

CARCINOMA SHOWING THYMUS-LIKE DIFFERENTIATION (CASTLE) OF THE NECK: A CASE REPORT AND REVIEW OF THE LITERATURE

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Carcinoma showing thymus-like differentiation (CASTLE) is a rare malignant tumor occurring in the thyroid gland or in the soft tissue of the neck. A definitive diagnosis can be made through histopathologic examination and immunohistochemical profile. The main treatment modality is surgical excision. It is considered a radiosensitive tumor, however, the role of radiotherapy is uncertain. This is a report on a case of CASTLE of the neck treated with surgery but without adequate margin. A residual tumor was suspected on computed tomogram scan during follow-up, so sequential chemotherapy and radiotherapy were given. No local recurrence or distant metastasis was found 47 months after initial diagnosis.

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Key words: Carcinoma showing thymus-like differentiation, CASTLE, Soft tissue of neck, Radiotherapy

INTRODUCTION

Carcinoma showing thymus-like differentiation (CASTLE) is a rare neoplasm occurring in the thyroid gland or in the soft tissues of the neck. It was thought to arise from ectopic thymus or branchial pouch remnants, and was first described by Miyauchi et al. in 1985 [15]. Chan and Rosai denominated this disease in 1991 [5] and it was designated as an independent clinicopathologic entity of thyroid tumors in the World Health Organization classification of tumors of endocrine organs [7]. Because this disease is extremely rare, most definitive management, especially the roles of radiotherapy and chemotherapy, are still debatable. This is a report on a case

of CASTLE treated with surgery but without adequate margin. A soft tissue density mass over the surgical site was noted on computed tomogram (CT) scan during follow-up. A residual tumor was suspected and sequential chemotherapy and radiotherapy were given. A literature review was also undertaken.

CASE REPORT

A 50-year-old woman noted a left lower neck mass for 6 months and came to our hospital in December 2006. Physical examination showed the mass was firm and located on the left suprasternal area. No other cervical lymph nodes were palpable. Neck sonography showed a lobulated, hypoechoic mass without

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