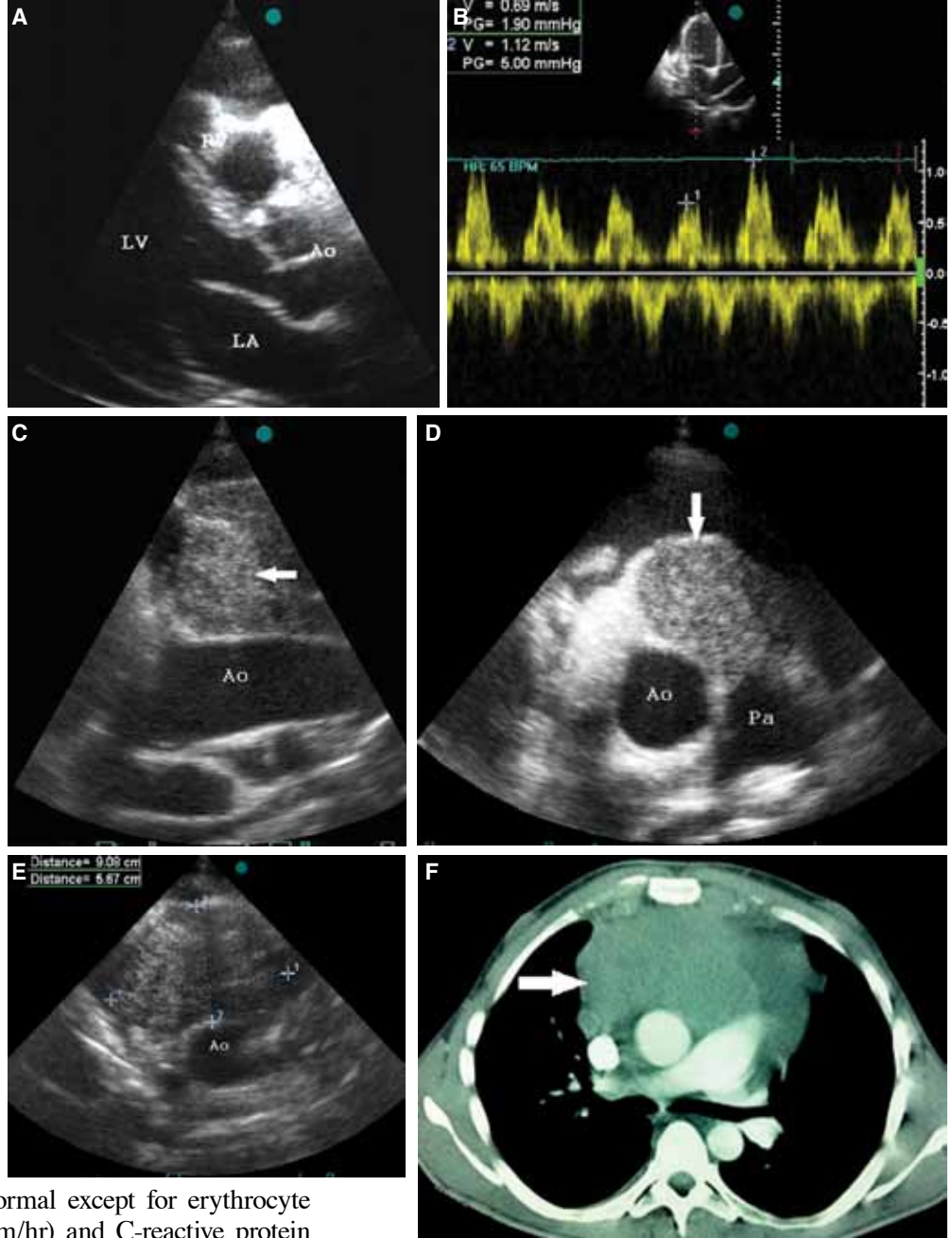


An incidentally detected paraaortic mass diagnosed as bulky disease *Raslantısal olarak saptanan paraaortik kitlede "bulky" hastalık tanısı*

Metin Çağdaş
Yalçın Velibey
Ali Nazmi Çalık
Seçkin Satılmış

Department of
Cardiology,
Siyami Ersek
Cardiovascular
Surgery Center,
İstanbul



A 26-year-old man with no previous medical history presented with progressive dry cough of two-month onset. His blood pressure and heart rate were 100/65 mmHg and 125/bpm, respectively. Electrocardiography revealed sinus tachycardia with frequent premature ventricular contractions. A chest X-ray showed a globular-shaped cardiac silhouette. Transthoracic echocardiography showed a large pericardial effusion, right ventricular diastolic collapse, significant respiratory variation (37%) in mitral flow velocity (Fig. A, B), and a homogenous, well-limited paraaortic mass (Fig. C-E). Blood tests were normal except for erythrocyte sedimentation rate (77 mm/hr) and C-reactive protein (6.8 mg/dl). Thoracic computed tomography demonstrated a mass, 11 x 6 cm in size, in the retrosternal space and massive pericardial effusion (Fig. F). Drainage of 900 ml hemorrhagic pericardial effusion and open biopsy via a left anterior thoracotomy were performed. Pathological

examination of the mass revealed nodular sclerosing Hodgkin's lymphoma and anthracycline-based chemotherapy (combination of adriamycin, bleomycin, vinblastine, and dacarbazine) was started with the diagnosis of advanced (bulky disease) Hodgkin's disease.

Figures. (A) Parasternal short-axis view shows right ventricular diastolic collapse. (B) Significant respiratory variation (37%) in mitral flow velocity. A paraaortic mass is seen in modified parasternal (C) long-axis and (D, E) short-axis views (arrow). (F) Thoracic CT scan demonstrates a homogeneous mass in the retrosternal space (arrow).