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Title: Thymic tumours: Diagnostic and therapeutic approach

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Body: Introduction: Thymic tumours represent 0.2—1.5% of all malignancies, with an incidence of 0.15 cases per 100,000 populations. We present our experience in the management of patients (pts) with thymic tumours. Materials and Methods: We evaluated retrospectively the records of 16 consecutive pts who underwent thymectomy in our department. All but one pts underwent radical thymectomy, through a median sternotomy. The upper and lower thymic poles were traced and all fatty tissue between the phrenic nerves was resected. Diagnostic procedures included contrast enhanced CT of thorax and/or MRI and in the case of 2 pts, F-18 FDG PET-CT was performed. Myasthenia gravis was present in 2 pts (12.5%). Results: There were 8 male and 8 female pts (mean age: 42.8 years). The histopathology revealed 11 thymomas, 1 endocrine carcinoma and 4 hyperplasias. Type A thymomas were found in 2 pts (12.5%), AB in 3 pts (18.75%), B1 in 1pt (6.25%) and B3 in 1pt (6.25%), while 4 thymomas (25%) were unclassified. The mean diameter of the resected masses was 8.31 cm. Two pts were classified as Masaoka IIA stage (12.5%) and one as Masaoka IIB (6.25%), who received adjuvant radiotherapy. All the others were classified as Masoka I. All tumours were totally resected. The 5 year survival was 100%. There was recurrence of the endocrine carcinoma within 5 years. Conclusions: Tumours of the thymus are a heterogeneous group of tumours, ranging from relatively benign thymomas to highly aggressive carcinomas. Surgery continues to be the mainstay of treatment and complete resection of the tumour remains the most important prognostic factor. A recurrence should be completely resected whenever possible, because this approach is associated with good long-term survival.