

A Still Uncommon Cause of Superior Vena Cava Syndrome

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Clinical Image

Superior vena cava (SVC) syndrome is a medical emergency and it's commonly associated with thoracic malignancies, either because of direct invasion or extrinsic compression. With the increased use of intravascular devices, the overall incidence of device-related SVC syndrome has risen [1]

A 48-year-old male with a history of colon adenocarcinoma under intravenous chemotherapy, presented in the emergency room with sudden chest pain and syncope. On examination, he was hypotensive, with plethoric face, neck and trunk (Figure 1). He had severe hypoxemic respiratory failure (paO_2/FiO_2 175), increased D-dimers (1319 ng/mL; negative if <243 ng/mL) and hyperlactacidemia (5.3 mmol/L). Thoracic computed tomographic scan revealed an extensive opacification defect of the superior vena cava involving the central venous catheter compatible with thrombus (Figure 2). Admitted to Intensive Care Unit under Low Molecular Weight Heparin. After clinical improvement, he switched to vitamin K antagonist and has been symptom-free ever since.



Figure 1: Plethoric face, neck and trunk

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Figure 2: Thoracic computed tomographic scan revealed an extensive opacification defect of the superior vena cava.

References

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