



# Case Presentation

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IJV thrombosis

E.F. Post



# IJV Thrombosis

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



# History

51 yo female

3/7 progressive swelling ® neck

Feverish

1/7 dysphagia

NO Quinicy's abscess / tonsillitis

Smoker

No LOW

# Examination

- T° 39.3°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

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# 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

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- Barium swallow- ?esophageal Ca
- EUA - ENT



# IJV thrombosis: Def

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A decorative vertical element on the left side of the slide, consisting of a dark blue vertical line with a series of light blue and cyan ribbons wrapped around it in a spiral pattern. A small white sphere is positioned on the dark blue line, just below the text.

# Diagnosis / Clinical

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A decorative vertical element on the left side of the slide, consisting of a dark blue vertical line with a series of overlapping, diagonal ribbons in shades of light blue and cyan. A small, semi-transparent sphere is positioned on the dark blue line, slightly below the top of the text.

# Diagnosis / Imaging

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Management: + sepsis

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Management: - sepsis

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# Key points

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# Esophageal Ca: note

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

