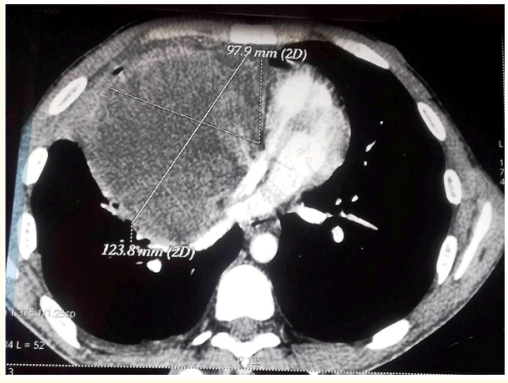

Figure 2: Thoracic computed tomography showing a heterogeneous mass of the anterior mediastinum of 12.5 cm compressing the right atrium and the superior vena cava associated with a right pleural effusion, a right hilar adenomegaly and centimetric right cardio phrenic nodes.

Comments

Yolk sac tumor, also called endodermal sinus tumor, is a non-seminomatous germ cell tumor [1]. It mainly affects children and is rare in adults. It is preferentially located at the gonadal level [2,3]. The diagnosis is suggested in the presence of a tumor of the midline associated with an elevation of the serum alpha- fetoprotein level. Extra-gonadal localizations, in particular at the level of the anterior mediastinum as in our patient, are rare. Mediastinal localization has often a poor prognosis due to surgical difficulties. The prognosis also depends on the diagnostic delay and the management.

Bibliography

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