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BREATHLESSNESS IN A PALE PATIENT REVEALING THE HIDDEN CULPRIT

Pulmonary Medicine

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KEYWORDS

INTRODUCTION

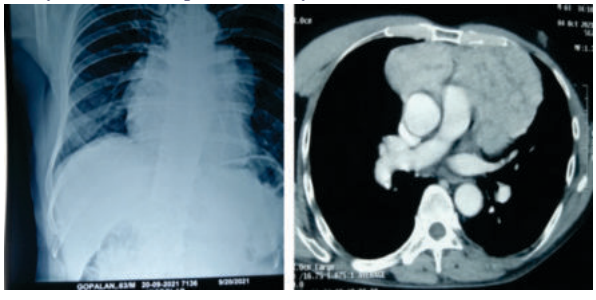
Pure red cell aplasia is a rare cause of anemia ,caused by an absence of red blood cell precursors in the bone marrow. It is usually a paraneoplastic syndrome, associated most commonly with large-cell granular lymphocyte leukemia but also thymoma.

Thymoma is the disorder with the strongest association with secondary PRCA. The finding of PRCA may precede the finding of thymoma or may occur after its resection . recent series suggest PRCA is found in less than 5% of patients with thymoma[1]. among patients presenting with PRCA , the frequency of thymoma appears to be 7-10% range [2]. A number of cases of coexisting myasthenia gravis and PRCA have been described in literature.

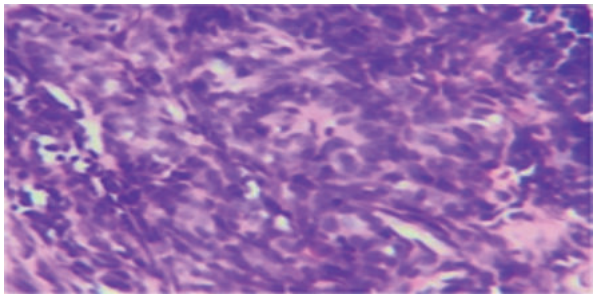
Case Details

A 63 year old male smoker with smoking index 100pack/year rubber tapper by profession presented with c/o breathlessness since 4 months gradually progressive to grade 2 MMRC since 2 months and associated with palpitation and fatigue. On general examination clubbing and pallor present. Clinical examination suggestive of anterior mediastinal mass. Patient was evaluated for anaemia work up , which revealed Hb-5.5, hct-17.1, n85 l31 m9,platelet 2.7lac,esr-103, iron studies are normal . stool occult blood – negative, Retic count -0.6%, correct retic count<0.2%, S.LDH- normal, peripheral smear- normocytic normochromic anaemia, wbc-tc,dc within normal units, platelets adequate. usg abdomen –normal, AFP-8.9(0.7-1), B-HCG-0.1(0-3), which suggestive of Pure Red Cell Aplasia. CECT thorax taken –lobulated well defined heterogeneous enhancing soft tissue mass within a few non enhancing necrotic areas within it , seen in anterior mediastinum . no calcification , cystic or fat component is seen.

Acetyl Choline Receptor Antibody -2.14,



Trucut Biopsy:



After 6 Units of Blood Transfusion Done to the patient :
Hb-8.5, hct-24.1, tlc-8300, N52L22M14, MCV-82.3, PLT-2.08.
And Patient Transferred to CTVS For Radical Thymectomy.
Patient Underwent Radical Thymectomy And Post Operative Uneventful.

Radical Thymectomy Biopsy :
Type B thymoma.
Final Diagnosis:
Type B Thymoma
Pure Red Cell Aplasia.
During follow up period, patient Hb-7.2, pcv-22.6, N88L55M6, Platelet-2.1

CONCLUSION

Anaemia is rare presentation of thymoma . most of the cases of thymoma is detected incidentally or further evaluation. The association of pure red cell aplasia with thymoma is important to recognise because thymectomy is not only necessary to treat the thymoma, but may have an impact on the course of the aplasia . ultimately, a combined surgical and medical approach may be required in order to control the anaemia in this patient.

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