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From night-time stridor to cardiac tamponade

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ABSTRACT

A 14-month-old infant came to our attention with a few days' nighttime stridor associated with mild tachycardia and tachypnoea, nor anomalies were seen in physical examination. Chest echo showed an expansive neoformation with mild pleural and pericardial effusions. Echocardiography supported the hypothesis of abnormal growth of tissue from diaphragm to thymus pushing and displacing heart posteriorly. Normal heart anatomy and biventricular function were depicted. A widespread pericardial effusion, particularly on free-wall right ventricle and atrio-ventricular sulcus (15 mm x 10 mm), was elicited causing hemodynamic instability. In order to further investigate the clinical status, a chest Computer Tomography (CT) was conducted confirming a massive, smooth (density 20-30 HU), not calcified, neoformation in the anterior mediastinum without any sign of recent bleeding (Fig. 1). In light of imaging and clinical features of cardiac tamponade our patient was referred to paediatric cardiac surgery department where mediastinic mass was removed with an emergency surgical intervention. Histopathological diagnosis of lymphangioma of the anterior mediastinum was feasible after surgical resection and analysis. Post-operative course was led without complications. Daily echocardiography showed a progressive reduction in pericardial effusion and a stable biventricular function. After two weeks of recovery our baby was discharged in good clinical condition. At one-month follow-up chest CT no residual mass was revealed (Fig.2). Our patient experienced an adequate evolution without evidence of relapse at this time.

Chest lymphangioma is a rare benign disease common in the pediatric age representing only 1% of all lymphangiomas. Most of them are asymptomatic at first and are discovered usually within 2 years of life. [1]

References

1. Juanpere S et al. A diagnostic approach to the mediastinal masses; Insights Imaging (2013) 4:29–52