Huge Mass Compressing To Rvot and Main Pulmonary Artery
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Sağ Ventrikül Çıkış Yolu ve Ana Pulmoner Artere Bası Yapan Dev Kitle
A 24-year-old female presented with atypical chest pain and cough for one month. Also she has involuntary weight loss. Examination revealed 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