Sixth International Joint Meeting on THORACIC SURGERY

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11th International Meeting on General Thoracic Surgery
Clínic Barcelona | Universitat de Barcelona | Hospital Universitari Sagrat Cor

5th Meeting of the Thoracic Oncology, Thoracic Surgery, Techniques & Transplant, Respiratory Nursing and Respiratory Physiotherapy Areas of the Spanish Society of Pneumology and Thoracic Surgery (SEPAR)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

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3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)
SECT Sociedad Española de Cirugía Torácica

30th Congress of the "Asociación Iberoamericana de Cirugía Torácica" AIACT

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# INTRAPERICARDIAL PARAGANGLIOMA MIMICKING THYMOMA

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Introduction
Paragangliomas are neuroendocrine tumors originating from neural crest cells. While extra-adrenal paragangliomas are typically found in the abdomen, intrathoracic tumors account for less than 2% of all paragangliomas, and intrapericardial paragangliomas are extremely rare.

Case Presentation
A 38-year-old woman presented to the thoracic surgery clinic with a 36 mm diameter anterior mediastinal mass that had a maximum standardized uptake value of 22.9 on positron emission tomography/computed tomography (PET/CT) which was performed to evaluate the mixed connective tissue disease activity. Neurological evaluation revealed no signs of myasthenia gravis. An incisional biopsy via left video-asissted thoracoscopic surgery (VATS) was inconclusive. After an extended thymectomy via right uniportal VATS was completed, a pericardial incision was made. Since the mass was discovered adhered to aortic adventitia, an upper partial sternotomy was performed. The mass was completely excised, and pathological examination confirmed the mass as an intrapericardial, capsulated paraganglioma. The patient remained in good condition 8 months postoperatively, with no signs of recurrence.

Conclusion:
Intrapericardial paragangliomas are exceedingly rare and may be clinically mistaken for other anterior mediastinal masses. A complete excision is feasible, safe and potentially curative.