



Superior Vena Cava Syndrome Diagnosed by Transesophageal Echocardiography

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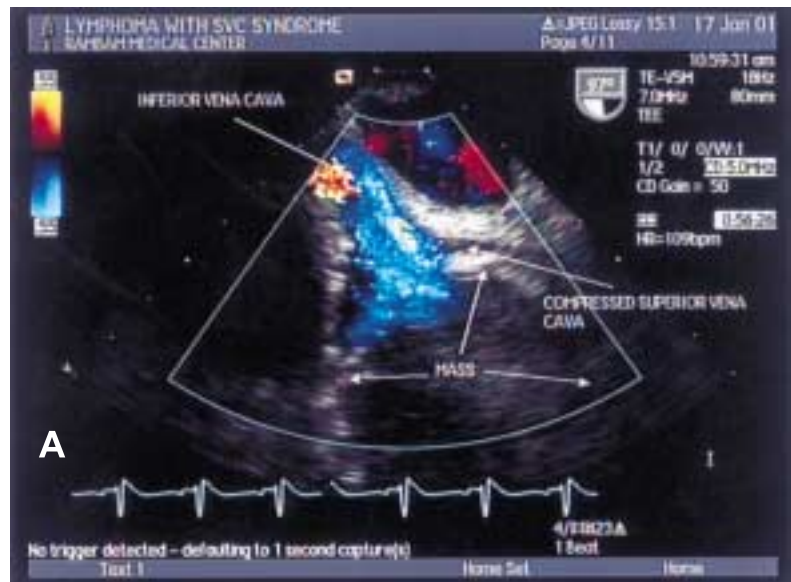
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A 27 year old man was evaluated for recurrent cough that had troubled him for 3 months. A computerized tomography scan of the chest revealed massive lymphadenopathy of the mediastinum with a possible pressure on adjacent structures. On histopathology the lesion was diagnosed as diffuse large B cell non-Hodgkin's lymphoma. The patient was admitted to our department for induction chemotherapy using mega-CHOP (cyclophosphamide, adriamycin, vincristine, prednisone). His physical examination at admission was unremarkable and he appeared calm.

After hydration with 1 L of normal saline prior to the chemotherapy regimen, the patient started to complain of dyspnea, and progressing neck and facial edema were noted [Figure]. Urgent transesophageal echocardiography revealed a mediastinal tumor compressing the superior vena cava and the right atrium, thus establishing the diagnosis of superior vena cava syndrome. Upon completing the chemotherapy regimen the syndrome disappeared, and did not recur during further hospitalizations.

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Longitudinal (upper panel) and transverse (lower panel) mid-transesophageal echocardiographic images. In the upper panel the superior vena cava is narrowed (3.1 mm) with turbulent flow by color Doppler. The lower panel demonstrates a large 5 x 6.5 cm mass compressing the superior vena cava.