ARCHIVES OF HELLENIC MEDICINE: ISSN 11-05-3992

CONTINUING MEDICAL EDUCATION
ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

ARCHIVES OF HELLENIC MEDICINE 2013, 30(1):116
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2013, 30(1):116

Internal Medicine Quiz – Case 19

N. Vallianou,
P. Gounari,
A. Skourtis,
M. Kougias,
E. Sioula

First Department of Internal Medicine, "Evangelismos" General Hospital, Athens, Greece

A 74-year-old male patient presented with facial and neck swelling and dilated superficial veins in the neck, thorax, upper abdomen, right arm and dysphagia of one week duration (figures 1, 2). Thoracic CT revealed a mass in the upper right lobe and obstruction of the superior vena cava (SVC), while abdominal CT was unremarkable. Based on clinical signs and CT findings, the patient was diagnosed with SVC syndrome due to small cell lung carcinoma, according to the biopsy report.

Figure 1

Figure 2

Comment

Superior vena cava (SVC) syndrome is most often due to neoplasms. The patient usually presents with facial and neck edema, dyspnea and dilated veins in the neck and the thorax. Herein, a patient with dilated veins in the neck, but mostly dilated thoracic, epigastrial and brachiocephalic veins due to small cell lung carcinoma is described.

SVC syndrome is usually due to malignant causes and rarely can be attributed to benign causes, such as a thyroid bronchocele, aortic aneurysms, Behçet's disease, fibrosing mediastinitis and iatrogenic causes. The most common types of tumors to be involved are cell lung cancer, lymphoma, thymic neoplasms, esophageal cancer and metastatic disease from an extrathoracic primary neoplasm.

Common presenting complaints of patients with superior vena cava syndrome include nausea, vomiting, fever, headache, dyspnea, neck swelling, decreased appetite, and fatigue. An early and prominent symptom of this condition is a constellation of superficial, dilated veins of the neck and the thorax. Further examination of the patient often reveals suffusion, cyanosis, and edema of the head, tongue, oral and nasal mucosa, neck, chest, and upper abdomen owing to venous congestion in the upper body.

References

1. WILSON LD, DETTERBECK FC, YAHALOM J. Clinical practice. Superior vena cava syndrome with malignant causes. *N Engl J Med* 2007, 356:1862–1869
2. QUINT LE. Thoracic complications and emergencies in oncologic patients. *Cancer Imaging* 2009, 9:S75–S82
3. RICE TW, RODRIGUEZ RM, LIGHT RW. The superior vena cava syndrome: clinical characteristics and evolving etiology. *Medicine (Baltimore)* 2006, 85:37–42

Corresponding author:

N. Vallianou, 5 Pyramidon street, GR-190 05 Marathon, Greece, Tel.: +30 2294 092 359,
e-mail: natalia.vallianou@hotmail.com

Diagnosis: *Superior vena cava syndrome with dilated epigastric and right brachiocephalic veins*