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Edema of the Head and Neck as a Result of Primary Mediastinal Fibrosarcoma

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1 **Edema of the Head and Neck as a Result of Primary Mediastinal Fibrosarcoma.** A male Shepherd-mixed 8-year-old dog entered the hospital Nov. 13, 1944, for treatment. The dog had refused to eat and exercise for the past 4 or 5 days. An intermittant edematous swelling of the head and neck was present. The temperature of the dog when admitted was 102.2° F. and varied from 100.2° F. to 104° F. during hospitalization. The appetite was retarded throughout the period of observation. All physical findings were negative except for the intermittant swelling of the head and upper cervical region which became more pronounced and further progressed to the lower cervical and pectoral regions. The animal preferred a prone position and walked but little when forced to exercise. The animal's condition was one of general decline until he expired on Dec. 3, 1944, following 21 days of hospitalization.

The dog was examined following death. The body was greatly emaciated. A subcutaneous abscess filled with thick, brown, foul smelling pus was found in the pectoral region. The tissues of the upper extremities, neck, face and head were very edematous. Edema was not in evidence elsewhere in the body.

Atelectasis

The lungs showed pronounced atelectasis and a small quantity of clear fluid was present in both pleural cavities. A hard mass measuring 7 cm. by 6 cm. by 5 cm. was found in the mediastinum and extending into the hili of the lungs just posterior to the trachea and ventral to

the esophagus which greatly compressed the bronchi and nearby blood vessels. The mediastinal lymph nodes were enlarged, soft and hyperemic. The large veins anterior to the heart were filled with antemortem thrombi. The abdominal viscera, thyroid and heart were essentially normal.

Neoplasm

The neoplasm found at the hilus of the lungs was found on microscopic examination to be a fibrosarcoma of medium grade malignancy with metastasis to the mediastinal lymph nodes. This mediastinal mass together with the concurrent thrombus formation was great enough to obstruct the returning blood and lymph flow from the head and neck, resulting in the edema of the head and neck. Compression of the bronchi by the mass could well account for the pulmonary atelectasis.

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