

METASTATIC STERNAL TUMOR IN A PATIENT OPERATED FOR MYOCARDIAL REVASCULARIZATION

Seventy-year-old male patient operated for myocardial revascularization ten years before, with mediastinitis as a complication, that required surgical reintervention. Fifteen days before admission the patient sustained thoracic trauma as a result of deacceleration in a motor vehicle accident and developed pain and progressive swelling of the presternal region. As the patient showed no improvement with analgesics, hospitalization was indicated for evaluation and treatment (*Figure 1*).

Ultrasound: volume enlargement at the level of the *manubrium sterni* with the presence of a T mass that creates an extensive osteolytic lesion of the lower 2/3 and calcifications. The lesion is in close contact with the aortic junction wall.

Thorax CT: There is a mass at the level of the anterior mediastinum in the retrosternal region that produces osteolysis of the sternal body and surrounds the sternotomy sutures. The lesion measures 77 mm long, 63 mm AP diameter and 66 transverse diameter with a density of 32 UH; no enhancement is evidenced in the arterial phase nor in the venous phase, where enhancement was 92 UH (*Figures 2 and 3*).

Numerous hypodense areas can be seen inside that produce osteolysis of the *manubrium sterni*, and this, in turn, generates compression of the superior vena cava and left subclavian artery. There are mediastinal para aortic adenopathies.

Biopsy: Soft tissue infiltration by moderately differentiated squamous cell carcinoma. It is suggested to evaluate the respiratory system to explore possible primary origin.

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FIGURE 1. Clinical presentation.



FIGURE 2. Contrast CT, arterial phase.



FIGURE 3. Contrast CT, venous phase.

