



Abstract 011 (PIDC12-h-00017)

Anterior Mediastinal Mass : A Rare Presentation of Tuberculosis

S Shankar, D Mahajan, C T Deshmukh, R K Vaswani, C P Mehta

Department of Pediatrics, King Edward Memorial Hospital and Seth G S Medical College, Mumbai

Address for Correspondence: Dr S Shankar, Department of Pediatrics, King Edward Memorial Hospital and Seth G S Medical College, Mumbai. Email: drsahanashankar@gmail.com

Keywords: Anterior Mediastinal Mass, Tuberculosis, Pericarditis

Abstract:

We report a case of a 10 year old male child, who presented to us with complaints of progressive abdominal distension since 9 months and exertional breathlessness since 4 months. There was history of mild jaundice noticed by a doctor, however no other history suggestive of liver, cardiac or renal disease. He had received antitubercular therapy for complaints of cough 1 year ago for 3 months. There was no history of TB contact. General examination revealed mild icterus and prominent, distended neck and upper limb veins. Jugular venous pressure was raised with an absent hepatojugular reflux. Systemic examination showed massive ascites and a firm hepatomegaly. Cardiovascular examination revealed pericardial knock. Differential diagnoses were constrictive Pericarditis of tubercular etiology, Budd Chiari syndrome and a mediastinal mass causing IVC and SVC obstruction. Investigations revealed an anterior mediastinal mass on cardiac MRI (FIG) adherent to the pericardium causing extrinsic compression of the right atrium, most probably a germ cell tumour. Tumour markers were negative. A CT-guided biopsy of the mass was inconclusive, hence an open excision biopsy was done, which on gross appearance was suggestive of tuberculosis.

