4/29/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Joshua Oommen(@)* ***Case Discussants****: Sharmin & Reza*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Lukas)

CC: 43 yo male with pain and swelling in right neck supraclavicular region

HPI: Worsens with coughing, swallowing and elevating arms. Right > left side. Symptoms started the morning of presentation. Known chronic cough without CP. Recent sickness 1.5 months ago with COVID

ROS (-): headache, CP, difficulty breathing, GI or GU symptoms, b-symptoms

PMH: —

Meds: —

Fam Hx: -

Social Hx: -

Health-Related Behaviors:
No drinking
No smoking

Allergies:

Vitals: T: 98 **HR**: **BP**: 143/91 **RR**: 18 **Sat**: **BMI**: 40

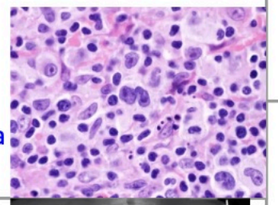
Exam: Gen: no acute distress, alert oriented 4x

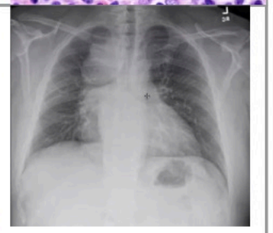
HEENT: supraclavicular tenderness, B/L facial swelling

CV: no elevated jvp, normal s1 s2 **Pulm**: no stridor

Abd: soft, non-tender, no rebound no guarding

Neuro: wnl **Extremities/skin**: palpable distal pulses, no edema





Notable Labs & Imaging:

Hematology:
WBC: 7.21 Hgb: 12.7 Plt: 256

Chemistry:
Na: 139 K: 4,4 Cl: HCO3: 27 Cr: 1.03 BUN: 13 Glucose: 87 Ca,Mg:nl
AST: ALT: Alk-P: 99 Bili: 1.9 Albumin: 4.1 Total Protein:
ESR: 43 Ca: wnl Mg: wnl ALK-P: 99 tBili: 1.9 Albumin 4.1

Imaging:

CXR: The cardiac silhouette is normal in size. Large mediastinal masses. Pulmonary vascular pears normal. The lungs are clear bilaterally with no consolidation, pleural effusion, pulmonary edema. No measurable pneumothorax. Visualized soft tissues and upper abdomen show no acute abnormality.

Biopsy: shows Hodgkin-Sternberg-Reed cells

CT: moderate to severe effacement of the SVC. Many periaortic retroperitoneal lobulated soft tissue masses. Large homogenously enhancing multilobulated right paratreacheal mass, extrapleural right paraeosophageal masses with mass effect.
Subsegmental pulmonary arteries enlarged with hilar lymph nodes causing moderate to severe compression.

Dx: SVC-Syndrome 2/2 EBV positive Hodgkins Lymphoma nodular sclerosing subtype

Problem Representation: 43 yo male presents with painful swelling in the right supraclavicular region worsening with coughing, swallowing and elevation of the arms without B-symptoms which turned out to be Hodgkins-Lymphoma compressing the SVC.

Teaching Points (Glen)

-Pain & Swelling around neck: Anatomical approach. Lymph node(benign, malignancy, autoimmune dx), abscess, fat, blood vessel(SVC syndrome, clot).

-Worse with swallowing: Mass effect? Chronic?

-B/L facial Swelling: obstruction. infection? (inflammatory markers)

-CXR: mediastinal mass. 4Ts (thymoma, thyroid). CT will help localise it.

-Biopsy: Reed sternburg cells, hodgkin lymphoma.