

Clinical Images

Superior vena cava syndrome

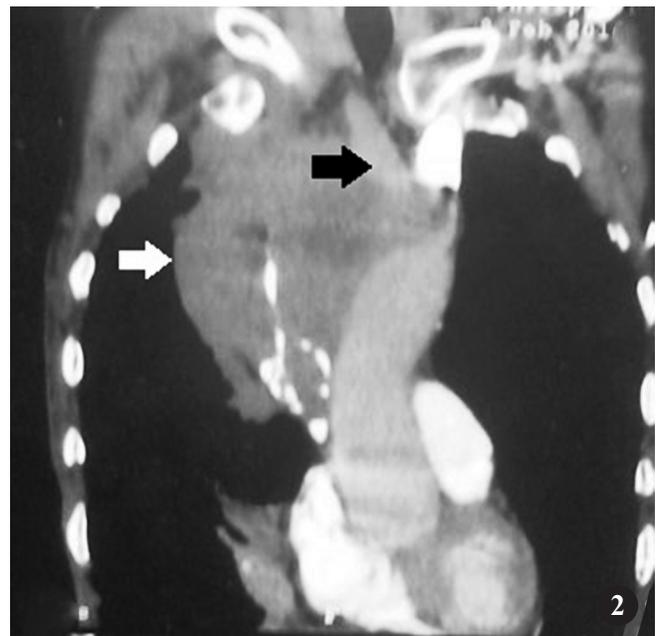
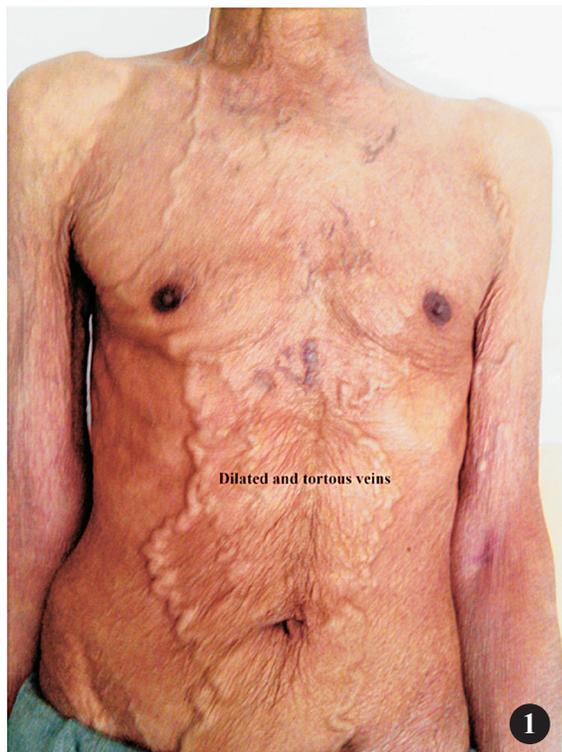


Fig. 1. Dilated and tortuous veins on chest and abdomen.
Fig. 2. CECT chest shows heterogenous mass encasing the superior vena cava (white arrow) and displacing the trachea (black arrow).

A 76 year old male presented as an outpatient to the department of Medicine, Command Hospital, Lucknow, India, in February 2014 with dyspnoea, dysphagia, hypophonia and significant weight loss. He had erythema, oedema of face, dilated veins over neck, anterior aspect of chest and abdomen with craniocaudal flow (Fig. 1). The patient was diagnosed to have superior vena cava (SVC) syndrome. Contrast enhanced computed tomography (CECT) of the chest showed a homogenous mass occupying the superior mediastinum occluding the SVC and displacing the trachea (Fig. 2). Trucut biopsy of the lesion revealed

non-Hodgkin lymphoma (high grade). The patient was started on injection dexamethasone and chemotherapy with cyclophosphamide, hydroxydaunorubicin, vincristine and prednisolone. He however, succumbed to a cardiac event just before he was due for the second cycle of chemotherapy.

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