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Clinical Image

Paraganglioma in an unusual site☆

Paraganglioma de localización infrecuente

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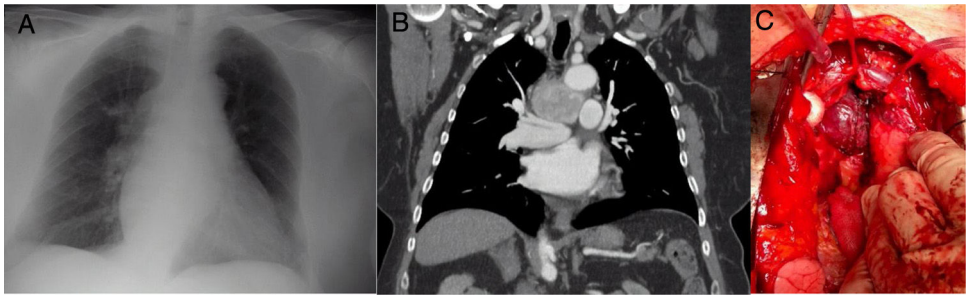

Fig. 1. (a) Image of the mediastinal mass on chest X-ray. (b) Image of chest CT showing the mass in the middle mediastinum. (c) Paraganglioma during surgery, seen in the center of the image. The trachea is located at the top and the innominate vein is above it. The aorta is on the right and the pulmonary artery trunk below.

A 74-year-old woman was referred to the respiratory medicine department with an incidental finding of a mediastinal mass on a chest X-ray (Fig. 1a). She was asymptomatic and the physical examination showed no findings of interest.

A chest CT scan revealed a hypervascularized mass measuring 48 × 43 mm in the mediastinum displacing the trachea, esophagus, ascending aorta, and right hilum (Fig. 1b), so a differential diagnosis was performed between paraganglioma, Castleman disease, vascular malformations, and metastases.[1]

An octreotide scan and a functional study were subsequently performed, establishing a diagnosis of non-functioning paraganglioma of the mediastinum. Surgical resection was performed via middle sternotomy (Fig. 1c) with pre-embolization.

Paraganglioma is a neuroendocrine tumor that originates in the extra-adrenal sympathetic-associated chromaffin cells. It may be asymptomatic or present with symptoms caused by catecholamine secretion (palpitations, arterial hypertension, etc.). The mediastinum, where it derives from paraaortic and paravertebral ganglionar chains, is an unusual site.[2,3]

The unusual feature of this case was its location, which increased the surgical complexity and required a differential diagnosis from among the various hypervascularized mediastinal masses.

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