



Oncologic emergencies: Superior vena cava syndrome

(MARCH 2002)

TO THE EDITOR: The recent article by Krimsky and colleagues¹ on oncologic emergencies for the internist was informative and helpful. However, we feel it left out an important iatrogenic cause for the development of the superior vena cava syndrome.^{2,3}

Central venous catheters play an important and ever-increasing role in patients with malignancies. They are commonly used for chemotherapy and hyperalimentation. While the superior vena cava syndrome is not the most common complication of the use of central venous catheters, the widespread application of such devices in a clinical setting makes it much more important to recognize the syndrome in a timely manner.

The superior vena cava syndrome can develop shortly after or long after the placement of the catheter and is usually caused by thrombosis, though in certain cases, such as in multiple myeloma, high serum viscosity may act with the central venous catheter to cause such a presentation.⁴ The two causes are important to differentiate, as the former is treated with anticoagulants with or without thrombolytics, and the latter is treated with plasmapheresis.

This complication of the constantly rising use of central venous catheters is important to recognize and be aware of in the practice of the general internist.



RAHUL GUPTA, MD
Division of Internal Medicine
Floral Memorial Clinic
Floral, AL

SEEMA GUPTA, MD
Division of Internal Medicine
Floral Memorial Clinic
Floral, AL

■ REFERENCES

1. Krimsky WS, Behrens RJ, Kerkvliet GJ. Oncologic emergencies for the internist. *Cleve Clin J Med* 2002; 69:209–222.
2. Bertrand M, Presant CA, Klein L, Scott E. Iatrogenic superior vena cava syndrome. *Cancer* 1984; 54:376–377.
3. Pariah JM, Marachke RF, Dines DE, Lee RE. Etiologic considerations in superior vena cava syndrome. *Mayo Clin Proc* 1981; 56:407–413.
4. Gupta R. Forearm and facial edema in a 64-year-old man. *Patient Care* 2000; 34:74–75.