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# Catastrophic superior vena caval thrombus with massive pulmonary thromboembolism

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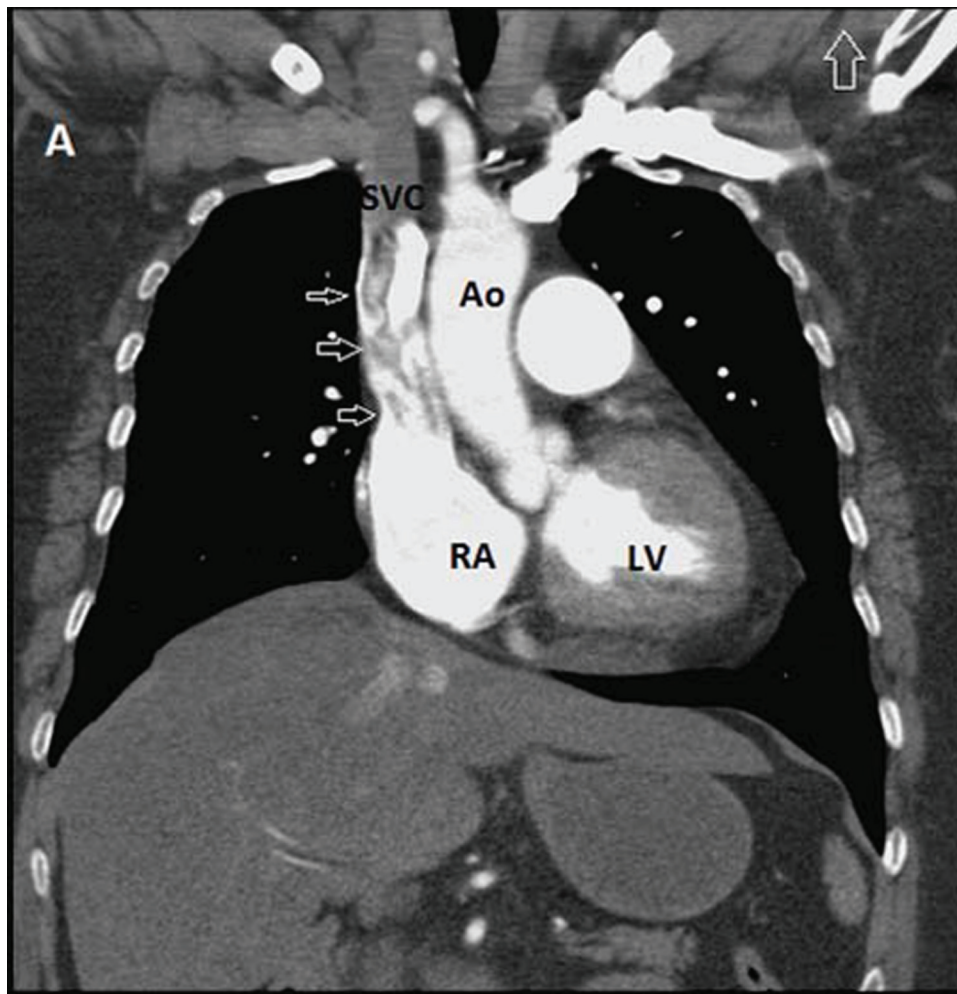
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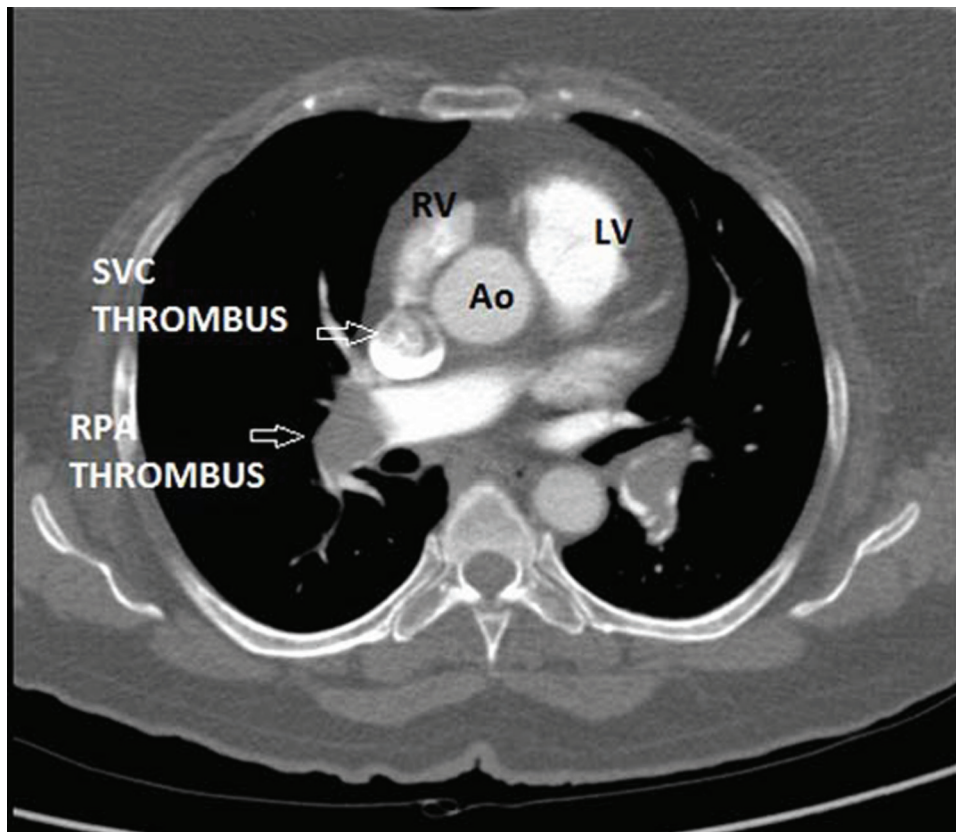
## DESCRIPTION

A 60-year-old woman with no pre-existing illness was admitted with complaints of progressive dyspnoea of 3 days duration. On evaluation, the patient was orthopneic with significant tachycardia. Electrocardiogram showed sinus tachycardia and right axis deviation with S1Q3T3 pattern. Transthoracic echocardiography revealed right heart chambers' enlargement with right ventricular dysfunction.

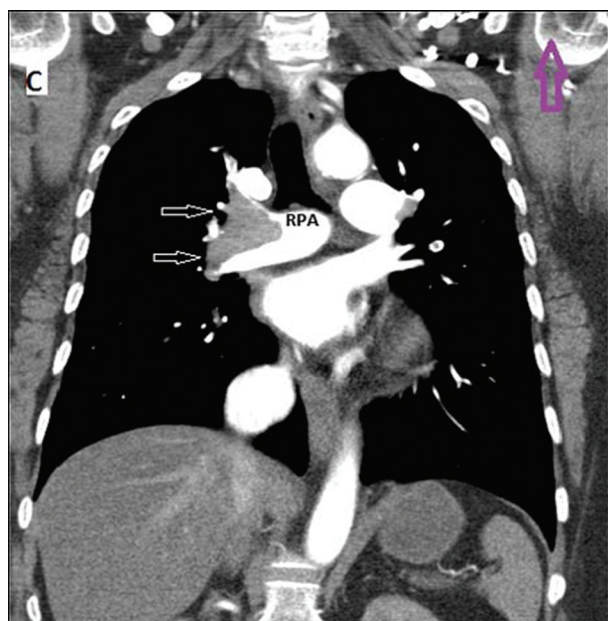
d-Dimer and troponin-T were positive. NT-ProBNP levels were elevated. Contrast CT of chest showed filling defects suggestive of acute thrombosis in the superior vena cava (figures 1 and 2, arrows), right pulmonary artery bifurcation (figure 3, arrows show a saddle thrombus) and left middle and lower lobar arteries (figure 4). The patient died 1 h after the initiation of treatment with thrombolytic, inotropic agents and artificial ventilation.



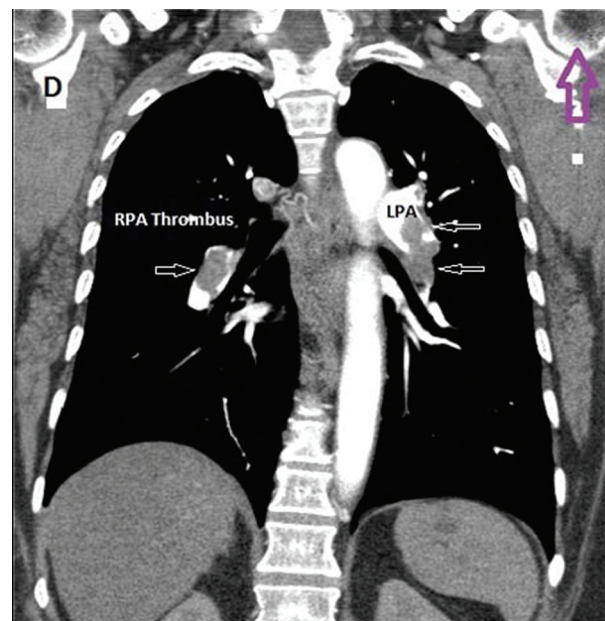
**Figure 1** Contrast CT of chest showed filling defects (arrows) suggestive of acute thrombosis in the superior vena cava. Ao, aorta; SVC, superior vena cava; RA, right atrium; LV, left ventricle.



**Figure 2** Contrast CT of chest showed filling defects suggestive of acute thrombosis in the superior vena cava and right pulmonary artery bifurcation. Arrows show a saddle thrombus. RPA, right pulmonary artery; Ao, aorta; SVC, superior vena cava; LV, left ventricle; RV, right ventricle.



**Figure 3** Contrast CT of chest showed filling defects suggestive of acute thrombosis in the right pulmonary artery bifurcation. Arrows show a saddle thrombus. RPA, right pulmonary artery.



**Figure 4** Contrast CT of chest showed filling defects (arrows) suggestive of acute thrombosis in the left middle and lower lobar arteries. RPA, right pulmonary artery; LPA, left pulmonary artery.

**Competing interests** None.

**Patient consent** Obtained.

## REFERENCES

1. Otten TR, Stein PD, Patel KC, *et al*. Thromboembolic disease involving the superior vena cava and brachiocephalic veins. *Chest* 2003;**123**:809–12.

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