SUPERIOR VENA CAVA SYNDROME is the obstruction of blood flow through the superior vena cava.

RISK FACTORS
- Intrathoracic malignancy, particularly lung (non-small cell lung cancer: 50% of cases; small cell lung cancer: 25%–35% of cases) and non-Hodgkin lymphoma (diffuse large B-cell lymphoma and lymphoblastic lymphoma: 10%–15% of cases)
- Thrombosis associated with catheters or pacemaker wires
- Rare causes: metastatic breast cancer, Hodgkin lymphoma, or other

CAUSES/PATHOPHYSIOLOGY
- Solid tumor compression of the superior vena cava either by external compression from tumor or lymph nodes or direct invasion of the superior vena cava by thrombosis or tumor
- Causes venous congestion, leading to obstruction of blood return from the upper body
- Cardiac output potentially affected by poor blood return to the heart

SIGNS & SYMPTOMS
- Facial swelling or head fullness (worse with bending down)
- Edema in the face, chest, neck, and upper extremities
- Headache
- Dyspnea and cough
- Distended veins in the chest
- Tachypnea, tachycardia
- Severe or life-threatening: confusion, obtundation from cerebral edema, stridor from laryngeal edema or hemodynamic compromise

BEST PRACTICE
Prompt intervention can avoid life-threatening outcomes.

NURSING CONSIDERATIONS
- Assess for respiratory, cardiovascular, or neurologic compromise.
- Supportive care includes cardiovascular and respiratory support as needed.
- Symptom management addresses dyspnea with oxygen, elevation of head of bed, and anxiety management.
- Potentially treat underlying disease with radiation therapy, chemotherapy, or stenting.
- Thrombus is to be treated with anticoagulants or thrombolytics.
- Provide psychosocial support for symptoms and new or worsening cancer diagnosis.

DIAGNOSTIC ASSESSMENT
- Chest computed tomography with contrast
- Chest x-ray
- Ultrasound followed by tissue diagnosis as indicated

ADDITIONAL RESOURCES