

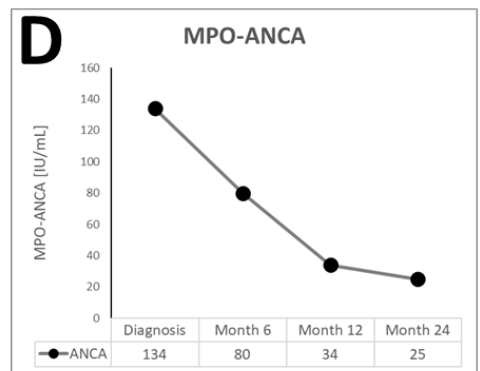
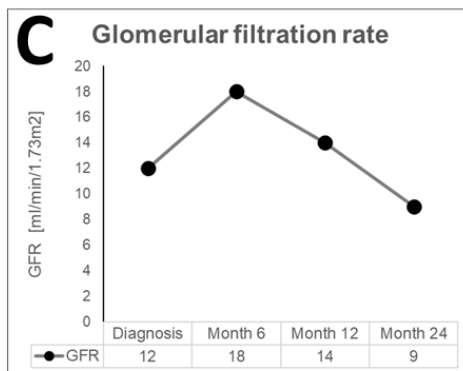
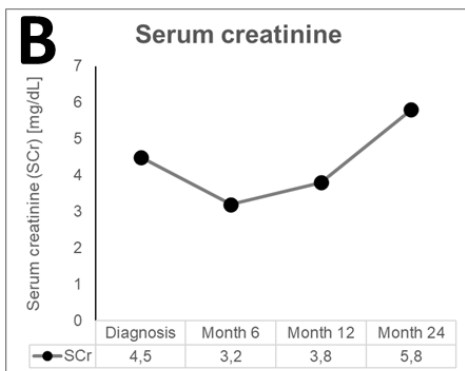
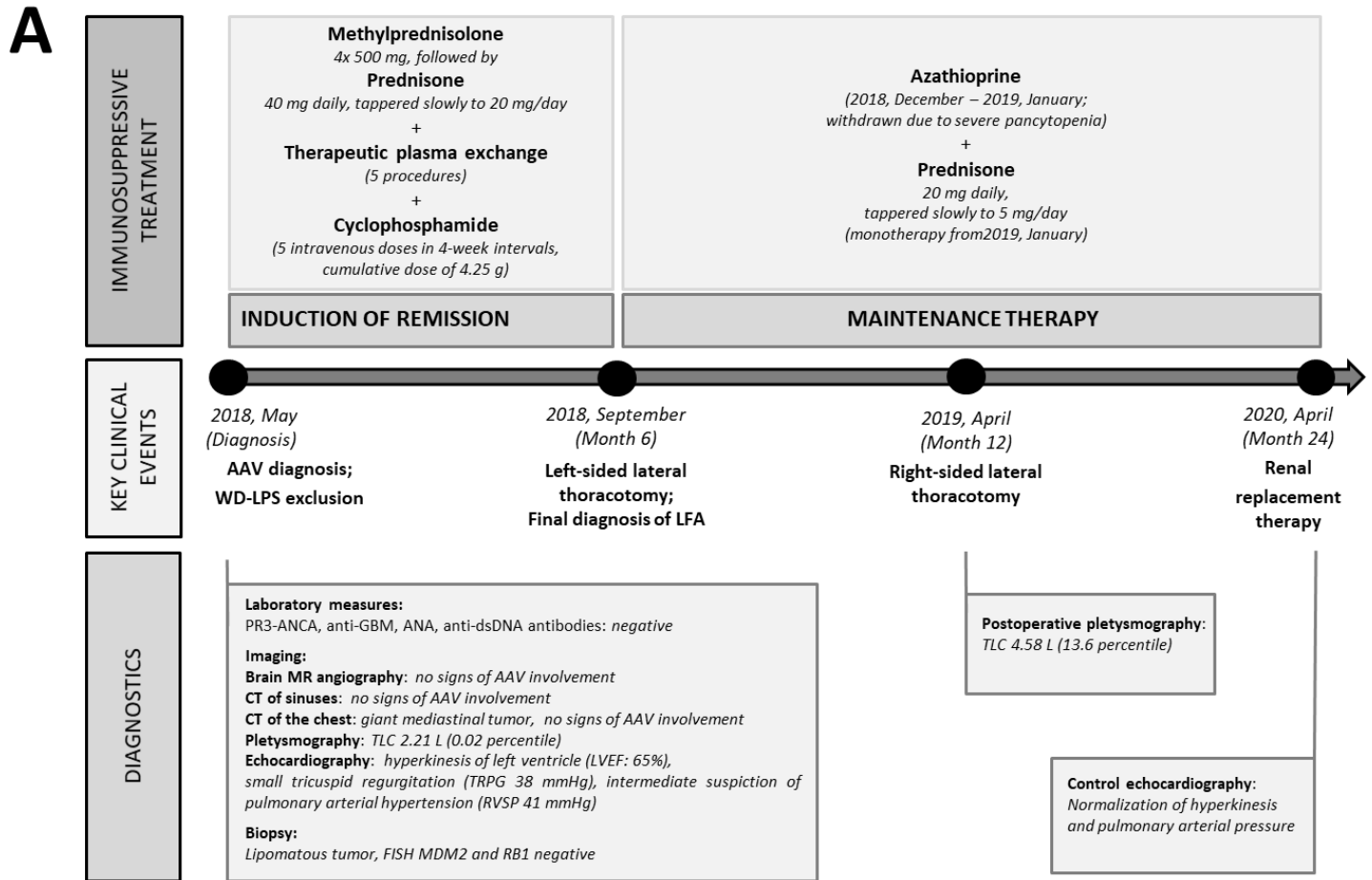
Giant Intrathoracic Mass in a Young Woman With Acute Kidney Injury

*Anna Matyjek, MD, PhD; Olga Stanowska, MD; Lukasz Talarek, MD, PhD;
Michal Wagrodzki, MD, PhD; Katarzyna Olszewska, MBS; Patricia Castaneda-Wysocka, MD;
Joanna Owczarek, MD; Malgorzata Szolkowska, MD, PhD;
Monika Prochorec-Sobieszek, MD, PhD; Aleksandra Rymarz, MD, PhD; and
Stanislaw Niemczyk, MD, PhD*

CHEST 2021; 160(2):e221-e227

Online supplements are not copyedited prior to posting and the author(s) take full responsibility for the accuracy of all data.

© 2021 AMERICAN COLLEGE OF CHEST PHYSICIANS. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1016/j.chest.2021.03.050



e-Figure 1. Clinical course.

Timeline of the patient's clinical course including diagnostic procedures, immunosuppressive treatment and surgery (A). Serum creatinine (B), glomerular filtration rate (C), and MPO-ANCA titre (D) changes during follow-up.

LVEF: left ventricle ejection fraction; TRPG: tricuspid regurgitation pressure gradient; RVSP: right ventricle systolic pressure.; WD-LPS: well-differentiated liposarcoma; LFA: lipofibroadenoma

e-Table 1. The summary of lipofibroadenoma cases reported in the English literature.

No.	Author	Patient data: Sex, age [years]	Symptoms	Tumor		Histology	Follow-up after surgery [months]	Tumor recurrence	Autoimmune conditions
				size [cm]	weight [kg]				
1	Kuo, 2001 [2]	Male, 62	dyspnea, dizziness	MD	MD	LFA + thymoma B1	102	no	PRCA
2	Aydin, 2012 [3]	Female, 23	dyspnea, chest pain	27 x 7.5 x 7	2.18	LFA + thymoma B1	12	no	none
3	Qu, 2013 [4]	Male, 21	none	10 x 6 x 4	MD	LFA	46	no	none
4	Makdisi, 2015 [5]	Male, 20	none	23 x 14 x 5	0.67	LFA	6	no	none
5	Hui, 2018 [6]	Male, 29	cough	5.4 x 2.4 x 6.5	MD	LFA + thymoma B1	MD	MD	none
6	The present case	Female, 35	cough	26 x 23 x 19 ^a	about 13	LFA	12	no	AAV

MD: missed data; LFA: lipofibroadenoma; PRCA: pure red cells aplasia; AAV: ANCA-associated vasculitis.

^a assessed in CT scan.

e-Table 2. Summary of cases of small vessels vasculitis accompanying tumors of the thymus.

No.	Author	Patient data: sex, age [years]	Tumor histology	Clinical course of vasculitis					Other autoimmune conditions
				Diagnosis in relation to the tumor	Antibodies	Clinical manifestations	IS	Outcome	
1	Haberhauer, 1993 [11]	Female, 22	thymic hyperplasia	after	MPO-ANCA	skin	GCS	Renal: NA Non-renal: CR	PRCA
2	Valli, 1998 [12]	Male, 70	malignant lymphoepithelial thymoma	after (8 years)	MD	kidney	GCS+CYC	Renal: ESRD Non-renal: NA	MG
3	Karras, 2005 [13]	Female, 33	thymoma B2	before (2 years)	MD	kidney	GCS+AZA	MD	MG, PRCA
4	Karras, 2005 [13]	Male, 66	-	at the same time	MD	kidney	GCS	MD	MG
5	Parambil, 2006 [14]	Male, 50	thymoma B2	after (5 months)	MPO-ANCA	kidney, general symptoms ^a	GCS+CYC	Renal: CKD G3a Non-renal: CR	none
6	Holmes, 2007 [15]	Female, 7	thymoma B1	before (8 years)	MPO-ANCA	kidney, skin, general symptoms ^a	GCS+CYC	Renal: MD Non-renal: CR	MG
7	De Sousa Lages, 2015 [16]	Male, 52	B-cell lymphoma	at the same time	MD	skin, general symptoms ^a	none	Renal: NA Non-renal: CR	none
8	Tracey, 2016 [17]	Male, 60	thymoma B2	after (3 months)	MPO-ANCA	kidney, skin, general symptoms ^a	GCS+MTX	Renal: CKD G1 Non-renal: CR	none
9	Habeebullah, 2018 [18]	Male, 55	thymoma A	after (6 years)	MD	skin (eosinophilic infiltration)	GCS	Renal: NA Non-renal: CR	none
10	Miyamoto, 2019 [19]	Female, 89	-	at the same time	MPO-ANCA + PR3-ANCA	kidney	GCS+RTX	Renal: ESRD Non-renal: NA	MG
11	The present case	Female, 34	LFA	at the same time	MPO-ANCA	kidney, fatigue, anemia	GCS+CYC	Renal: ESRD Non-renal: CR	none

^a General symptoms included at least one of the following: fever, weight loss, myalgia, arthralgia, arthritis.

MD: missed data; NA: not applicable; RTH: radiotherapy; ChTH: chemotherapy; LFA: lipofibroadenoma; MPO-ANCA: anti-myeloperoxidase antineutrophil cytoplasmic antibodies; PR3-ANCA: anti-proteinase 3 antineutrophil cytoplasmic antibodies; IS: immunosuppressive treatment GCS: glucocorticosteroids; CYC: cyclophosphamide; MTX: methotrexate; RTX: rituximab; CR: complete remission; ESRD: end-stage renal disease; CKD G3a: chronic kidney disease with GFR 45-59 mL/min/1.73 m²; CKD G1: chronic kidney disease with GFR > 90 mL/min/1.73 m²; PRCA: pure red cells aplasia; MG: myasthenia gravis.

References

11. Haberhauer G, Fries W, Hinterberger W. Arthritis, cutaneous vasculitis and autoantibody multiplicity following thymothymomectomy for pure red cell aplasia. *Clin Exp Rheumatol*. 1993;11(4):459-460.
12. Valli G, Fogazzi GB, Cappellari A, Rivolta E. Glomerulonephritis associated with myasthenia gravis. *Am J Kidney Dis*. 1998;31(2):350-355. doi:10.1053/ajkd.1998.v31.pm9469510
13. Karras A, de Montpreville V, Fakhouri F, Grünfeld JP, Lesavre P; Groupe d'Etudes des Néphropathies Associées aux Thymomes. Renal and thymic pathology in thymoma-associated nephropathy: report of 21 cases and review of the literature. *Nephrol Dial Transplant*. 2005;20(6):1075-1082. doi:10.1093/ndt/gfh615
14. Parambil JG, Keogh KA, Fervenza FC, Ryu JH. Microscopic polyangiitis associated with thymoma, exacerbating after thymectomy. *Am J Kidney Dis*. 2006;48(5):827-831. doi:10.1053/j.ajkd.2006.07.020
15. Holmes MV, Sen D. Microscopic polyangiitis and myasthenia gravis: the battle of Occam and Hickam. *Clin Rheumatol*. 2007;26(11):1981-1983. doi:10.1007/s10067-007-0599-9
16. De Sousa Lages A, Esperto H, Santos L, Carvalho A. Primary mediastinal (thymic) B-cell lymphoma presenting as cutaneous vasculitis. *BMJ Case Rep*. 2015;2015:bcr2014208804. doi:10.1136/bcr-2014-208804
17. Tracey EH, Huen AO, Sreih AG, et al. Paraneoplastic microscopic polyangiitis presenting after thymectomy. *JAAD Case Rep*. 2016;2(2):153-155. doi:10.1016/j.jdc.2016.03.003
18. Habeebullah AB, Kaaki A, Aljiffry M, Hamid T, Maghrabi AA. Resolution of paraneoplastic skin lesion after thymectomy. *Saudi Surg J*. 2018;6:25-8.
19. Miyamoto Y, Hirayama K, Maruyama H, et al. Microscopic polyangiitis associated with thymic tumor: a case report and review of the literature. *BMC Nephrol*. 2019;20(1):123. doi:10.1186/s12882-019-1319-9