Sağ Ventrikül Çıkış Yolu ve Ana Pulmoner Artere Bası Yapan Dev Kitle
Huge Mass Compressing To Rvot and Main Pulmonary Artery

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Image

A 24-year-old female presented with atypical chest pain and cough for one month. Also she has involuntary weight loss. Examination revaled 2/6 systolic murmur at pulmonary focus. Chest X-ray showed increased cardiothoracic index **(Fig 1A)**. Echocardiography demonstrated a huge mass in front of the right ventricle which was compressing both RVOT and main pulmonary artery (MPA) and causing 40 mmHg gradient **(Fig 1B)**. Thoracic computerized tomography revealed multiple lymphadenopathies, a soft tissue attenuating anterior mediastinal extrapericardial mass with smooth margin and diameter of 89x121 mm which surrounding the heart and compressing right ventricle outflow tract (RVOT) and MPA **(Fig 1C)**. Lymph node biopsy showed Hodgkin lymphoma and patient referred to the oncology department.

Figure Legends

Figure 1. (A) Chest radiography revealed increased cardiothoracic index. **(B)** Transthoracic echocardiography showed a mass which was causing external compression of RVOT and main pulmonary artery at parasternal short-axis view. **(C)** Thoracic computerized tomography confirmed the diagnosis of mass which located at anterior mediastinum and causing RVOT and pulmonary artery compression.

Figure 1