



SUPERIOR VENA CAVA SYNDROME

■ *To the Editor:* I read with interest the article by Maggiano et al¹ in your January-February 1992 issue, which described an uncommon cause of the superior vena cava (SVC) syndrome—open heart surgery. We previously reviewed the Cleveland Clinic's experience with benign causes of the syndrome and reported 16 cases, with the most common cause being mediastinal granuloma or mediastinal fibrosis secondary to histoplasmosis. One case was related to congestive heart failure.² We also reviewed the English literature on the subject and classified the various causes of benign SVC syndrome up to that date (*Table*). Subsequently, additional cases have been reported related to nocardia asteroides mediastinitis,³ filarial mediastinal lymphadenitis,⁴ benign mediastinal bronchogenic cyst,⁵ and to invasive procedures such as Swan-Ganz catheterization,⁶ central venous catheterization,^{7,8} Hickman-Broviac catheterization,⁹ and LeVein shunting.¹⁰

A case of benign SVC syndrome has also been reported secondary to an infected thrombus presenting as a right atrial mass.¹¹ SVC syndrome as a complication of open heart surgery and cardiac tamponade can now be added to the list of known benign causes of SVC syndrome.

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TABLE
REPORTED CAUSES OF BENIGN SUPERIOR VENA CAVA
COMPRESSION SYNDROME

Mediastinitis
Tuberculosis
Histoplasmosis
Actinomycosis
Syphilis
Pyogenic
Postradiation
Idiopathic
Mediastinal tumors
Cystic hygroma
Substernal thyroid goiter
Benign teratoma
Dermoid cyst
"Benign" mediastinal thymoma
Vascular
Aortic aneurysm
Arteriovenous fistula
Vasculitis
Congenital superior vena cava aneurysm
Bilateral superior vena cava with thrombosis
Idiopathic thrombophlebitis with thrombosis
Thrombosis accompanying polycythemia
Cardiac
Atrial myxoma
Intrapericardial band
Pericarditis
Mitral stenosis
Surgical bypass in congenital heart disease
Complication of ventriculoatrial shunt
Complication of transvenous cardiac pacemaker
Pulmonary
Mediastinal emphysema
Pneumothorax
Traumatic
Mediastinal hematoma
Other causes
Behçet's syndrome
Retroperitoneal fluid
Bilateral clavicular osteomyelitis
Silicosis
Sarcoidosis

Modified from Chest 1975; 68:32-35, with permission

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