

Large asymptomatic superior vena cava aneurysm



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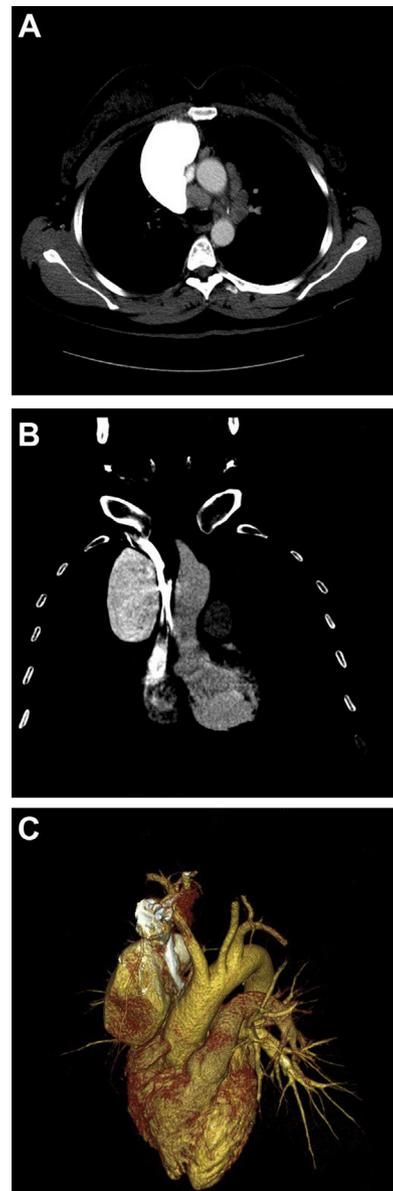
A 42-year-old woman came to our hospital because of minor chest pain. She underwent chest radiography, which showed a prominent right upper mediastinal bulge. She denied any history of chest trauma, thoracic surgery, or previous central venous catheterization. Physical examination revealed no significant findings. Contrast-enhanced computed tomography (CT) was performed and revealed a well-enhanced 70- × 61- × 52-mm saccular aneurysm with a 4- × 5-mm neck arising from the lateral surface of the superior vena cava (SVC; A-C). Considering its risk of rupture and thrombus formation, surgical management was recommended, but the patient refused and decided to undergo annual CT angiography. The patient's consent has been obtained for publication.

SVC aneurysms are extremely rare and have usually been found incidentally by chest radiography, appearing as a mediastinal mass. Contrast-enhanced CT, magnetic resonance imaging, and venography are useful tools for diagnosis.¹ The etiology of SVC aneurysms remains unclear and may be congenital or acquired. Therapeutic guidelines of SVC aneurysms are currently not well established. For most SVC aneurysms, a conservative approach with regular imaging follow-up is enough because possible complications are rare. Conversely, SVC aneurysms increasing in size are at higher risk, and surgical or endovascular treatment is necessary.^{2,3}

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