Mediastinal mass in a cirrhotic patient

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CLINICAL CASE

A 45-year-old male with a past medical history remarkable for long-term alcohol abuse was diagnosed with hepatic cirrhosis and portal hypertension, and was under study for repeated episodes of syncope. A posteroanterior (PA) chest X-ray was obtained as part of the patient’s work-up (Fig. 1), which showed a lateral displacement of the azygopleuro-esophageal and left paraspinal line that was consistent with mediastinal enlargement. Due to suspicion of a mass of vascular origin a chest and abdomen helical CT was performed, which showed the posterior mediastinum was occupied by vascular structures causing a lateral displacement of the esophagus. This vascular mass was not showing enhancement in the arterial phase (Fig. 2), but did show vascular enhancement in the venous phase (Fig. 3), making it consistent with a diagnosis of giant mediastinal varices.

Fig. 1.

Fig. 2. Coronal CT in arterial phase.

Fig. 3. Axial CT in venous phase.
COMMENTS

Giant esophageal varices may present as a mass located in the posterior mediastinum in as many as 5% of cirrhotic patients (1). This is usually found accidentally when obtaining a chest X-ray that shows mediastinal enlargement. Diagnosis may be confirmed by doppler ultrasounds, CT, or magnetic resonance imaging (MRI) (2). Digestive diseases rarely present as mediastinum diseases, except for certain cases of hiatus hernia and esophageal diseases (tumors, diverticula, and achalasia). The differential diagnosis of posterior mediastinal pseudotumoral masses includes the following: lymphadenopathy, neurogenic tumors, vascular diseases (aorta and azygos vein), and neuroenteric cysts (3). The most dangerous complication associated is bleeding, which may be treated by transjugular intrahepatic portosystemic shunt (TIPS) placement (4).

REFERENCES