

**Images in clinical medicine****Giant mediastinal mass****Danilo Coco, Silvana Leanza****Corresponding author:** Danilo Coco, Department of General Surgery, Ospedali Riuniti Marche Nord, Pesaro, Italy. webcostruction@msn.com**Received:** 29 Sep 2020 - **Accepted:** 10 Oct 2020 - **Published:** 15 Oct 2020**Keywords:** Giant mediastinal mass, mediastinal lymphoma B-cells, computed tomography

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**Cite this article:** Danilo Coco et al. Giant mediastinal mass. Pan African Medical Journal. 2020;37(162). 10.11604/pamj.2020.37.162.26304

**Available online at:** <https://www.panafrican-med-journal.com//content/article/37/162/full>

**Giant mediastinal mass**Danilo Coco<sup>1,&</sup>, Silvana Leanza<sup>2</sup>

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**Image in medicine**

A 43-year-old Caucasian female presented to the emergency department (ED) with significant dyspnea, thoracic pain and fever. She presented a negative medical history and no therapy. During the physical examination, the patient was uncomfortable. Her vital signs were: blood pressure, 100/90 mmHg; respiratory rate, 50 breaths/minute; heart rate, 130 beats/minute; and temperature superior to 38°C. Oxygen saturation was 80% on room air and 90% with the aid of oxygen. The abdominal examination was unremarkable. Laboratory evaluation revealed high leukocytosis with a white blood cell (WBC) count of 15 per mm<sup>3</sup>. Arterial Blood Gases (ABG) demonstrated respiratory acidosis: PO<sub>2</sub>80, PCO<sub>2</sub>60,

HCO<sub>3</sub> 30 mEq. Thoracic X-ray revealed a massive pleural effusion. Computed tomography demonstrated a giant mediastinal mass surrounding pulmonary artery, aorta and pericardium associated with massive pleural effusion. The patients immediately started intravenous (IV) fluids of 2l in 6 hours, Foley and jugular catheter vein cannulation to support main

arterial pressure and urine output. The patient was transferred to surgical services where a 28 Fr thoracic drainage was inserted. Post-drainage thoracic scan (CT) demonstrated only the giant mediastinal mass. Fine-needle aspiration (FNA) CT scan guided was performed. Histopathological findings were mediastinal lymphoma B-cells. The patient was discharged three days after.



**Figure 1:** A) thoracic computed tomography (CT) scan demonstrating a giant mediastinal mass associated with massive left pleural effusion; B) post-28 Fr thoracic drainage demonstrating the extension of giant mediastinal mass; C) FNA thoracic CT scan biopsy