



## Clinical Image

### Pericardial Varices Secondary to Fibrosing Mediastinitis<sup>☆</sup>



### Varices pericárdicas secundarias a mediastinitis fibrosante

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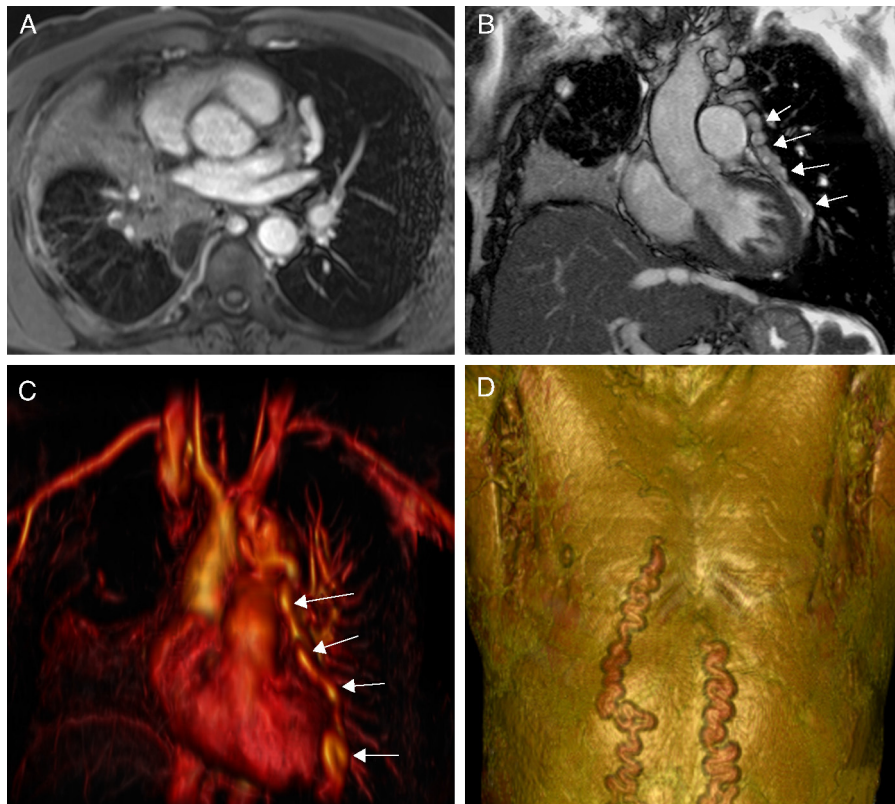
A 57-year-old man presented with cough, dyspnea, and collateral circulation in the chest wall. Magnetic resonance imaging (MRI) revealed a mediastinal mass in the right pulmonary hilum almost completely obstructing the right upper pulmonary vein, with superior vena cava (SVC) obstruction, middle lobe atelectasia, and exuberant collateral circulation for venous return, particularly in the left pericardiophrenic veins, which were varicosed, and

collateral circulation in the chest and abdominal walls (Fig. 1). Biopsy showed fibrosing mediastinitis.

Pericardial collaterals may occur as part of deep vein drainage of the thorax in response to SVC occlusion.<sup>1,2</sup> It is important to accurately identify pericardial varices due to the risk of accidental catheterization from catheter misplacement or perforation of a vessel, and inaccurate tumor staging in the case of

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**Fig. 1.** (A) Axial T1-weighted MRI showing a mass in the right pulmonary hilum. The main bronchus is surrounded by the mass (not shown), causing atelectasis of the middle lobe. (B) Coronal MRI showing dilated veins (pericardial varices) along the lateral surface of the pericardium (arrows). Atelectasis of the middle lobe can also be seen. (C) Reformatted 3D MRI showing dilated pericardial veins (pericardial varices: arrows). (D) Reformatted 3D MRI showing collateral circulation in chest and abdominal walls.

misinterpretation as lymphadenopathy. Pericardial varices can lead to errors in the diagnostic procedure, such as unjustified biopsies which may have catastrophic consequences, including rupture and death.<sup>1,2</sup>

#### Conflict of Interest

The authors have no opposing interest or conflicts to declare.

#### References

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