



흉선암의 임상적 고찰

Clinical Analysis for Thymic Carcinoma

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=Abstract=

Clinical Analysis for Thymic Carcinoma

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 Young Sun Yoo, MD *, Kwang Sook Lee, MD *, Sae Young Choi, MD *,
 Young Moo Kwon, MD **

Background: Thymic carcinoma is a very rare disease and treatment modality is not standardized. So, we report our experience of management of thymic carcinoma. **Material and Method:** Between 1984 and 1998, eight patients with thymic carcinoma were treated at Keimyung University Dongsan Medical center. **Result:** The median age was 46 years with a range of 23 to 67 years. Chief complaint was a anterior chest pain. Histologic subtypes included two lymphoepithelioma-like carcinoma, two squamous cell carcinoma, one basaloid carcinoma, and three mixed type. Clinical staging was classified to stage I in 2, stage II in 4, stage III in 1, and stage IVA in 1 according to the modified Masaoka staging system. Four patients underwent complete resection and three patients were found to have incomplete resection by histologic evaluation. One patient underwent only biopsy due to pericardial dissemination and invasion of adjacent organ. All patients had adjuvant chemotherapy, radiation therapy was administered to five patients for positive resection margin and above stage III. The median follow up period was 55.3 ± 64.6 months, three patients died and four patients are alive without recurrence. One patient in recurrence had two times re-operations and adjuvant chemoradiotherapy. He is still alive. **Conclusion:** We concluded that completely surgical resection and adequate adjuvant chemoradiotherapy after early diagnosis are useful to management of thymic carcinoma.

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Key word : 1. Thymus neoplasm
 2. Thymus

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(malignant thymoma)

가 ,

1,2)

가

3 7)

가

1984 8 1998 8

8

가

2 , (squamous cell carcinoma) 2 , (squamous cell carcinoma) (small cell carcinoma)

2 , (basaloid carcinoma)

1 , (squamous cell carcinoma)

(lymphoepithelioma-like carcinoma) 1

Masaoka

I 2 , IIA 3 , IIB 1 , III 1 ,

IVA 가 1 (Table 1).

4.

4

가 3

가 1

cisplatin 50 mg/m², doxorubicin 40 mg/m², vincristin 0.6 mg/m², cytoxan 700 mg/m² 3

1 (cycle) , 3 6 (cycle)

III 가 5 5000 7000 cGy (Table 1).

5.

11 190 55.3 ±64.6

3

(small cell carcinoma) (squamous cell carcinoma)

1

26

, spindle cell type (squamous cell carcinoma) 1

14

(small cell carcinoma) (squamous cell carcinoma) 1

11

(lymphoepithelioma-like carcinoma)

가

6

(cycle)

1 (lymphoepithelioma-like carcinoma)

(basaloid carcinoma) 1 , (squamous cell carcinoma) 1 , (squamous cell carcinoma)

(lymphoepithelioma-like carcinoma)

Table 1. Clinical staging, pathologic type, treatment, and result with follow-up period

Case No.	Modified Masaoka staging	Pathologic type	Type of operation	Adjuvant therapy	Result	Follow-up (months)
1	I completely encapsulated and no capsular invasion	Squamous cell	Complete resection	CTx	Survival without recurrence	37
2	I completely encapsulated and no capsular invasion	Lymphoepithelioma-like	Complete resection	CTx	Survival without recurrence	22
3	IIA macroscopic invasion into mediastinal pleura	Lymphoepithelioma-like	Incomplete resection	CTx+RTx	Survival with recurrence	190
4	IIA macroscopic invasion into fatty tissue	Squamous cell (spindle cell type)	Complete resection	CTx	Death	14
5	IIA macroscopic invasion into fatty tissue	Mixed (squamous + lymphoepithelioma-like)	Complete resection	CTx+RTx	Survival without recurrence	23
6	IIB microscopic invasion into capsule	Basaloid	Incomplete resection	CTx+RTx	Survival without recurrence	119
7	III macroscopic invasion into pericardium and innominate vein	Mixed (squamous + small cell)	Incomplete resection	CTx+RTx	Death	11
8	IVA pericardial dissemination	Mixed (squamous + small cell)	Biopsy	CTx+RTx	Death	26

CTx, Chemotherapy(Cisplatin 50mg/m², Doxorubicin 40mg/m², Vincristin 0.6mg/m², Cytosan 700mg/m²); RTx, Radiotherapy.

carcinoma) (lymphoepithelioma-like carcinoma)

1

,

Masaoka⁸⁾

(Table 1).

Blumberg¹⁴⁾ 43

Masaoka

가

III

(innominate vessels)

Rosai Levine⁹⁾ (thymoma)

가

(germ cell tumor), (malignant lymphoma),

Masaoka

(carcinoid) (small cell carcinoma)

(neuroendocrine tumor)

Suster¹⁵⁾

가

,

가

(High-grade group)

^{1,9 11)} (thymic carcinoma)

(Low-grade group)

(poorly differentiated squamous

¹⁾

cell carcinoma), (Lymphoepithelioma-like carcinoma),

(poorly differentiated adenosquamous carcinoma),

(small cell carcinoma), (clear cell carcinoma),

(sarcomatoid carcinoma), (undifferentiated carcinoma)

^{8 10,14,15)}

1955 Castleman¹²⁾

1956 Frank¹³⁾

(well differentiated squamous cell carcinoma),

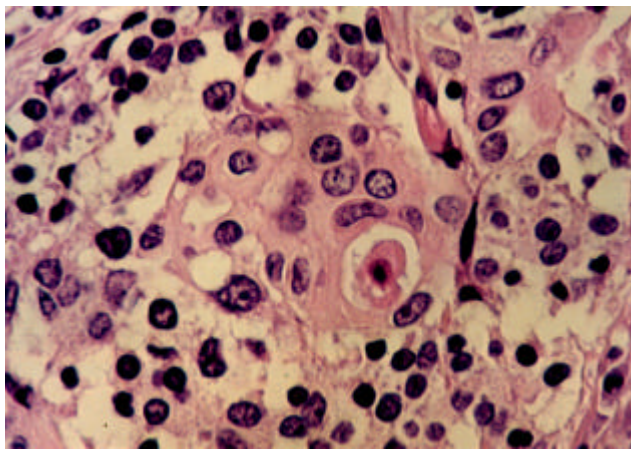


Fig. 1. Lymphoepidermoid-like carcinoma. tumor cells are large with indistinct borders; nuclei are vesicular with prominent nucleoli and mitotic figures(H&E × 400).

(basaloid carcinoma), (mucoepidermoid carcinoma) . 가 , 가 2 16 가 Maezawa ¹⁶⁾ Wick ⁵⁾ Branchial cleft aberrant embryonal cell , Fisher ¹⁷⁾ Hassall's corpuscles , de novo 가 가 ⁹⁾ 가 가 3 5,14,15) Weide ¹⁸⁾ cisplantin , Carlson ¹⁹⁾ cisplantin, doxorubicin, vincristin, cytoxan 18 20) 5

4,5,14) Wick ⁵⁾ 20 18 , Hsu 4) 3 45.9% 5 34.4% , 25.5 2 8 5 22 190 1. Levine GD, Rosai J. *Thymic hyperplasia and neoplasia. A review of current concepts.* Hum Pathol 1978;9:495-515. 2. Rosai J. *The pathology of thymic neoplasms. International Academy of Pathology. Monograph No.29.* Baltimore: William & Wilkins; 1987. 3. 1995;28:475-80. 4. Hsu CP, Chen CY, Chen CL, et al. *Thymic carcinoma: ten years' experience in twenty patients.* J Thorac Cardiovasc Surg 1994;107:615-20. 5. Wick MR, Weiland LH, Scheithauer BW, Bernatz PE. *Primary thymic carcinoma.* Am J Surg Pathol 1982;6: 613-30. 6. Kuo TT, Chang JP, Lin FJ, Wu WC, Chang CH. *Thymic carcinoma: histopathologic varieties and immunohistochemical study.* Am J Surg Pathol 1990;14:24-34. 7. Truong LD, Mody DR, Cagle PT, Jackson-York GL, Schwartz MR, Wheeler TM. *Thymic carcinoma: a clinicopathologic study of 13 cases.* Am J Surg Pathol 1990;14:151-66. 8. Masaoka A, Monden Y, Nakahara K, Tanioka T. *Follow-up study of thymoma with special reference to their clinical stages.* Cancer 1981;48:2485-92. 9. Rosai J, Levine GD. *Tumors of the thymus, Atlas of tumor pathology. 2nd series, fasc. 13.* Washington DC,

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		:		가					
				1984		8		1998	
						8			
23		67		46					
(lymphoepithelioma-like carcinoma)		2		(squamous cell carcinoma)		2		(basaloid carcinoma)	
1		(mixed type)		3		Masaoka			
I 2		II 4		III 1		IVA 가 1		가	
				. 1		. 4		3	
						가 III		가	
5						5			
				55.3 ±64.6		, 3		4	
		. 1							
				:					
가									

: 1.
2.