Diagnostic Images

Supraclavicular lymphadenopathy

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The patient

A man aged 65 was well until five months previously when he had a 'flu-like illness. He then developed 3 lumps at the root of the neck on the left and was found to have hard, fixed supraclavicular lymph nodes. Computed tomograph (CT) scan (Figures 1–4) was followed by a barium swallow (Figure 5).

Figure 1 Left-sided mass (arrows) is shown in the supraclavicular fossa adjacent to the thyroid (T), (Clavicle).

Figure 2 (a) (b) Sections through the lower thorax. The oesophagus (arrow) contains separated air spaces and is markedly enlarged with a thickened wall. In (b) there is an enlarged lymph node in the angle between the oesophagus and aorta (arrow head). The azygos and hemiazygos veins are visible adjacent to the body of the vertebra. (A – aorta, IVC – inferior vena cava, LV – left ventricle, RV – right ventricle).

Figure 3 Upper abdominal section. The right adrenal is markedly enlarged (arrow) and the left adrenal (arrow head) is moderately enlarged; both glands having lost their normal shape (A – aorta, Sp – spleen, St – stomach, L – liver).

Figure 4 Section through the mid abdomen. Prevertebral lymphadenopathy is present. Normally only the aorta and inferior vena cava are visible but in this patient there are five rounded structures, indicating enlarged lymph nodes (A – aorta, K – kidney, Ps – psoas muscle).

Figure 5 Barium swallow confirmed the CT findings of oesophageal carcinoma, proven on endoscopy.

Comment

The absence of dysphagia as a presenting symptom is unusual in oesophageal carcinoma particularly as in this case the lesion was so large. Presentation with supraclavicular lymph nodes will therefore present a diagnostic problem as the primary lesion could be in the neck, mediastinum, lungs, stomach or colon. It is therefore reasonable to request a CT examination together with a chest film as the initial investigation.

In this case the first examination yielded the required information, showing the primary lesion and its spread into the mediastinum and below the diaphragm. The diagnosis was confirmed by a barium swallow and endoscopy but the findings of metastases to lymph nodes and to the adrenals was additional information that otherwise would not have been available.