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Clinical Image

A Rare Mass in the Mediastinum

Una masa extraña en el mediastino

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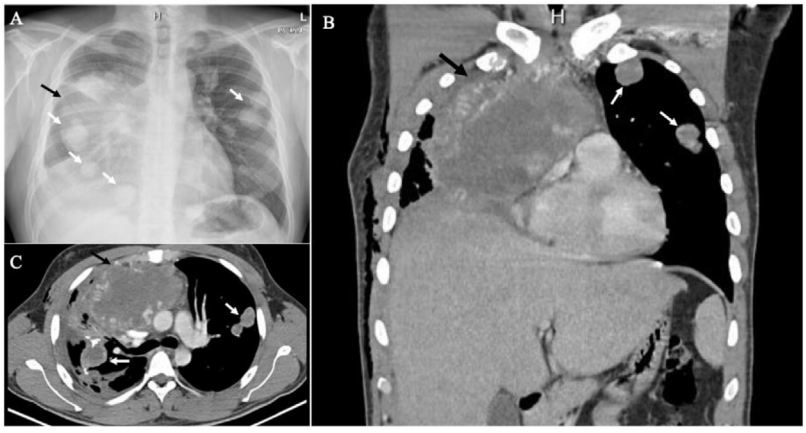

Fig. 1. (A) Thoracic X-ray showing a heterogenous right-sided mass continuous to the mediastinum (black arrow) and multiple pulmonary well-defined opacities (white arrows); (B) Coronal section on thoracic CT-scan showing a heterogeneous solid mediastinal mass (black arrow), touching the right atrium and diaphragm, and two pulmonary solid nodules on the left lung (white arrows); (C) Axial section on thoracic CT-scan presenting the anterior mediastinal mass (black arrow) contacting the ascending aorta, and left and right pulmonary nodules suggesting various metastasis (white arrows).

A 32-year-old man, previously healthy, presented with chest pain, hypermastia and weight loss. The chest X-ray showed a right-sided mass continuous to the mediastinum and multiple pulmonary well-defined opacities. These findings were confirmed by CT-scan (Fig. 1). Transthoracic needle biopsy was inconclusive. A biopsy from both mediastinal and pulmonary lesions was done by video-assisted thoracoscopic surgery. The immunohistochemical staining was positive for human chorionic gonadotropin (hCG) and CK7. Serum tumor markers documented a high level of serum hCG (>100,000 mUI/mL; normal 0–5). A diagnosis of primary mediastinal choriocarcinoma was made based upon immunohistochemical staining and absence of other lesions. Patient started treatment with bleomycin, etoposide and cisplatin.

Choriocarcinoma is a very rare neoplasm. There are two forms: gestational and non-gestational. Non-gestational choriocarcinomas can form in males usually between ages 20 and 30, in the gonads or midline structures with pluripotent germ cells.[1] It usually presents with atypical symptoms, multiple metastases in early stages, poor response to therapy and decreased survival.[2] Increased serum levels of hCG are associated with worse prognosis.[1,2] Diagnosis requires histological and immunohistochemical analysis of the tumor.[2] This case highlights the relevance of keeping primary choriocarcinoma in the differential diagnosis of mediastinum tumors.

Conflict of interest

None.

References

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