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

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Sagittal 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 either primary tumor or enlarged mediastinal lymph nodes.
- When SVC becomes obstructed, venous collaterals form alternative pathways to return venous blood to right atrium (i.e., 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


