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Superior vena cava sindrom - surgical solution - case report

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Abstract
The pacient of 52 years old smoker was admitted in emergency with headaches, dyspnea, oedema and cyanosis of the cephalic extremity and of the superior members. This signs and symptoms suggest a superior vena cava sindrom. Thoracic CT scan shows the thrombosis of the superior vena cava and a tumor localized in the Bariety’s Lodge of about 30/40 mm witch is around the right lateral wall of the traheea.This tumor is also tangent to the superior the superior vena cava. The pacient was operated by total median sternotomy. By this approach we performed a complete excision of the mediastinal tumor mass. After that we effected a longitudinal cavotomy, we took out the endoluminal clot and we sutured the superior vena cava. The histological diagnosis of the mediastinal tumor was adenocarcinoma tubular-papilary moderately differentiated. The evolution post operativ period was favorable the superior vena cava sindrom was a complet remission. The thoracic CT scan control after 9 months later didn’t show a local relapse and blood flow was normally throw the superior vena cava.
Key words: superior vena cava, sindrom

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