



Case Presentation

IJV thrombosis

E.F. Post

IJV Thrombosis

- Case presentation
- Causes
- Diagnosis
- Imaging
- Management
- Key points

History

51 yo female

3/7 progressive swelling ® neck

Feverish

1/7 dysphagia

NO Quincy's abscess / tonsillitis

Smoker

No LOW

Examination

- T° 39₃°C
- JACCOL: Nil
- P 110, BP 100/60
- Tender, inflamed ® neck
- ENT/ Scope: ® pharyngeal wall shift to midline

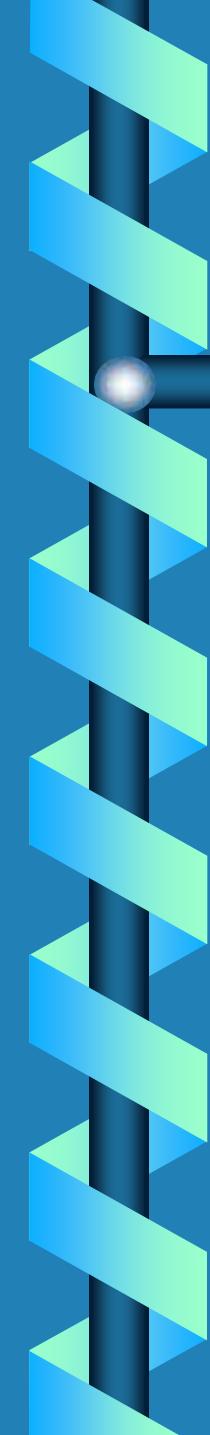
Special investigations

- Blood: WCC 13,5
- CXR:
 - Superior mediastinal mass,
 - ? RUL collapse
- CT Neck / Sup Mediastinum:
 - IJV thrombosis
 - Mediastinal L.A.
 - Non abscess fluid

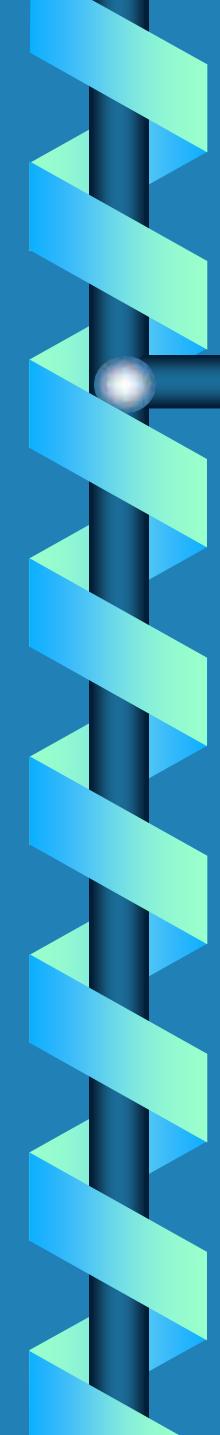


CXR





CT Neck



CT Superior Mediastinum

Management

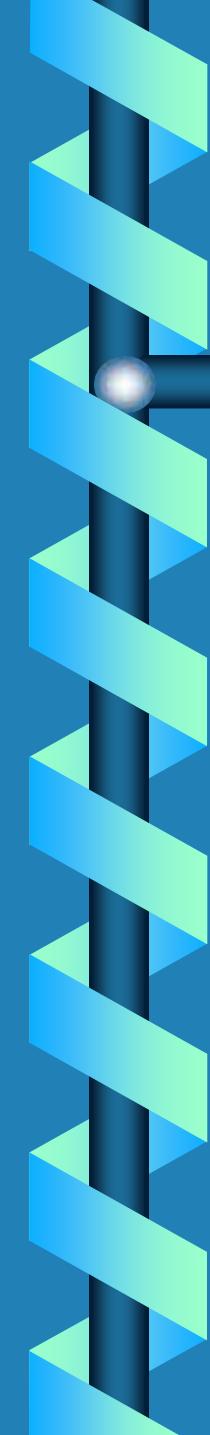
- IV antibiotics- triple
- Neck dissection- NO pus in IJV
Infective change
wash out, drains
- Thoracotomy- NO mediastinitis
Nodes ?TB
- ICU-
No inotropes
CPAP
- 2° wound closure

Additional results / info

- 3x swab neck = nil bacteria
- Med nodes = ZN (+)
Metastatic SCCa
- CT chest = No lung primary
No RUL collapse
Mediastinal L.A.
- Lung unit referral - no Mx. change

Outstanding

- Barium swallow- ?esophageal Ca
- EUA - ENT



IJV thrombosis: Def



Diagnosis / Clinical



Diagnosis / Imaging



Management: + sepsis



Management: - sepsis



Key points



Esophageal Ca: note

- SCCa incidence =
- Most common Ca =
- Lymphatic spread =

