Superior Vena Cava Syndrome (SVCS) is a medical emergency caused by obstruction of blood flow through the superior vena cava (SVC) — the major vein that drains blood from the head, neck, upper chest, and upper limbs into the heart.
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🛮 Etiology (Causes):
Most common cause: - Malignancy (≈ 85%), especially:
 Lung cancer (especially small cell) Non-Hodgkin lymphoma Metastatic cancers (e.g., breast, testicular)
Other causes: - Thrombosis (especially from central venous catheters or pacemaker wires) - Fibrosing mediastinitis - Aortic aneurysm or goiter compressing the SVC
🛘 Clinical Features:
Symptoms result from impaired venous return from the upper body:
- Facial swelling or fullness - Neck and upper limb swelling - Distended veins on chest wall on neck - Dyspnea, cough, orthopnea - Headache, dizziness, visual disturbances - Hoarseness or dysphagia (due to local compression) - Stridor (if airway is compressed)
Symptoms may be worse when lying down.
🛘 Diagnosis:
- Clinical suspicion from history and exam - Chest X-ray: may show mediastinal widening or mass CT scan with contrast: preferred imaging to confirm compression or thrombus - MRI or venography: alternative if CT is contraindicated - Biopsy if malignancy suspected
🛮 Management:
Depends on underlying cause and severity:
\square Supportive: - Elevate head of bed - Oxygen - Corticosteroids (if lymphoma suspected) - Diuretics (to reduce edema)
$\#\#\#\# \square$ Specific: - Radiation therapy (often first-line if malignant) - Chemotherapy (especially in chemosensitive tumors like lymphoma) - Endovascular stenting (rapid symptom relief) - Anticoagulation if thrombosis
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\triangle Emergency Features: - Stridor - Laryngeal edema - Cerebral edema (confusion, decreased

consciousness)

These warrant **urgent intervention**, potentially **airway management** and **stenting**.

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Last update: 2025/03/31 07:31

