Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.4140-19
Intern Med 59: 1231, 2020
http://internmed.jp

【 PICTURES IN CLINICAL MEDICINE 】

Superior Vena Cava Lymphoma

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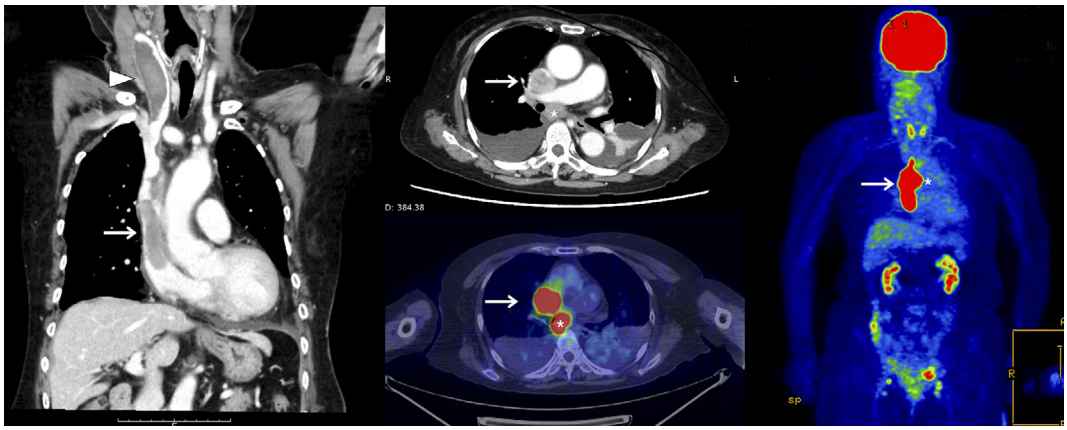
Key words: diffuse large B cell lymphoma, superior vena cava syndrome, thrombosis

(Intern Med 59: 1231, 2020)
(DOI: 10.2169/internalmedicine.4140-19)



Picture.

A 71-year-old woman presented to the emergency department with a 2-month history of shortness of breath, non-productive cough, and facial swelling. Lymphoma-associated B symptoms (fever, night sweats, and weight loss) were absent. Computed tomography showed a mass in the superior vena cava (SVC) along with right internal jugular vein thrombosis and bilateral non-malignant pleural effusions (Picture). The vascular lumen of the superior vena cava appeared to be intact. ^{18}F-Fluorodeoxyglucose (FDG) positron emission tomography showed an intense uptake in the SVC tumor. A biopsy specimen of the subcarinal lymph node revealed histologic features of diffuse large B cell lymphoma (DLBCL) with the GCB immunophenotype (CD20+CD10+BCL6+MUM1-CD30-). She received R-CHOP chemotherapy (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone) along with warfarin, leading to the disappearance of the lymphoma lesions, pleural effusion, and internal jugular vein thrombosis. Our experience suggests the importance of an early lymphoma diagnosis with potentially life-threatening SVC syndrome (1, 2).

Written informed consent was obtained from the patient for publication.

The authors state that they have no Conflict of Interest (COI).

Fumiya Ogasawara and Yu Nakatani contributed equally to this work.

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Received: November 6, 2019; Accepted: December 1, 2019; Advance Publication by J-STAGE: January 17, 2020
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