

A Mediastinum Tumor Presenting With Dysphagia

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Image Legend

A 53-year-old woman was referred for a 3-month history of dysphagia, with a tumor in the middle mediastinum found by computed tomography. She had no history of hypertensive diseases. Plasma renin activity and serum levels of cortisol and aldosterone were normal. Levels of fractionated catecholamines and metanephrines in plasma and 24-hour urine collection were normal. Contrast-enhanced computed tomography revealed a middle mediastinum tumor with hypervascularity (4.1 cm) (Fig. 1A and 1B; arrowheads), in which ¹²³I-metaiodobenzylguanidine (MIBG) scintigraphy showed specific accumulation (Fig. 1C and 1D). Nonfunctioning middle mediastinum paraganglioma was diagnosed. Differential

diagnoses included Castleman disease and malignant lymphoma [1]. Although paraganglioma can be hereditary, genetic testing was excluded because of patient refusal. Mediastinum paraganglioma is rare: it accounts for 0.3% of mediastinal tumors, and about 2% of paragangliomas are found in the mediastinum [1]. Because paraganglioma has malignant potential [2], early diagnosis is crucial, for which MIBG scintigraphy is useful [1]. Surgery may be effective [2], but our patient was treated with doxazosin alone because of the surgical risk. The tumor has not shown growth or metastasis for the past 7 years. Paraganglioma is considered an important differential diagnosis of hypervascular mediastinal masses, for which MIBG scintigraphy is helpful.

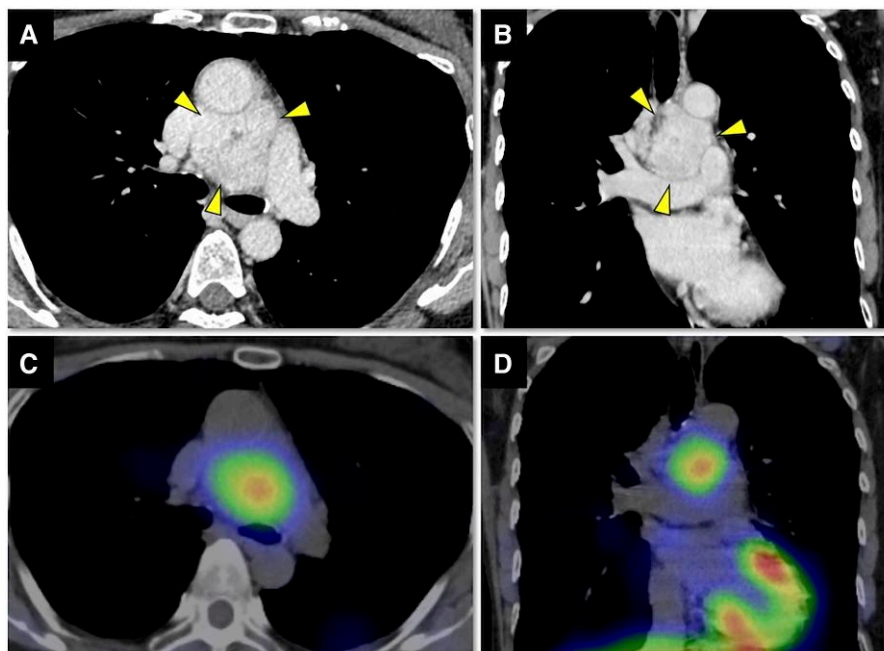


Figure 1. Contrast-enhanced chest computed tomography revealed a hypervascular tumor in the middle mediastinum in horizontal (A: arrowheads) and coronal (B: arrowheads) views. ¹²³I-metaiodobenzylguanidine scintigraphy showed accumulation in the middle mediastinum tumor in horizontal (C) and coronal (D) views.

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Informed Patient Consent for Publication

Signed informed consent obtained directly from the patient.

Data Availability Statement

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