SUPERIOR VENA CAVA SYNDROME

PATHOPHYSIOLOGY
- Extrinsic compression
- Thrombosis

ETIOLOGY
- Malignancy (60-85%) – mostly lung cancer (NSCLC or SCLC); NHL
- Intravascular devices (20-40%) – central catheter, pacemaker
- Infections (rare) – syphilitic aortic aneurysms, fibrosing mediastinitis (histoplasma)
- Post-radiation fibrosis (h/o xRT for Hodgkins disease)

Histologic diagnosis is crucial, whenever feasible - Deferring therapy until a full
diagnostic work-up has been completed does not pose a hazard for most patients.
EXCEPTIONS: Stridor due to central airway obstruction or severe laryngeal edema;
Coma from cerebral edema.

TREATMENT
Supportive care and medical management
- Elevation of head
- Glucocorticoids (laryngeal edema; steroid-responsive malignancy)
- Diuretics
Chemotherapy – SCLC, lymphomas, GCT
Radiation Therapy – not previously irradiated tumors
Endovascular Stents – Quick palliation of symptoms; buys time for definitive diagnosis;
Especially useful in previously irradiated or chemo-insensitive
tumors.
Thrombolysis, Thrombectomy
Surgical bypass (especially for mediastinal fibrosis)

REFERENCE:
Clinical Practice
Superior Vena Cava Syndrome with Malignant Causes

(Submitted by Shailender Bhatia)