



L. Metge

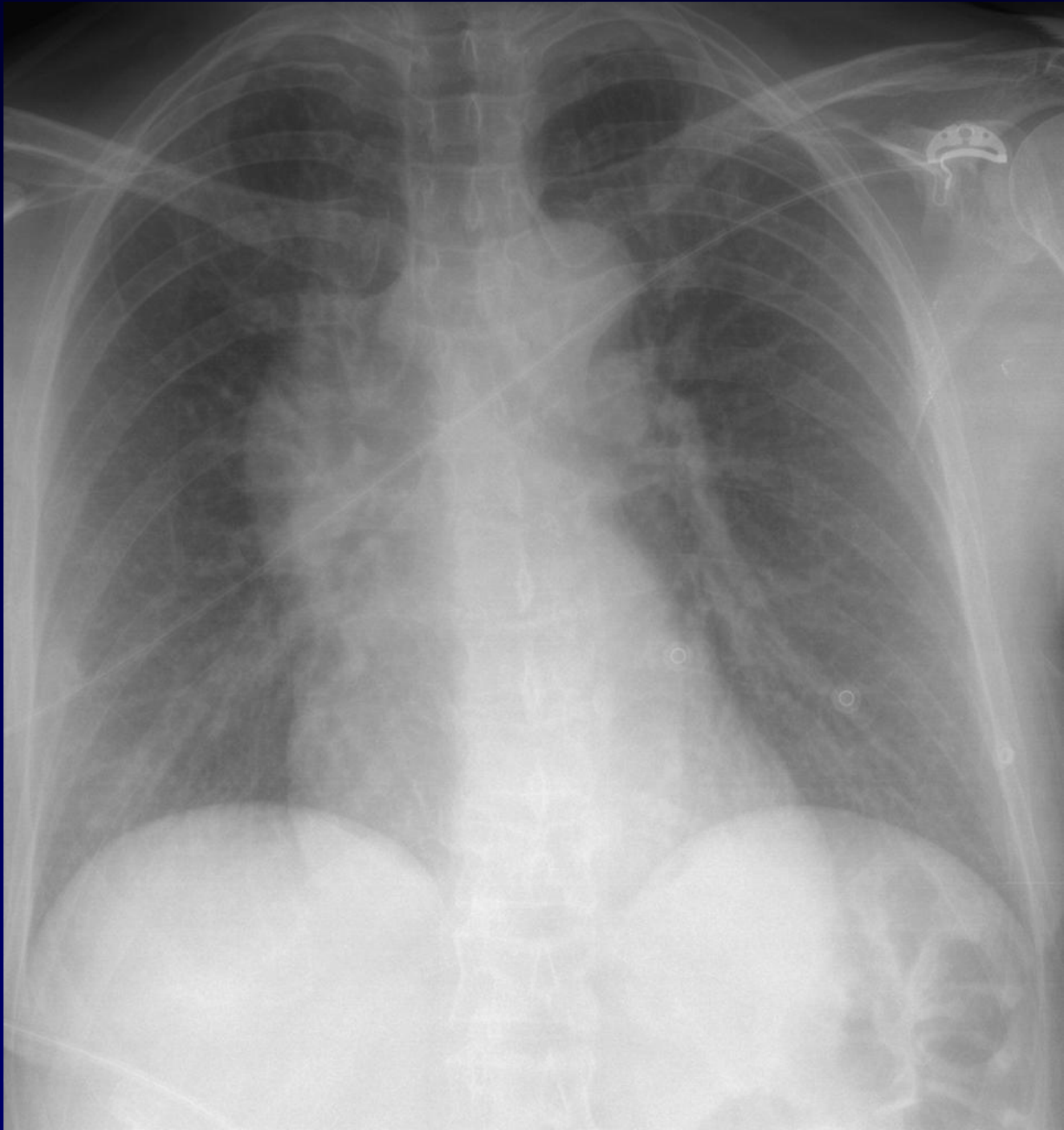
F, 50ans

En Urgence

Réveillée par douleur thoracique constrictive
non irradiante, sans dyspnée ni fièvre

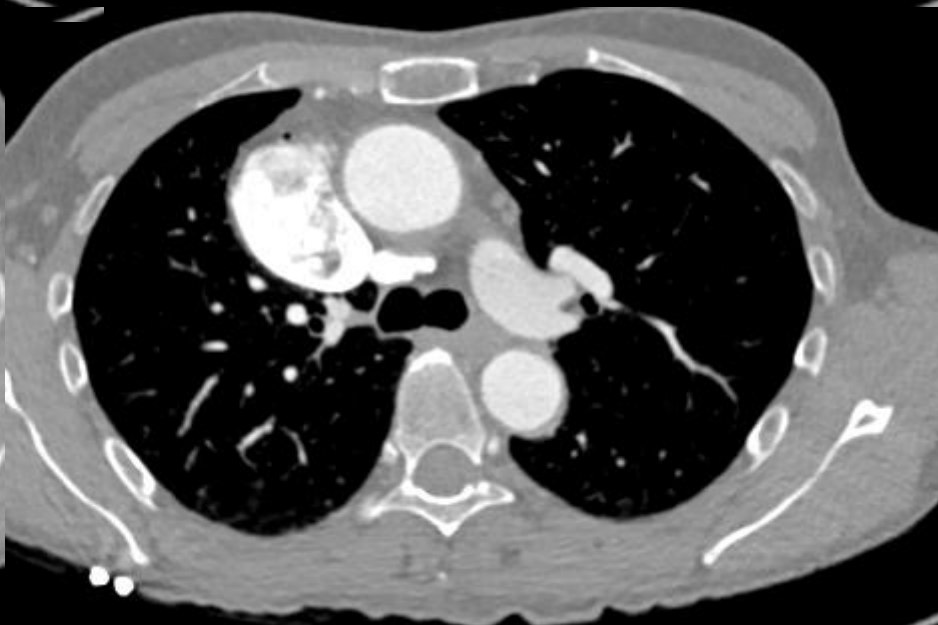
Examen clinique normal

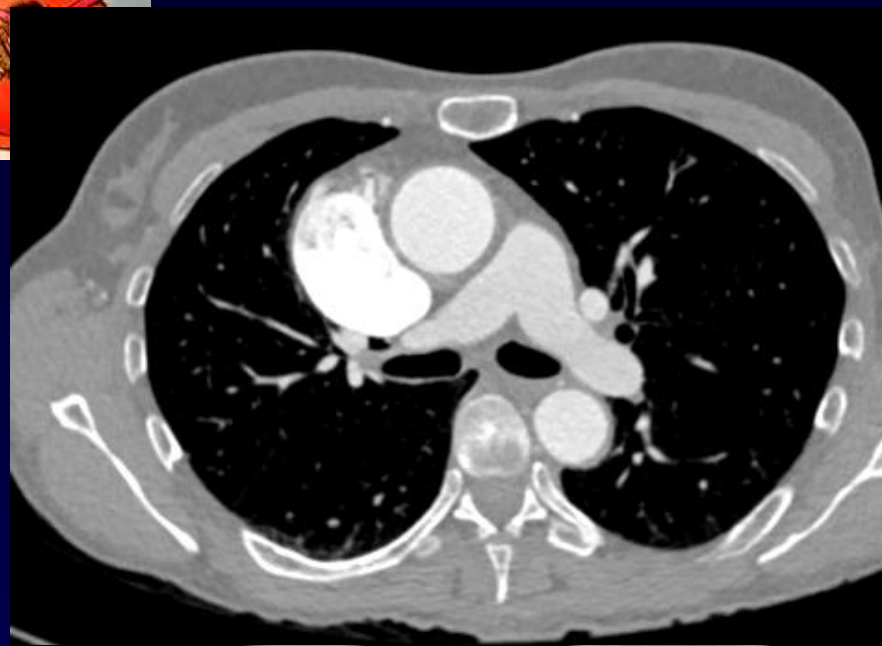
ECG normal



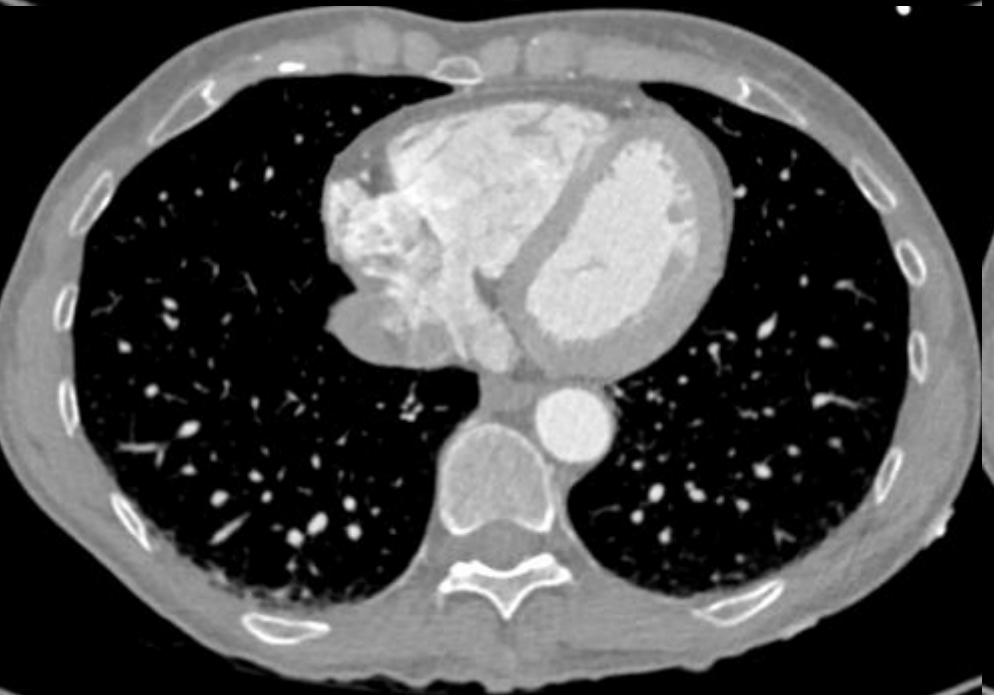
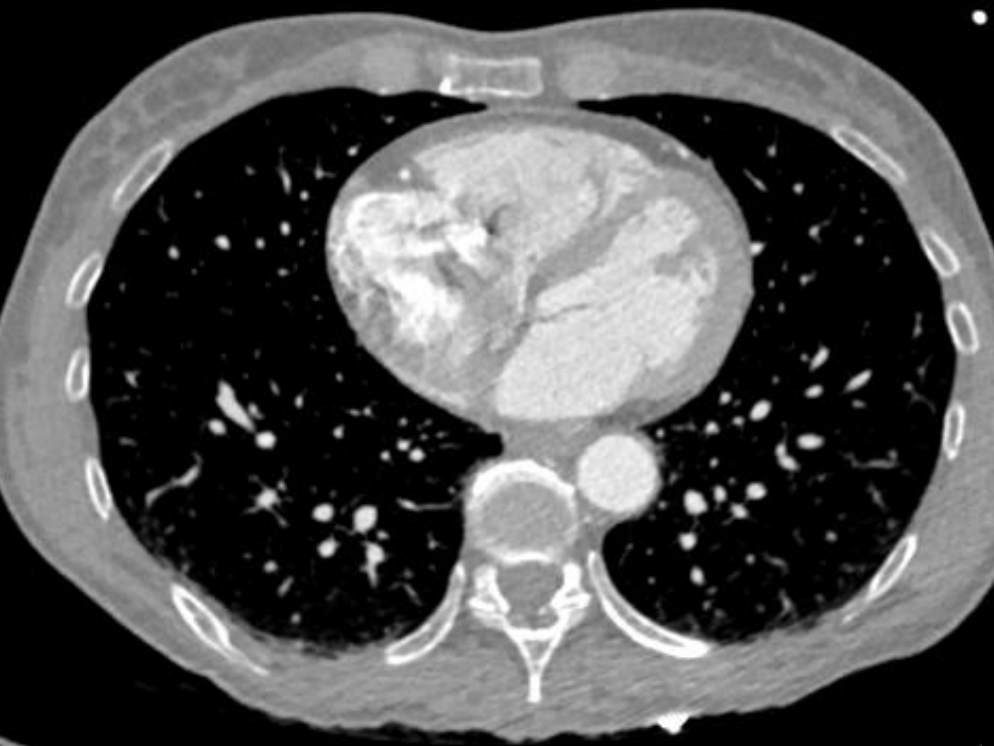


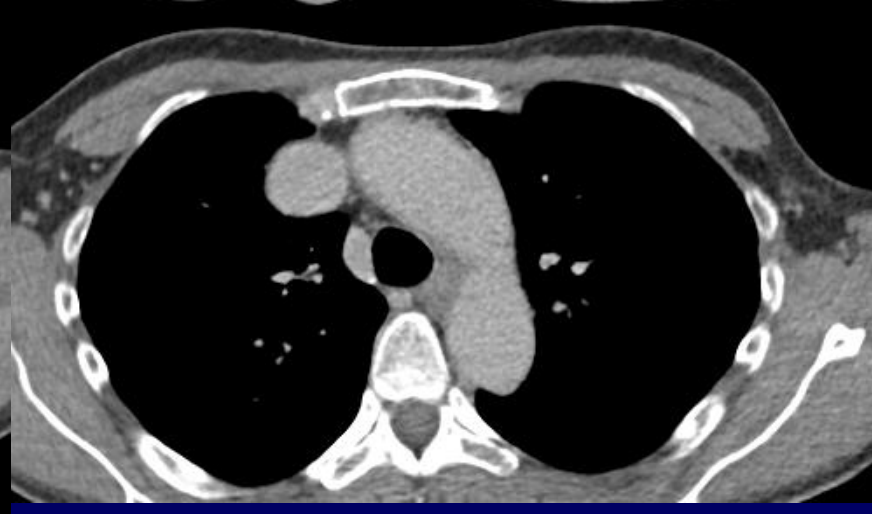
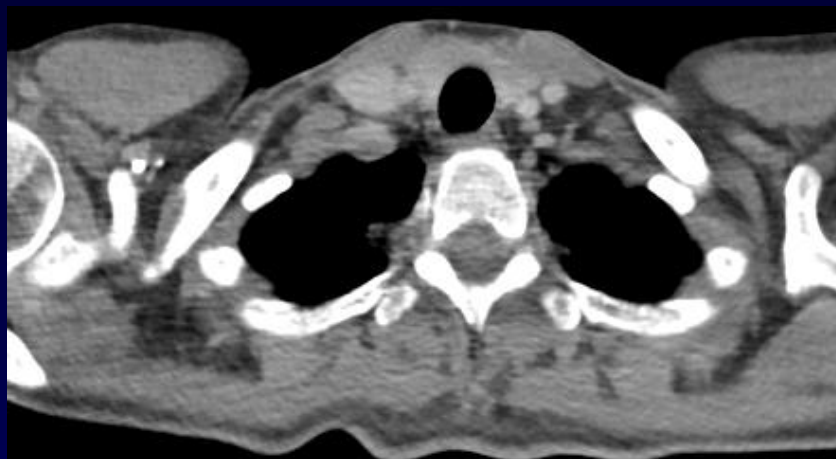
Diagnostic ?

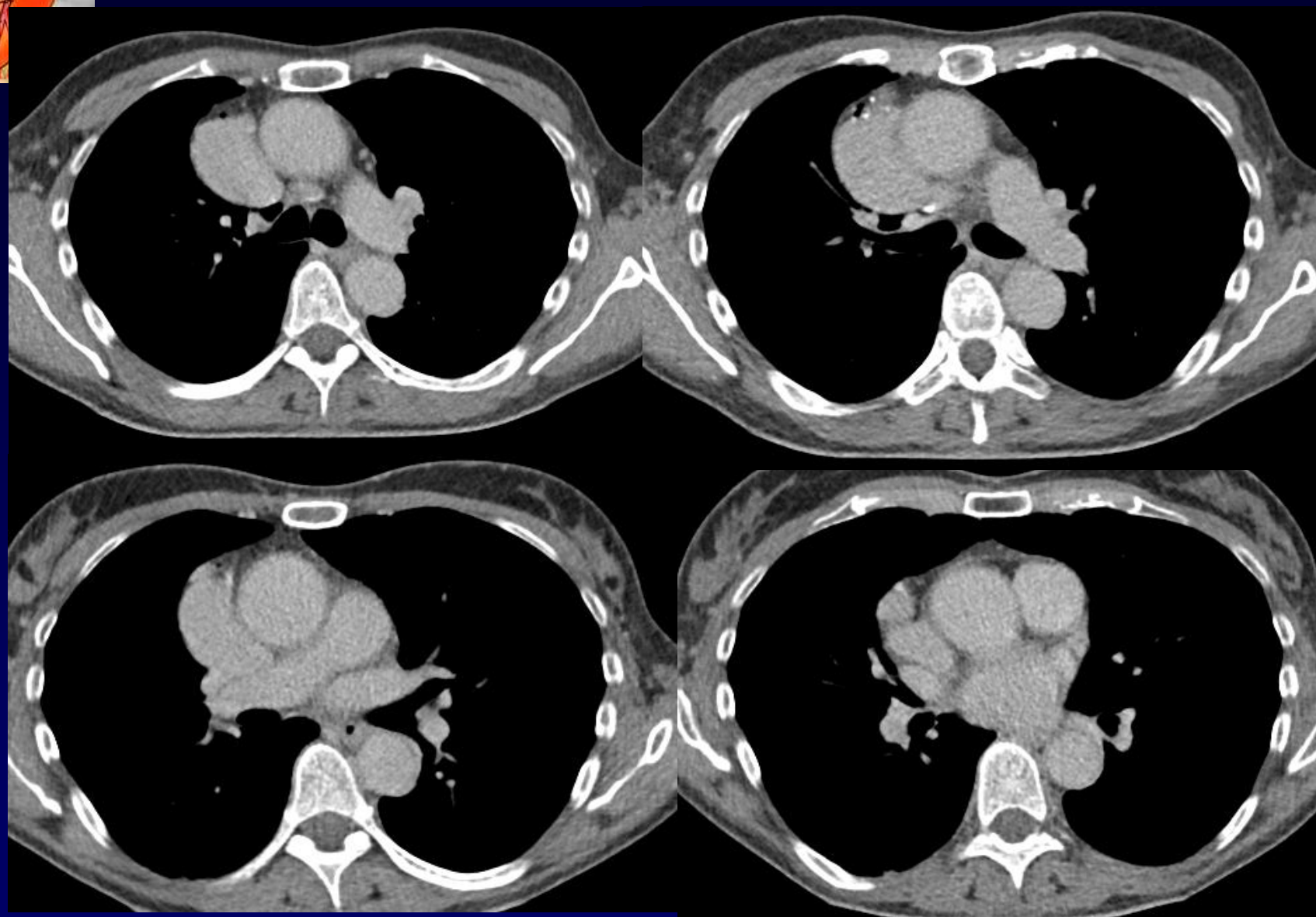


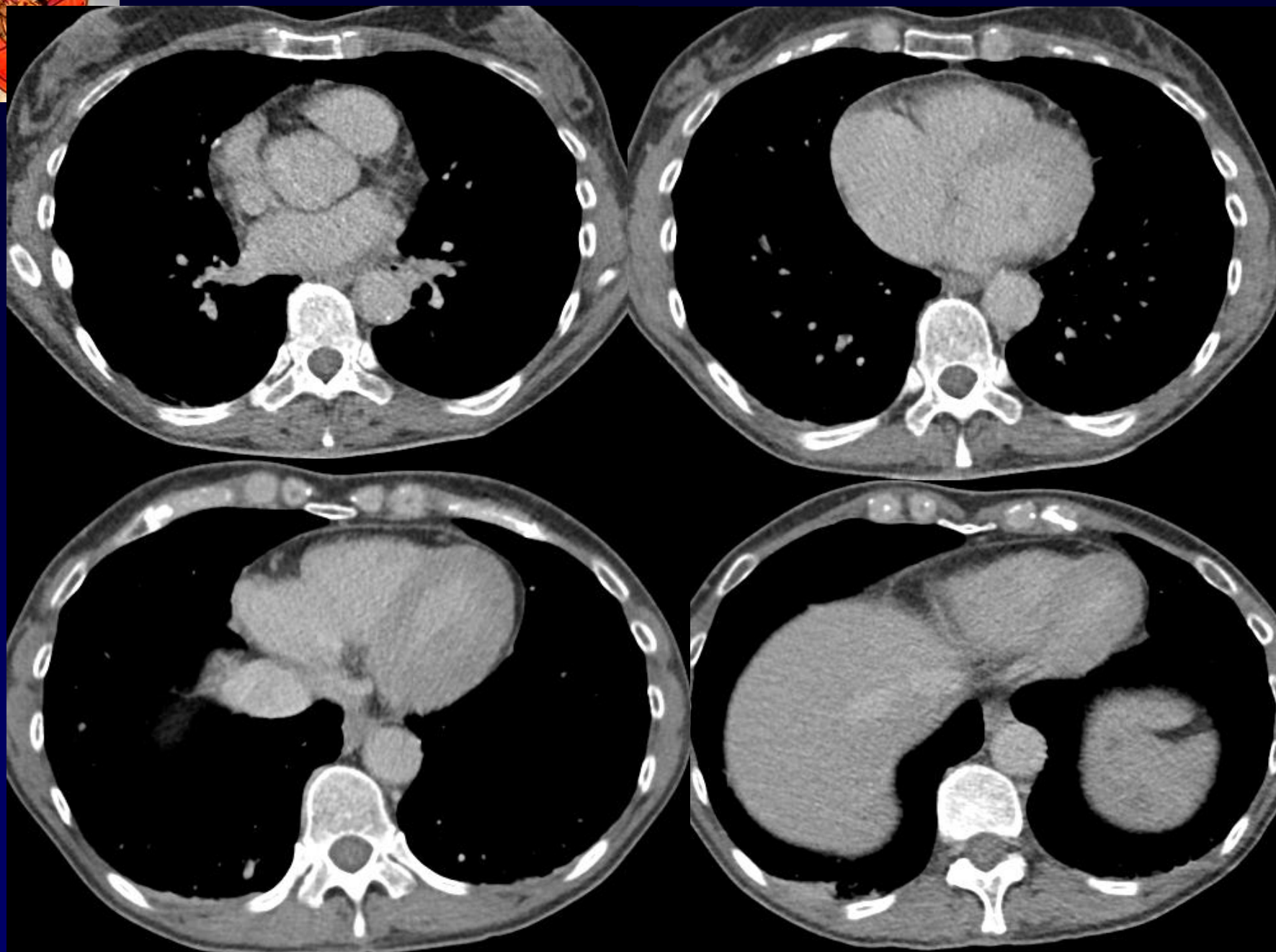






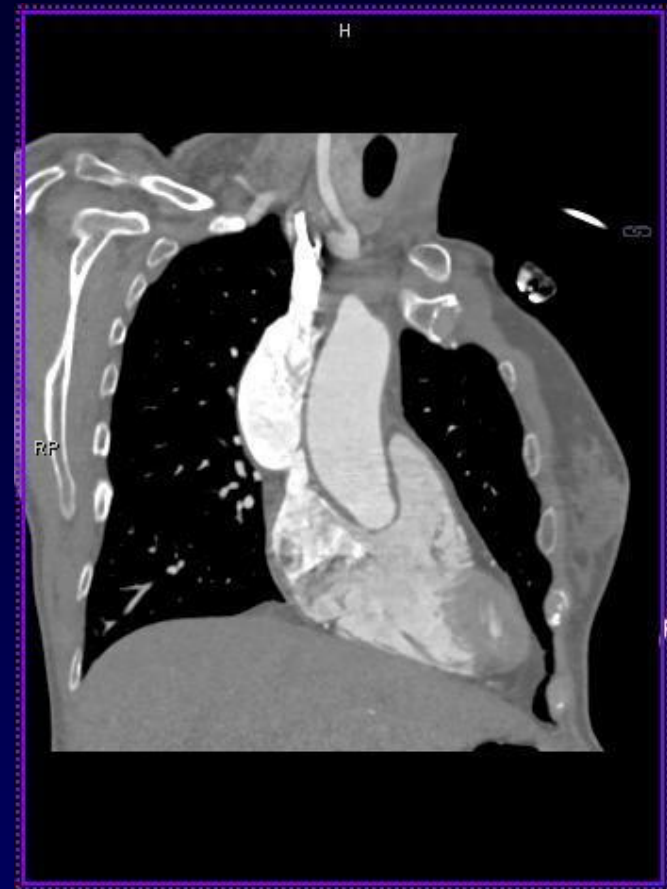




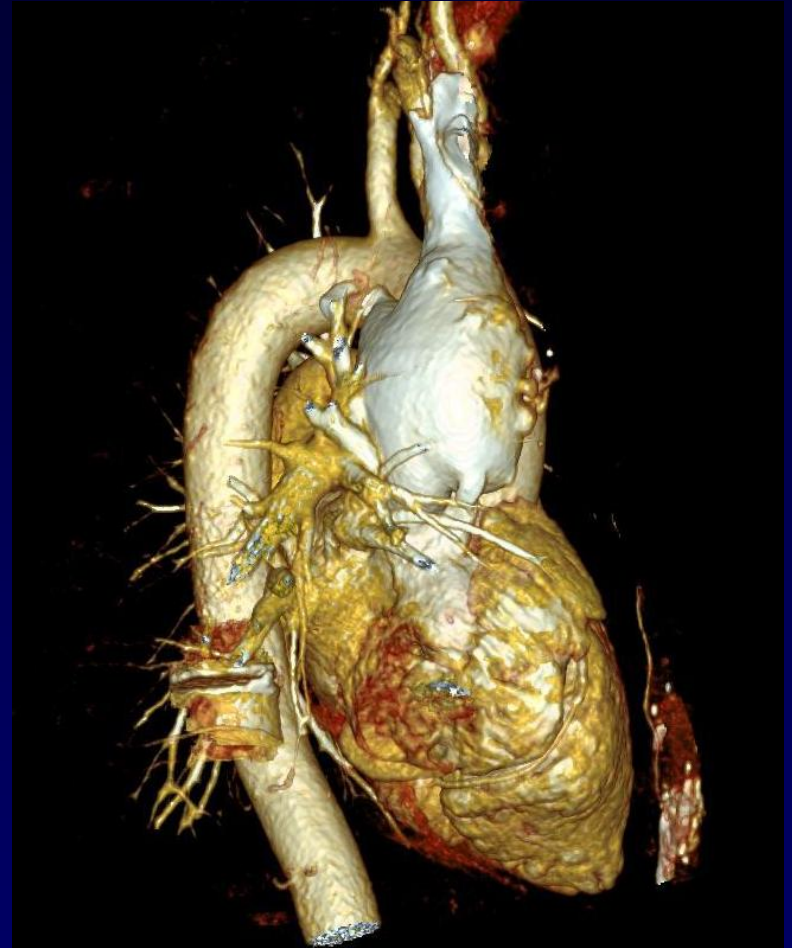
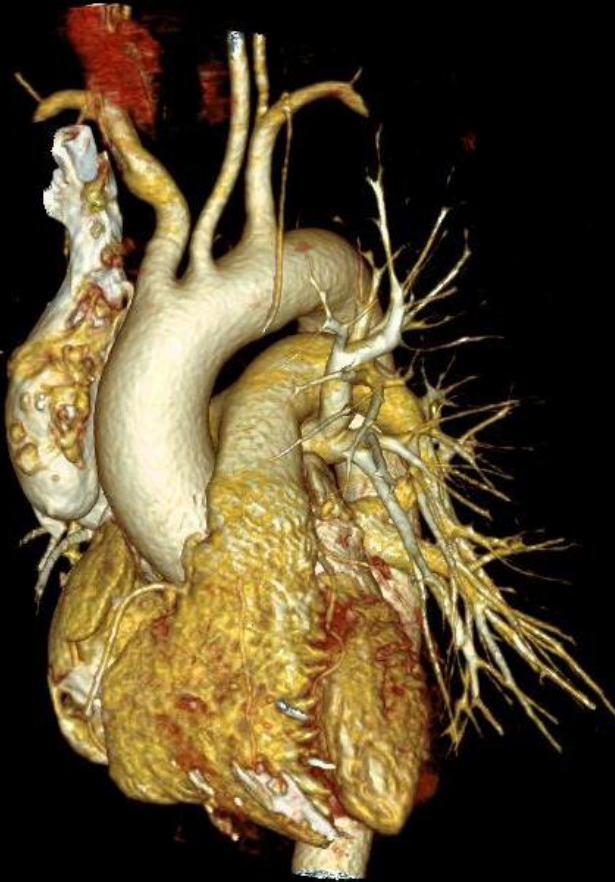




Diagnostic :



Anévrisme veine cave supérieure





Evolution-Discussion-Point fort

Élargissement du médiastin avec recouvrement du hile

Dilatation de la VCS

Sinus coronaire un peu large

Pas de VCS gauche

Pas de Retour veineux pulmonaire anormal

Pas de signe d'HTAP



Evolution-Discussion-Point fort

Etiologie très rare d'élargissement du médiastin

Phléboscaner cave supérieur

à 2 mn du début d'injection



Références

Oh SG, Kim KH, Seon HJ, Yoon HJ, Ahn Y, Jeong MH, Cho JG, Park JC, Kang JC. Unusual cause of acute right ventricular dysfunction: rapid progression of superior vena cava aneurysm complicated by thrombosis and pulmonary thromboembolism. J Korean Med Sci. 2011 May;26(5):690-3. doi: 10.3346/jkms.2011.26.5.690. Epub 2011 Apr 21.

Claudio A´ngel Ruiza, Alejandro Daniel Giacoiaa, Guillermo Emilio Duzaa,*, Walter Gustavo Oteroa y Francisco Javier Tarsitanob. Aneurisma sacular de la vena cava superior
c i r e s p . 2 0 1 1 ; 8 9 (6 2 2 9) : 6 1 9 – 6 2 8 doi:10.1016/j.ciresp.2010.09.015