

Central Bronchogenic Carcinoma Causing Tumor Thrombus Leading to Superior Venacava Syndrome: A Clinical Image

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ABSTRACT

Superior Vena Cava (SVC) thrombus is a condition requiring immediate diagnosis and treatment. SVC thrombus obstructs blood flow through the SVC, resulting in a severe decrease in venous return from the head, neck, and upper extremity to the heart. We hereby present a case of SVC syndrome secondary to SVC thrombus in the emergency department of PT Birtacity Hospital with facial swelling, shortness of breath, neck distension, and enlarged veins of the upper chest, which developed for five weeks in a 57-year-old lady. A computed tomography scan of the chest revealed a bronchogenic tumor, slight enlargement of a superior conglomerate mediastinal lymphadenopathy, and intramural thrombus of the SVC.

CLINICAL CASE

A 57-year-old lady presented to the emergency department complaining of progressive swelling over the face and neck for one month. The patient also had bilateral upper extremity swelling with dilated veins. She has experienced difficulty breathing for the last three weeks. She was admitted to the medical ward for further evaluation. A chest x-ray showed the right lung's collapse with moderate pleural effusion (Figure 1a). A Contrast CT chest was advised, demonstrating a large ill-defined heterogeneous enhancing soft tissue lesion in the right hilar region encasing Superior Vena Cava (SVC) (Figure 1b).

Similarly, the lesion encased the right pulmonary artery and vein, causing narrowing, abutting arch of aorta and pericardium and was associated with right moderate pleural effusion, feature suggestive of central bronchogenic Carcinoma. In addition, an internal hypo-dense area (tumor thrombus) was noted within the SVC suggestive of SVC

thrombus (Figure 1c). Hence given SVC syndrome and SVC thrombus patient was referred to oncology care for further management.

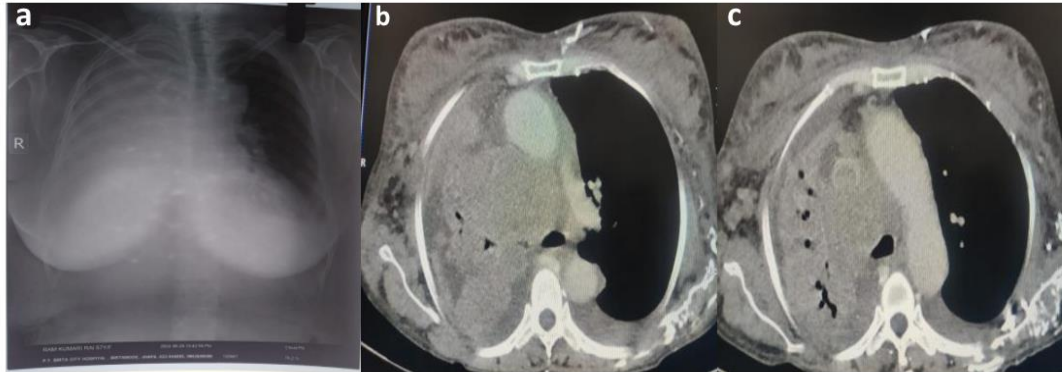


Figure 1: Imaging findings: (a) Chest x-ray with collapsed right lung lobe (b) Right lung soft tissue lesion noted in right hilar region causing narrowing of right primary bronchus with collapsed right lung lobe and air bronchogram. (c) A lesion noted encasing superior venacava with internal hypodense area likely tumor thrombus.