A 21-year-old man was admitted with cough, facial swelling, and breathlessness. Routine laboratory tests were normal. Computed tomographic (CT) scanning demonstrated a mass with diffuse mediastinal involvement and bilateral pleural effusion. The mass extended from the thoracic inlet to the level of the inferior pulmonary vein (Figure 1). Because of superior vena cava syndrome and dyspnea, he was initially treated with oxygen, high-dose dexamethasone, and bronchodilation. Pleural fluid analysis showed an exudate and benign cytology. The mediastinal tumor had nearly completely disappeared 6 days later when a CT was repeated (Figure 2) for a core biopsy. Because of the dramatic tumor shrinkage, biopsy was deferred, and the patient was dismissed. One month later, he was readmitted, with CT revealing an increase in mediastinal tumor (Figure 3). Pathological evaluation of the CT-guided core biopsy revealed lymphoblastic lymphoma, immunoreactive for TdT, CD 3, CD-45

FIGURE 1. CT scan at a time of first admission showing a large mediastinal mass with airway compression (image date: January 12, 2006).

FIGURE 2. CT taken just before core biopsy showing that the mediastinal tumor had nearly completely disappeared (image date: January 18, 2006).

FIGURE 3. Chest CT revealed an increase in mediastinal tumor compared with first admission (image date: February 22, 2006).
R0, and CD-99 (focally) and negative for CD-20, CD-43, and CD-23 (Figure 4). There was no evidence of lymphoma involvement in any other side. The patient then was referred to the hematology department.

Lymphoblastic lymphoma occurs in a slightly older age group, with a peak incidence in the second and seventh decades of life and a predominance among males (2:1 ratio). In the absence of a more accessible nodal site, mediastinal biopsy is required if lymphoblastic lymphoma is the sole site disease. When mediastinal disease results in respiratory distress or superior vena cava syndrome, an effort should be made to establish a tissue diagnosis before the initiation of steroids.1,2

REFERENCES

**FIGURE 4.** Photomicrograph showing lymphoma cells staining strongly positive for the TdT enzyme. (Peroxidase stain; original magnification ×200.)