Clinical picture

An uncommon cause of syncope

This previously healthy 32-year-old man presented with a 1-week history of several episodes of syncope. A chest radiograph (a) revealed a left hilar mass. A CT scan revealed a large mass in the middle and superior mediastinum engulfing the aortic arch and the pulmonary arterial tree, causing significant narrowing (b). Echocardiography revealed severe pulmonary arterial hypertension at 124 mm of Hg. CT-guided core biopsy led to a diagnosis of mediastinal large B-cell lymphoma.

Primary mediastinal large B-cell lymphoma is a rare malignancy that usually presents with symptoms due to compression of adjacent mediastinal structures such as chest pain, cough, dyspnea, wheezing, stridor, dysphagia, superior vena cava syndrome, phrenic nerve palsy and hoarseness. Our case demonstrates that the tumor can invade into the pulmonary arteries and cause severe pulmonary arterial hypertension, leading to recurrent syncope.

Photographs and text from: Dr C. Shenoy, Guthrie/Rotbert Packer Hospital, Sayre, Pennsylvania, USA. Email: chetan_shenoy@yahoo.com