What is the likely cause of this patient's severe anaemia (Hb 2.7 g/dL)?

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A 48-year-old previously healthy HIV-negative male presented with severe normocytic anaemia (Hb 2.7 g/dL; mean corpuscular volume 91.8 fL; white cell count 10.49 × 10^9/L; platelet count 464 × 10^9/L). There was no history of bleeding, use of any medications or family history of haematological disease. Clinical examination was normal, except for pallor. There were no features of myasthenia gravis, portal hypertension or splenomegaly. His chest radiograph showed a large anterior mediastinal mass. Bone marrow trephine confirmed the diagnosis of pure red cell aplasia (PRCA). Parvovirus B19 polymerase chain reaction test was negative. Core biopsy and subsequent excision of the mass showed a type AB thymoma. PRCA may occur prior to the detection of a thymoma, or develop following thymectomy. It occurs in ~5% of patients with thymoma. Following thymectomy, 25 - 38% of patients will experience remission, but relapses are not uncommon. Immunosuppressive therapy is frequently required, as PRCA is likely due to an immune mechanism.