

Technetium-99m-Sulfur Colloid Identification of a Mediastinal Mass: Case Report

Brian Eisenberg, Sydney Heyman, and Michael G. Velchik

Hospital of the University of Pennsylvania and Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

CASE REPORT

We present a case of an 8-yr-old boy who had a tracheoesophageal fistula repaired shortly after birth. At that time, a right posterior chest mass was noted (Fig. 1). Since he remained asymptomatic and all other studies were negative, he was followed with serial chest x-rays. A question arose as to whether the mass was enlarging out of proportion to the growth of the thorax, and the etiology of the mass was sought.

A liver-spleen scan was performed, which demonstrated liver parenchyma in the area of the mass noted on chest x-ray (Fig. 2). Diaphragmatic herniations (congenital or traumatic) should always be considered whenever mediastinal masses are noted on chest x-ray. In this case, a posterior-

medial mediastinal mass was noted and the liver-spleen scan confirmed herniation most likely through a congenital tear.

DISCUSSION

While other etiologies such as neurogenic tumor, pulmonary sequestration, and esophageal or bronchial duplication should be considered, radionuclide identification of liver parenchyma in a diaphragmatic eventration or herniation (1-3), if positive, is simple and provides easily accessible information.

REFERENCES

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For reprints contact: B. Eisenberg, MD, Chief, Nuclear Medicine Service, VA Medical Center, 2100 Ridgecrest Dr. SE, Albuquerque, NM 87108.

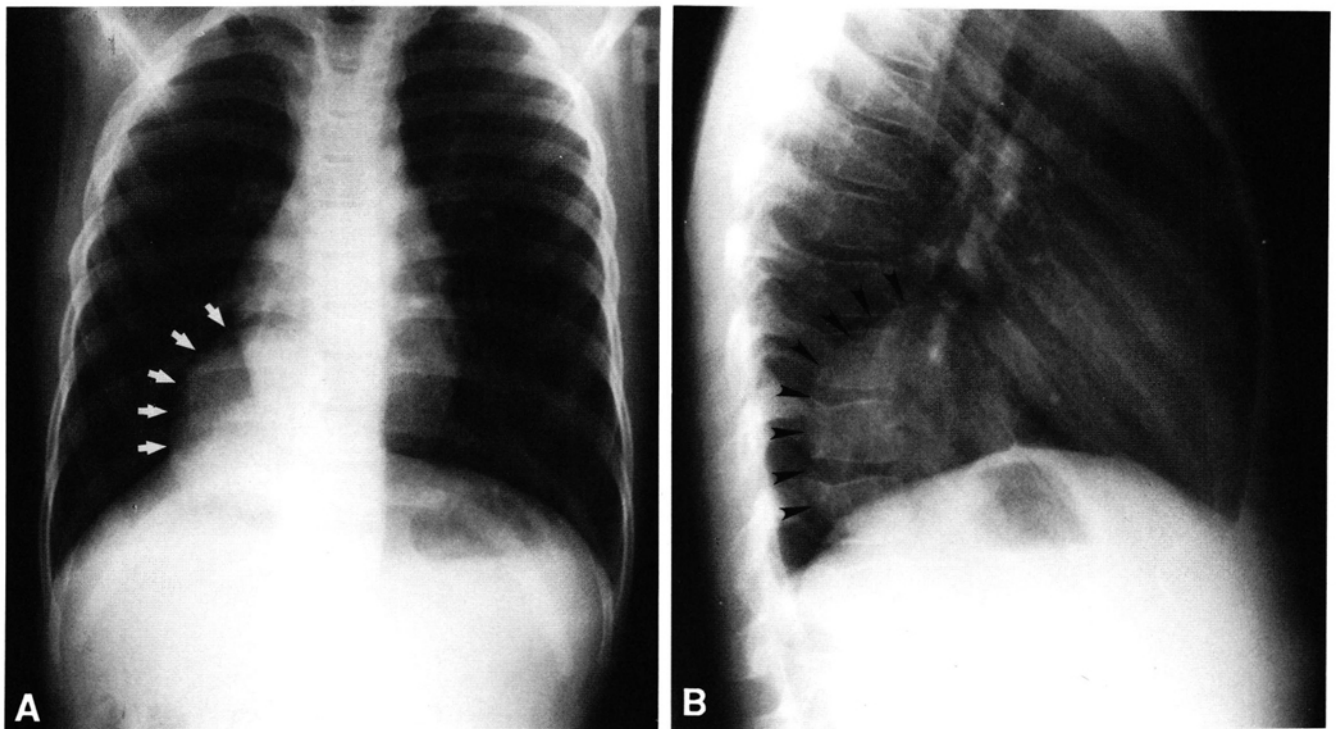


Fig. 1. (A) PA chest x-ray showing a mass (white arrows) in the medial aspect of the right lower chest and (B) right lateral view demonstrating a large posterior mediastinal mass (black arrow).

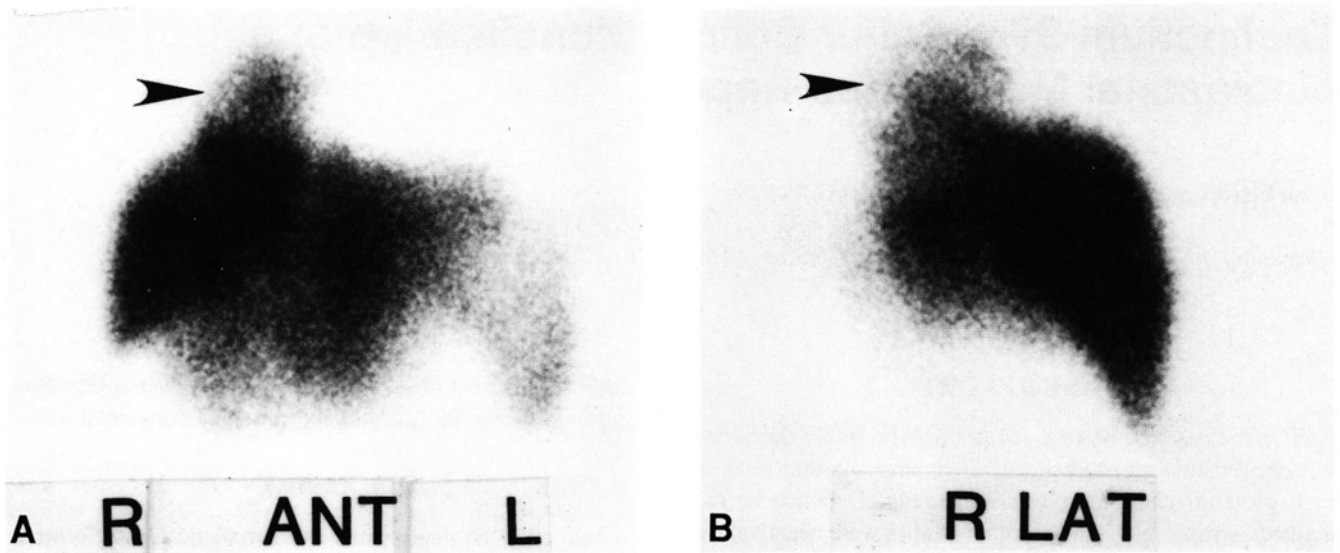


Fig. 2. Liver/spleen scan after i.v. administration of 1.2 mCi ^{99m}Tc -sulfur colloid demonstrates radionuclide uptake in liver parenchyma in anterior image (A) corresponding to the area of the mass noted on PA chest x-ray (black arrow) and (B) right lateral view showing radionuclide uptake superior and posterior to normal liver position (black arrow) in same position as noted on chest x-ray.