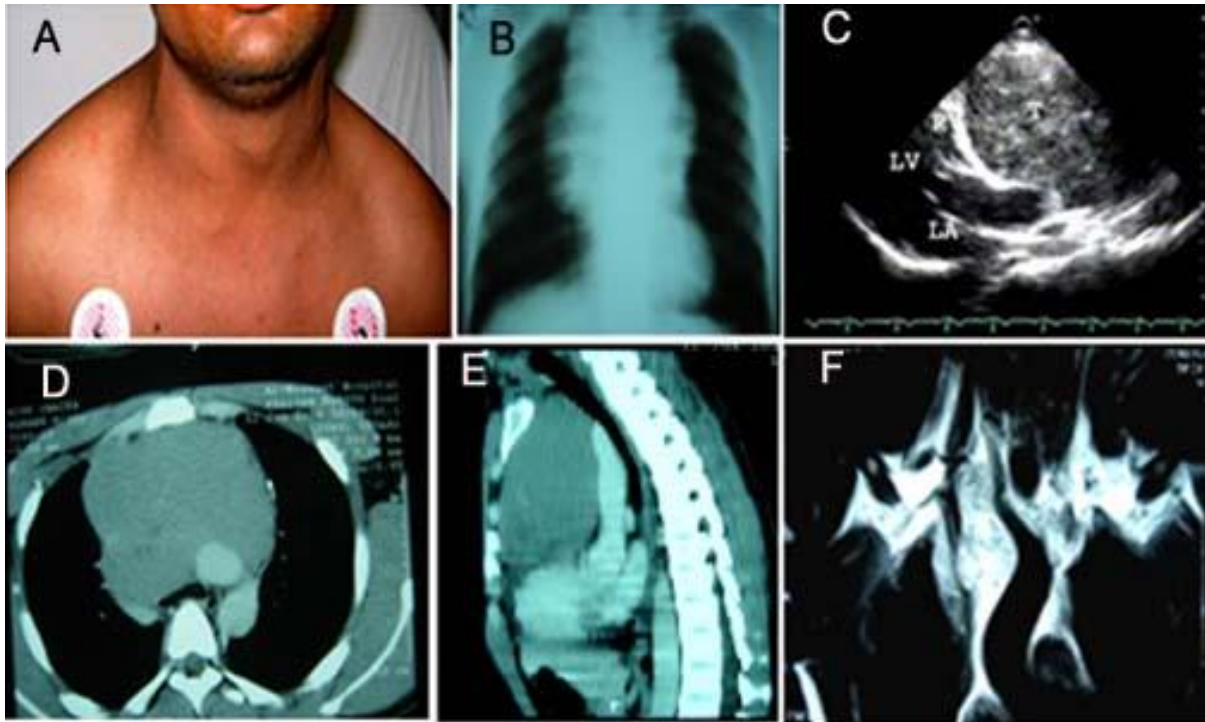


CARDIOLOGY IMAGE

Lymphoblastic lymphoma presenting as superior venacaval obstruction

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29 years old male presented with three weeks history of rapidly increasing dyspnoea including orthopnoea and swelling of the neck. Examination revealed engorgement of the neck veins both internal and external jugular suggesting superior vena caval obstruction. BP and heart sounds were normal. Both lung fields were clear.

Panel A is a photo of the patient showing engorgement of the neck veins. Panel B is a plain Chest X-ray showing widening of the mediastinum. Panel C is echocardiographic view (PLX) showing a large tumor (T) compressing both RV and RA. Panel D and E are preoperative MRI images showing significant downward displacement and compression of the heart specially the right ventricle by a large moderately enhancing solid mass. The superior mediastinal veins are markedly compromised and stretched with the line of cleavage between the mass and major mediastinal vessels not well defined indicating infiltration. Panel F is postoperative MRI image after surgical debulking of the larger part of the mass, the remainder is shown adherent to the aortic arch and superior vena cava but the lumens are still patent. Histology showed lymphoblastic lymphoma.