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Posterior mediastinal ganglioneuroma: Case report

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Introduction Ganglioneuromas are rare benign tumors arising from the autonomic nervous system. There are composed of well-differentiated Schwann and ganglion cells. It is encountered as a mediastinal mass on chest radiograph. Imaging modalities give a definite clue to the existence of a neurogenic mass in the posterior mediastinum. Case Report A 22-year-old Cambodia female patient presented a little chest discomfort and dyspnea. She was normotensive with normal physical examination. Biochemical parameters were within normal limits. Initial chest radiograph showed a huge mass in the right hemithorax (Figure1 (A)). Chest CT showed a 17cm sized well-defined and low attenuated mass in the posterior mediastinum (Figure1 (B)). PCNB and tumor excision was performed (Figure2). The histological examination showed that spindle cells and a collagen stroma besides mature and well-differentiated ganglion cells (Figure 3). Finally, histopathology confirmed a ganglioneuroma. Discussion Ganglioneuroma is a rare tumor in childhood. It commonly seen between the age of 10-30 years. It occurs in the posterior mediastinum (60–80%); other sites include the retroperitoneum and less commonly the adrenal medulla. It contains mature ganglion cells. Patients are usually asymptomatic, normotensive. These tumors rarely turn malignant for decades. On imaging, they present as well-defined and large solid mass. They are hypoattenuating on CT and have a heterogeneous intermediate signal on both T1/T2-weighted MRI. It is finally diagnosed on histopathology examination. Surgical removal is the treatment of the choice. The prognosis is favorable. These patients do not require long-term follow-up. Conclusion Now, medical services accessibility and development of image modalities led to early diagnosis and treatment of ganglioneuroma. Our case shows that patient delayed diagnosis because poor medical accessibility. So she presented with chest discomfort and dyspnea due to local mass effect. Despite dead space remains in right hemothorax after surgery, she discharged without complications and followed up. (Figure1 (C)).

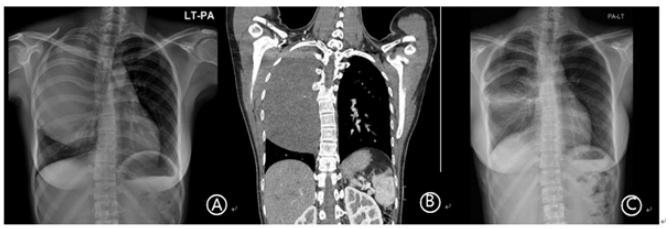

Figure1. Ⓐ Initial CPA Ⓑ contrast enhanced chest CT Ⓒ postoperative day 6 CPA

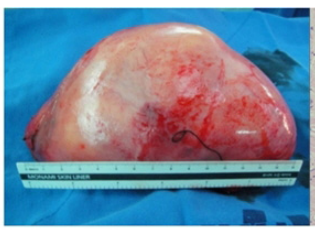

Figure2. Gross specimen; 20.0 x 16.0 x 10.0 cm, weight 1063g.

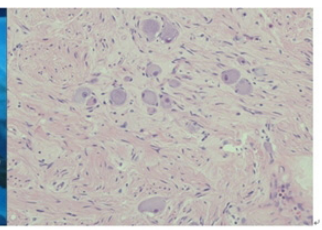

Figure3. H&E staining; 400x

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An infected large congenital cystic adenomatoid malformation mimicking lung abscess

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Congenital cystic adenomatoid malformation (CCAM) is a rare abnormality of lung development. When CCAM is infected without recognition of medical clue, physicians are sometimes confused with lung abscess. We report an infected large CCAM mimicking lung abscess revealed by surgical resection. A 23-year-old woman visited the emergency room and complained of fever with left chest discomfort. She denied any past medical history. Lung sound was decreased in left thorax. Chest radiography revealed a large thin wall cavity with air-fluid level. Chest CT scan showed more than 10cm-sized cavitary lesion with air-fluid level in left upper lobe and passive atelectasis in left lower lobe. The percutaneous drainage using pig-tail catheter was done as well as administration of antibiotics because initial impression was large lung abscess. Lung abscess was not clinically improved by drainage and administration of antibiotics, video-assisted thoracoscopic lung resection was performed at 7 day of admission. The final histopathological examination showed double epithelial lines containing adenomatoid, columnar type with neutrophilic inflammation, which was diagnosed with a congenital cystic adenomatoid malformation. At 7 days after operation, she was discharged from the hospital without complication. When lung abscess was presented in a young patient, an infected congenital cystic adenomatoid malformation may be considered.