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Clinical image

Giant Cervical and Mediastinal Hemangioendothelioma Arising from Subclavian Vein☆

Hemangioendotelioma cérvico-mediastínico gigante de la vena subclavia

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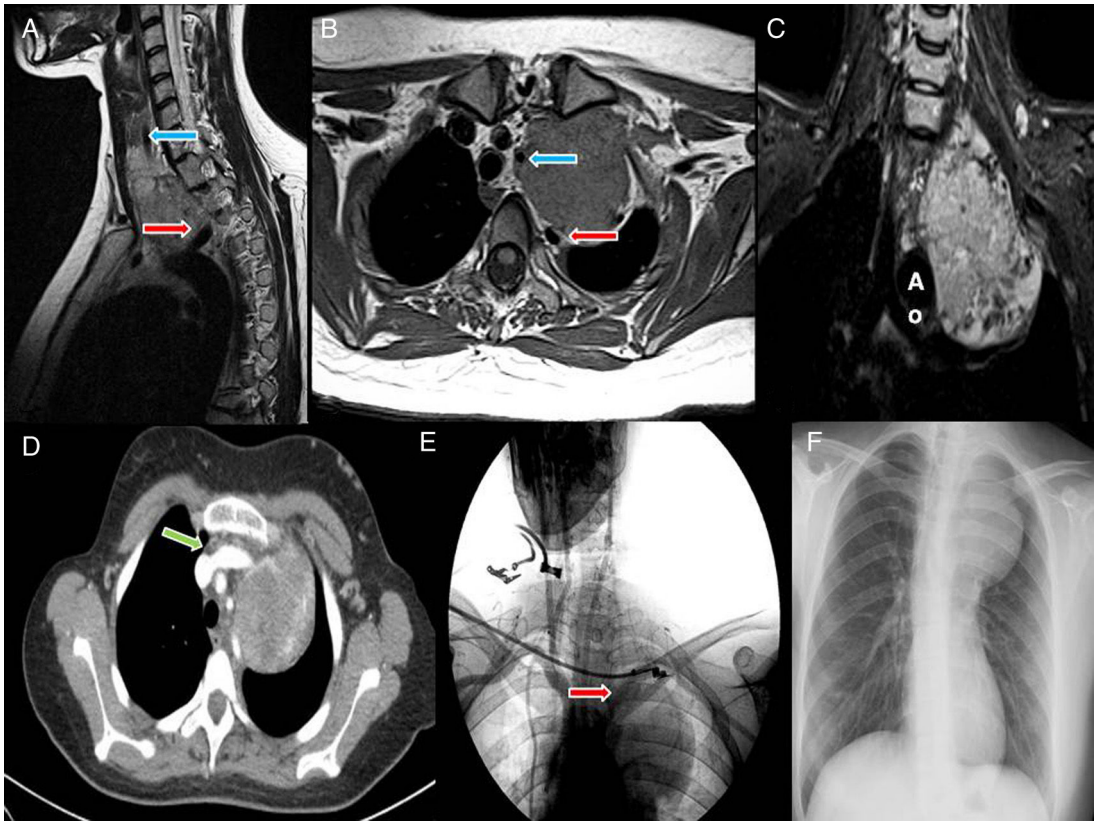

Fig. 1. (A and B) Medial and anteroposterior displacement of the carotid artery and the subclavian artery, respectively. (C and F) Cervical-mediastinal extension of the tumor (Ao: aortic arch). (D) Association of the tumor with the right brachiocephalic arterial trunk. (E) Low-flow gradient in subclavian vessels.

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Our patient was a 20-year-old women with a 1-year history of swelling of the left side of the neck and edema of the left lower limb.

Computed tomography revealed a mass measuring $6 \times 7 \times 11$ cm extending from the left thyroid region to the pulmonary hilum, with medial displacement of the internal carotid artery and posterior displacement of the subclavian artery, in contact with the aortic arch and the pulmonary artery (Fig. 1D). The tumor showed gadolinium enhancement on MRI (Fig. (Fig. 1A–C). Angiography of the supraaortic trunks revealed a blockage at the level of subclavian vessels (Fig. 1E).

Surgery was performed with a combined Dartevelle and hemiclamshell approach. The internal jugular vein and the innominate venous trunk were ligated. The subclavian artery was dissected and preserved, and the left subclavian vein was then sectioned. Reconstruction was not performed, given the venous origin and chronic thrombosis. Histology study reported high-grade hemangioendothelioma.[1]

Postoperative progress was favorable, with a hospital stay of 9 days, free of complications.

The case reported here is striking for the rarity of this type of tumor and the form of presentation,[1] the large anatomical extension, and the complexity of complete surgical resection.

Reference

1. Patrini D, Scolamiero L, Khiroya R, Lawrence D, Borg E, Hayward M, et al. Mediastinal hemangioendothelioma: case report and review of the literature. Respir Med Case Rep. 2017;22:19–23, http://dx.doi.org/10.1016/j.rmcr.2017.05.005.