Two in one: more than we bargained for

A 61-year-old woman presented for management of a large, toxic multinodular goitre. A decision about therapeutic modality (radioiodine ablation or total thyroidectomy) was facilitated by an incidental finding, on computed tomography, of a large, anterior mediastinal thymoma (Figure, A), confirmed by core biopsy. The patient had no symptoms of tumour compression or paraneoplastic phenomena such as myasthenia gravis. She underwent a total thyroidectomy and resection of the thymoma by median sternotomy. Histopathological examination revealed a completely encapsulated and resected thymoma (stage 1, World Health Organization type B2 [mixed epithelial and lymphoid cells]) measuring 140 × 80 × 45 mm (Figure, B), and a benign multinodular goitre.

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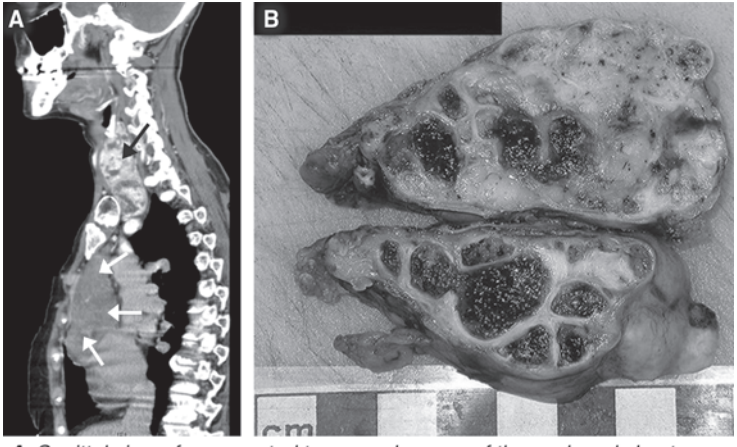

***A**: Sagittal view of a computed tomography scan of the neck and chest showing a large multinodular goitre (black arrow) and a large incidental anterior mediastinal thymoma (white arrows). **B**: Resected thymoma.* ◆