

## Superior Vena Cava Syndrome with Mediastinal Mass

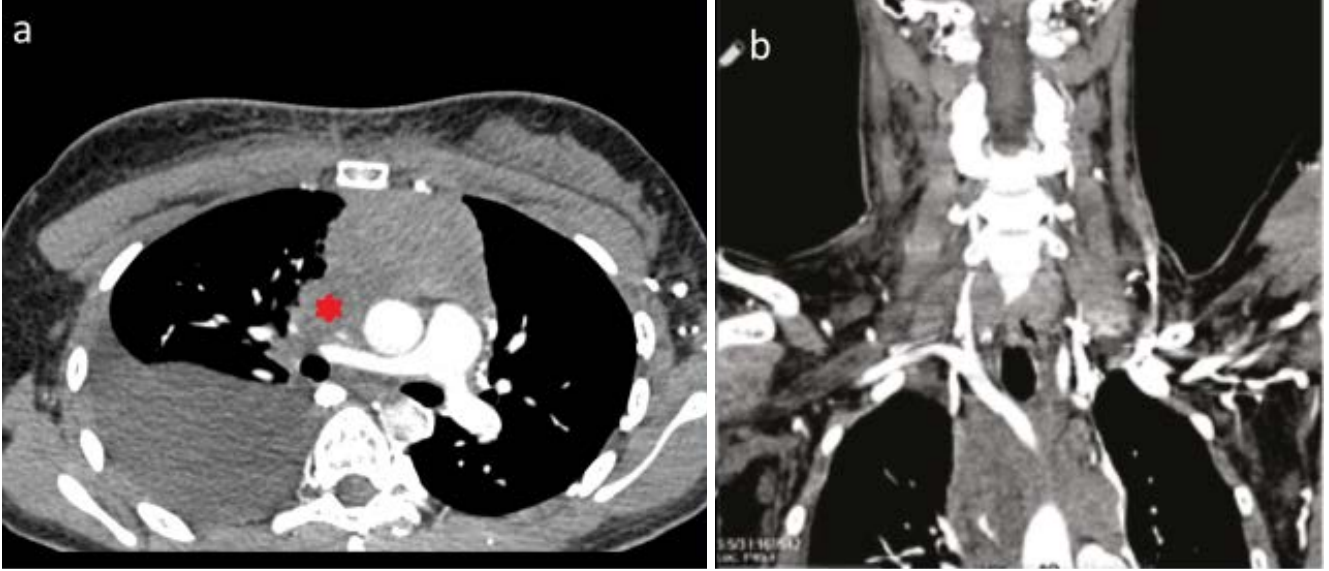
Mediyastinal Kitle ile Birlikte Süperiyör Vena Kava Sendromu

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**Figure a,b:** Thorax CT shows, Vena Cava was almost completely obstructed (asterisk)

Superior vena cava (SVC) syndrome can be seen with any condition that leads to obstruction of blood flow through the SVC (1). Obstruction might develop due to various causes including malign and benign ones, direct invasion of tumor into the SVC, external compression of the SVC, and thrombosis in the SVC. Intrathoracic malignancy is responsible for about 65% of the cases with SVC syndrome and SVC obstruction is the presenting symptom of a previously undiagnosed tumor in up to 60% of these cases (2-3).

In this case, a 21-year-old woman was admitted to the emergency department with the complaint of swelling of face and neck, short of breath for a month. There was no history of illness. In the physical examination swelling and edema were observed on her face and neck, telangiectasia and, enlarged blood vessel on the upper chest wall, and a

decrease in respiratory sounds in the right bottom lung zone.

Thorax computed tomography (CT) and IV contrast-enhanced neck CT was performed. In thorax CT image pleural effusion of about 7 cm was observed on the right side, there was a 7x7 cm mass filling the anterior mediastinum and vena cava was almost completely obstructed (Figure). In our case, the fact that the patient had no history of malignancy and the presenting complaint was SVC syndrome made our case important. Generally, SVC syndrome occurs in patients with malignancy and it is easier for the clinician to diagnose when patients apply to the emergency department with existing complaints. It should be kept in mind that SVC syndrome can also occur in a patient without any disease history.

### REFERENCES

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Received: 11.01.2021

Accepted: 26.01.2021

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Cite this article as: Gun M, Yilmaz N, Cakmak F. Superior vena cava syndrome with mediastinal mass. *Phnx Med J*. 2021;3(1):49.

