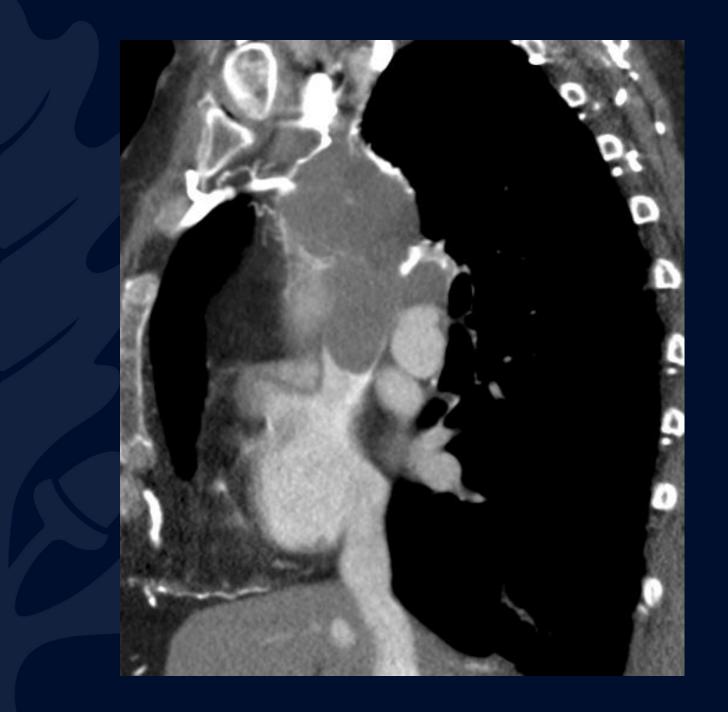
61-year-old female with "facial swelling" refractory to antibiotics and steroids

> Megan Grammatico, MS3 Brad Kincaid, MD Edward Gillis, DO

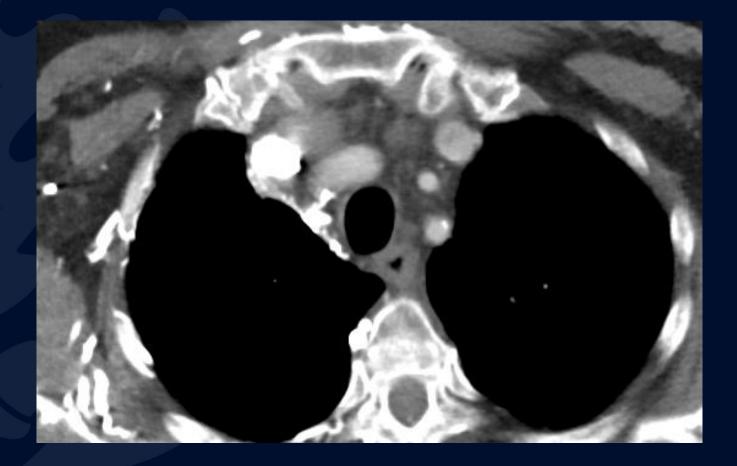




Sagittal CT chest C+

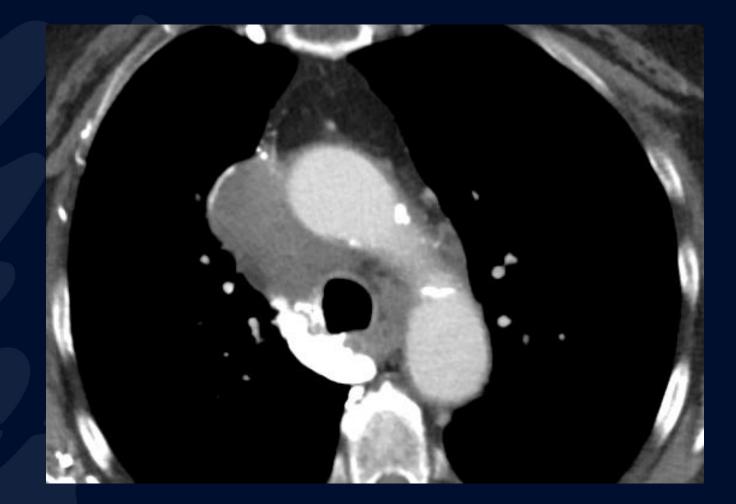


RADIOLOGY



Axial CT Chest C+





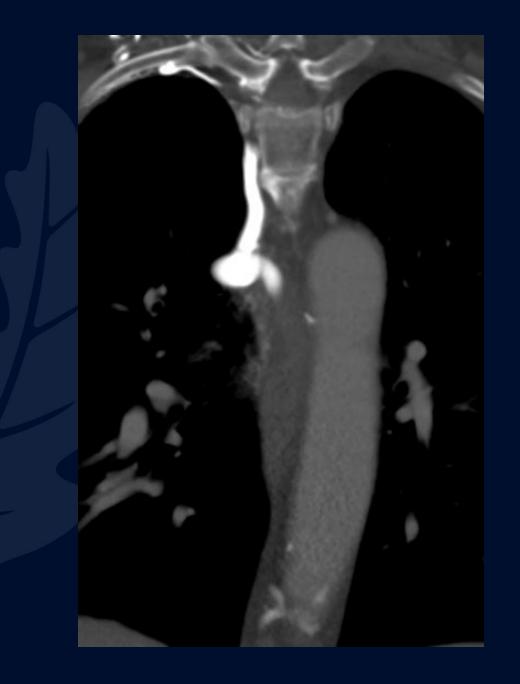
Axial CT Chest C+





Coronal CT Chest C+





Coronal CT Chest C+

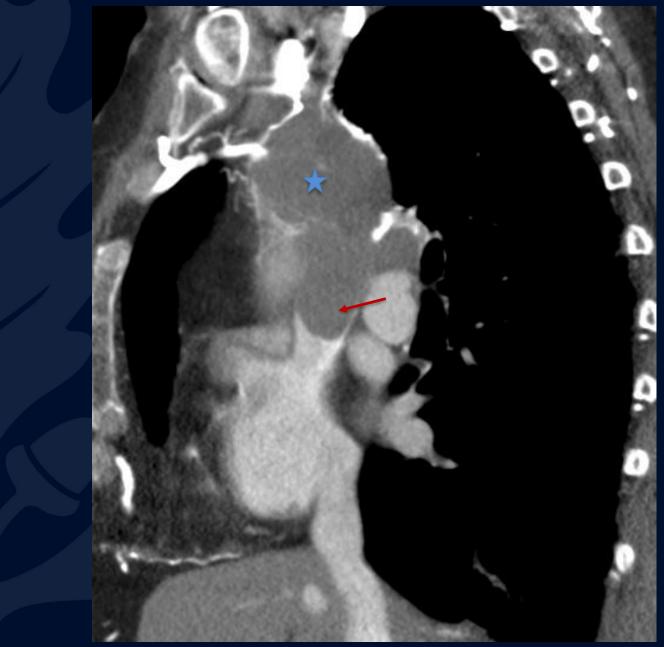






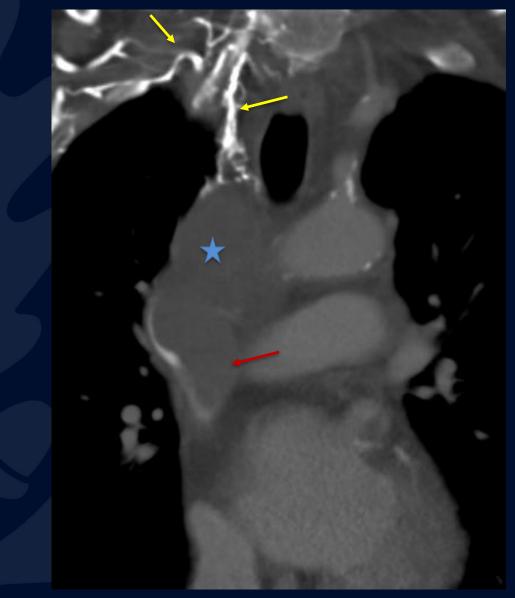
## Superior Vena Cava (SVC) syndrome





Sagittal CT chest with contrast shows a mediastinal mass (blue star) with tumor thrombus in SVC (red arrow)





Coronal images demonstrate the mediastinal mass (blue star) with thrombus in the IVC (red arrow) and prominent collaterals at the thoracic inlet (yellow arrow).





Coronal images at a different level show prominence of the azygous vein (arrow)



## Malignancy-related SVC Syndrome

- Obstruction results from extrinsic compression of SVC by <u>either</u> primary tumor or enlarged mediastinal lymph nodes
- When SVC becomes obstructed, venous collaterals form alternative pathways to return venous blood to right atrium (ie: azygous, internal mammary, lateral thoracic)
- Presentation: facial swelling, head fullness, headaches, visual/auditory disturbances
- Management: treat underlying disease



## Non-Hodgkin's Lymphoma and SVC Syndrome

- SVC syndrome develops in 2 to 4 percent of cases of NHL.
- Most NHLs cause SVC syndrome by extrinsic compression due to enlarged lymph nodes



## References

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- 2. Kalra, M., Sen I., Glovicizki P. Endovenous and operative treatment of superior Vena Cava Syndrome. Surg Clin North Am 2018, 98:321
- Wilson LD., Detterbeck FC., Yahalom J. Clinical practice. Superior vena cava syndrome with malignant causes. N. England J Med 2007; 356: 1862.
- 4. Grammatico, M., Kincaid, B. SVC syndrome. Radiology Online 2020. University of Connecticut Health.

