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Superior Vena Cava Syndrome Caused By A Goiter

Vena Kava Superior Sendromuna Sebep Olan Guatr

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Superior vena cava syndrome usually occurs due to malignant diseases; however it may also arise as a cause of several benign situations. The clinical case of a male patient suffering a benign retrosternal goiter, which first appeared as a superior vena cava syndrome is presented. Patient had facial erythema and jugular vein distension (Fig.1) in upright position, which progressed to cyanosis and facial edema while keeping both arms elevated (Pemberton's sign). After confirming the diagnosis with a thoracic CT scan (Fig.2 – Fig.3), a subtotal bilateral thyroidectomy was performed (Fig.4), resulting in a complete remission of the clinical picture. First reported in 1946, Pemberton's maneuver is a practical and valuable, but unrecognized clinical sign for oligosymptomatic superior vena cava syndrome caused by retrosternal masses.



Figure 1. Gradual compression of the SVC, causes distension of the superficial veins in the chest wall

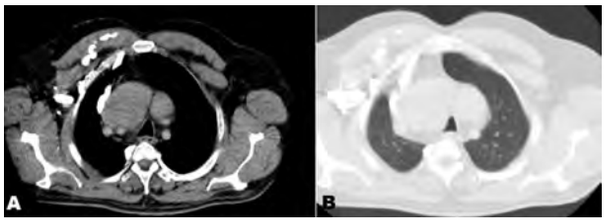


Figure 3. Mediastinal (A) and parenchymal (B) cross section computed tomography scans of vena cava superior compression

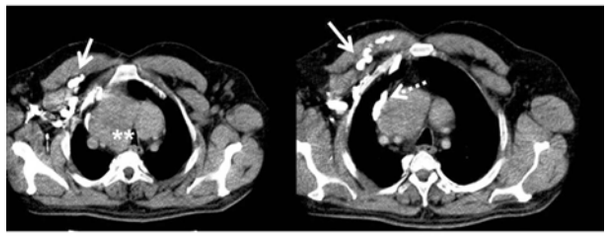


Figure 2. Thorax computed tomography indicating retrosternal goiter (**) compressing vena cava superior (dotted arrow), and the dilated superficial veins (white arrows)

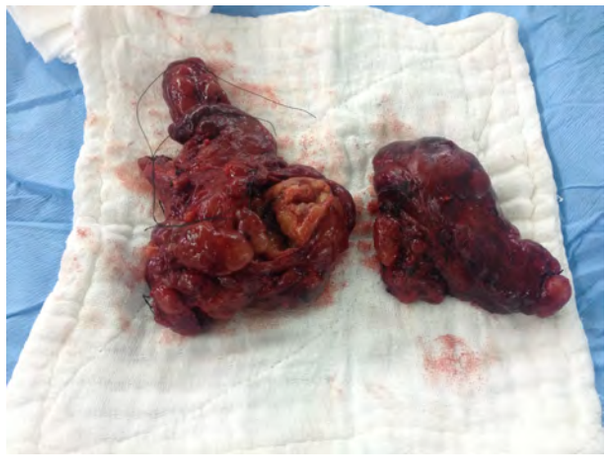


Figure 4. Surgical specimen of the retrosternal goiter

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