

## AB055. PS02.19: Should pulmonary metastasectomy be performed in the thymoma?

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**Background:** Recurrence rate of 11–36% was reported after surgical resection in the thymoma. Complete resection of local recurrences or pleural implants is associated with long survival times. Although there is no standard guideline for treatment management in the presence of distant recurrence of pulmonary metastasis, it is thought that metastasectomy may be associated with good prognosis. In this study, it was aimed to present a patient who underwent metastasectomy twice because of thymoma pulmonary metastasis.

**Methods:** A 54-year-old non-myasthenic male patient underwent extended thymectomy (pericardial resection + left innominate venous scarification + left upper lobe wedge resection of the left lung) and mediastinal lymph node dissection with transsternal approach after neoadjuvant chemotherapy in 2014 due to invasive type B3 thymoma. On the left pleural dissemination, pleurectomy was performed with the left posterolateral thoracotomy in the same session. Pathologic examination revealed that R1 resection was achieved in each two operations. According to the Masaoka staging system, the patient was admitted to stage 4a. Although the primary tumor is under control, patient receiving adjuvant chemoradiotherapy was scanned with thorax CT in May

2016 revealing to have a metastatic suspicious nodule with progression of 5 mm size in the middle lobe of the right lung. Patient underwent wedge resection for parenchymal nodule with right mini-thoracotomy. Pathologic examination was reported as an 8 mm sized tumor consistent with type B3 metastatic metastasis. Patient who did not receive any adjuvant treatment had a thorax CT in November 2016. 6 mm sized newly developed metastatic suspicious nodule in right lung anterior lobe was reported. The patient underwent wedge resection for parenchymal nodule with right re-thoracotomy. Pathologic examination was reported as a 7 mm sized tumor consistent with type B3 metastasis. R0 resection was achieved in all two metastasectomies. The patient is followed up without recurrence on postoperative 43rd month.

**Results:** For patients with synchronous pulmonary metastases with stage 4b thymomas, surgery is recommended if metastases are thought to be completely resected. In Type B3 and C thymoma, there is a high likelihood of metachronous pulmonary metastasis in the long term after thymectomy, and re-resections for recurrent pulmonary metastases in medical operable and resectable cases may be associated with good prognosis. This issue can be illuminated by extensive prospective studies.

**Keywords:** Thymomas; metastasectomy; lung; prognosis

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