Anterior Mediastinal Mass in a Laboring Patient

Diana Valencia-Morales, M.D.; Adam D. Niesen, M.D; Emily E. Sharpe, M.D.
Department of Anesthesiology & Perioperative Medicine; Mayo Clinic, Rochester, MN

Background

- Anterior mediastinal mass (AMM) is rare and can be caused by malignancies, neoplasms, cysts, or infections
- AMM presents a major challenge during anesthesia induction
  - Can cause cardiopulmonary collapse from vascular compression and/or acute airway obstruction.
- Managing a pregnant patient with AMM is complex and requires a multi-disciplinary maternal care team to ensure maternal and fetal safety.

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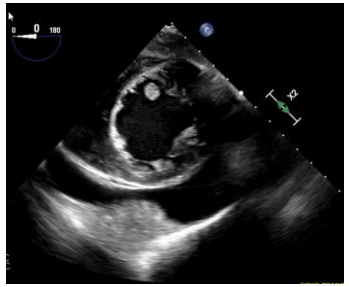
21-year-old G2P1001 at 37w3d initially presented to the emergency department after 3 weeks of mid back and chest pain.

Asymptomatic on admission → Plan induction of labor → Sudden, dyspnea, orthopnea, chest pain → URGENT CESAREAN → Intraoperative

Chest CT

TTE



Emergent CT angiogram

Progression of the pericardial effusion

- In cardiac OR
  - Orthopnea → GA
- 5 F Bilateral femoral sheaths.
- GA was induced preemptively for possible ECMO w/ sevofluorane and ketamine.

Intra-op TEE

- Moderate pericardial effusion with right atrial compression
- Pericardiocentesis: 375 ml
- Biopsy resulted Primary mediastinal large B-cell lymphoma

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Cardiovascular and respiratory collapse

- Cardio-pulmonary testing:
  - PFTs, echo (EF, RVSP, valve function)
  - CT imaging
- Size and location of the mass?
- Any abnormalities or compression of the trachea or distal airways?
- Compression or invasion of cardiac structures or vessels?
- Consider awake fiber optic intubation

Multidisciplinary team

- Equipment
- Disposition
- After cares and follow up

Consider ECMO

- Lines and monitors
- Pre-induction access and arterial line

