

CLINICAL IMAGE

Mediastinal primary small cell neuroendocrine carcinoma-life threatening condition

Min Kyun Kang, Do Kyun Kang* and Youn-Ho Hwang

Department of Thoracic and Cardiovascular Surgery, Haeundae Paik Hospital, Inje University College of Medicine, Busan, Korea

*Correspondence address. Department of Thoracic and Cardiovascular Surgery, Haeundae Paik Hospital, College of Medicine, Inje University, Haeundae-ro 875, Haeundae-gu, 48108 Busan, Korea. Tel: +82-51-797-3131; Fax: +82-51-797-1411; E-mail: med7695@naver.com

CASE

A 60-year-old male presented to our clinic with complaints of chest discomfort, dyspnea and facial swelling for ~1 month. A chest computed tomography (CT) scan revealed a huge anterior mediastinal mass, which invaded pericardium and compressed severely trachea and superior vena cava (Figs 1a and b). CT-guided percutaneous core needle biopsy was performed and mediastinal primary small cell neuroendocrine carcinoma (MPSCN) was diagnosed. Immunohistochemically, the tumor cells were positive for chromogranin A, synaptophysin and CD56. Because of the widespread invasion, surgical treatment was not considered. Emergent chemotherapy was planned. However, the

patient showed poor response to chemotherapy. The patient died from the airway obstruction before palliative radiotherapy. Though MPSCN is extremely rare [1], our report serves as reminder that life-threatening MPSCN might be considered in the differential diagnosis of mediastinal mass.

ACKNOWLEDGEMENTS

None.

CONFLICT OF INTEREST

No conflicts of interest.

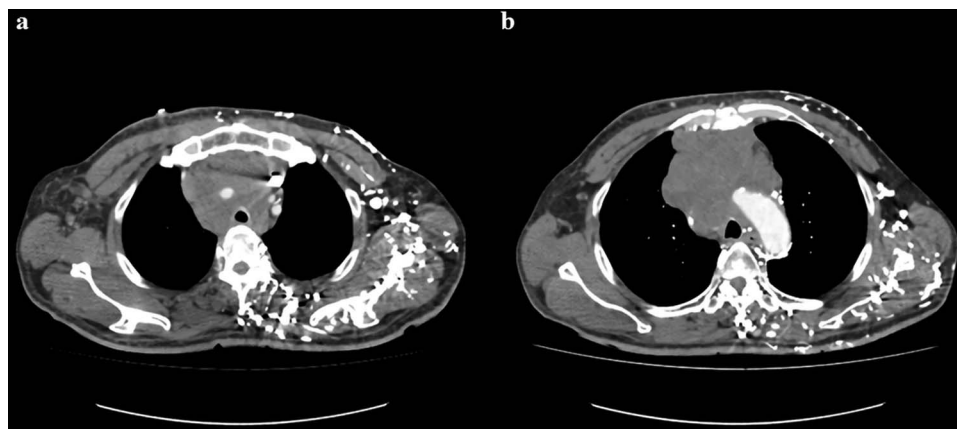


Figure 1: Chest CT showed mediastinal mass invading pericardium, superior vena cava and compressing trachea (a, b).

Received: December 13, 2019. Accepted: December 20, 2019

© The Author(s) 2020. Published by Oxford University Press.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact journals.permissions@oup.com

FUNDING

None.

ETHICAL APPROVAL

Not required.

CONSENT

Appropriate written informed consent was obtained for publication of this case report and accompanying images.

GUARANTOR

The corresponding author (KSO) will be the guarantor for this paper.

REFERENCES

1. Li J, Xia T, Zhang W, He P, Guan Y. Primary small cell neuroendocrine carcinoma of the mediastinum: computed tomography and histopathological correlation. *J Comput Assist Tomogr* 2014;**38**:174–8.