

Main differences between pediatric mediastinal masses: diagnostic tips



Figure 1

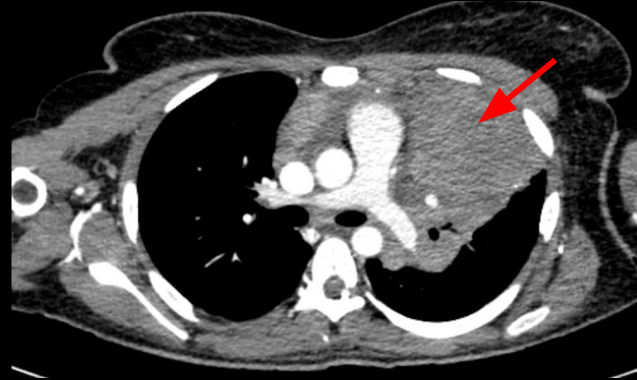


Figure 2

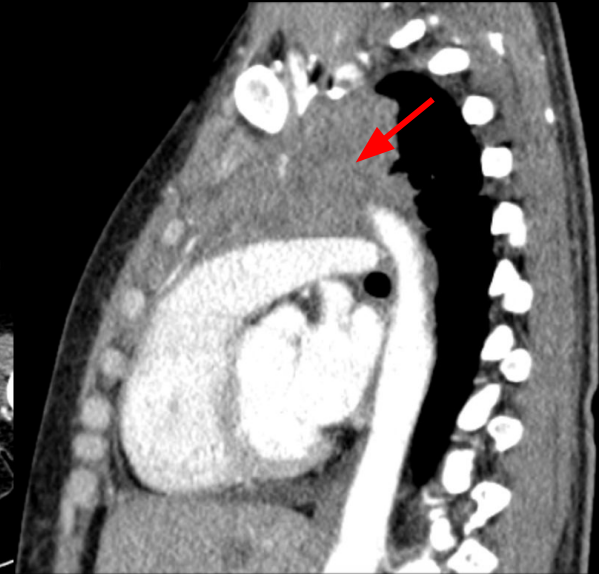


Figure 3

Lymphoma - Chest tomography showing a large mass with heterogeneous contrast enhancement, centered in the anterior mediastinum, extending to the left upper lung lobe, in the coronal (Fig.1), axial (Fig.2) and sagittal (Fig.3) sections.

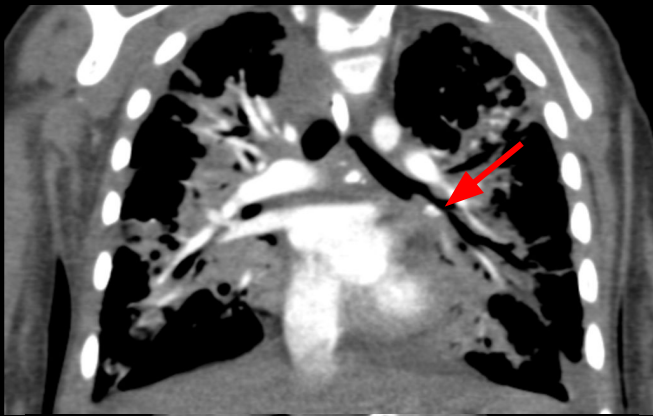


Figure 4

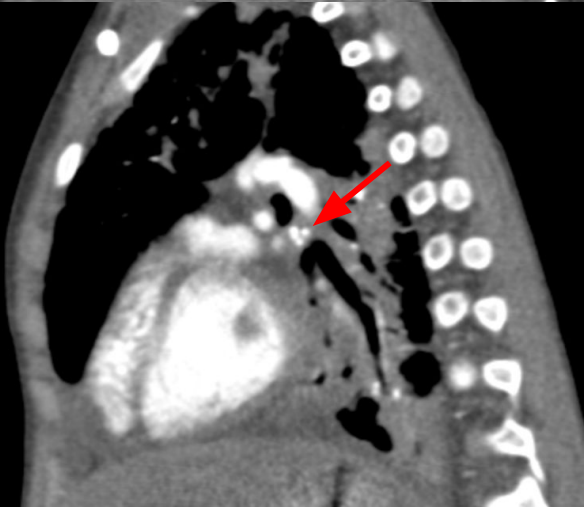


Figure 5

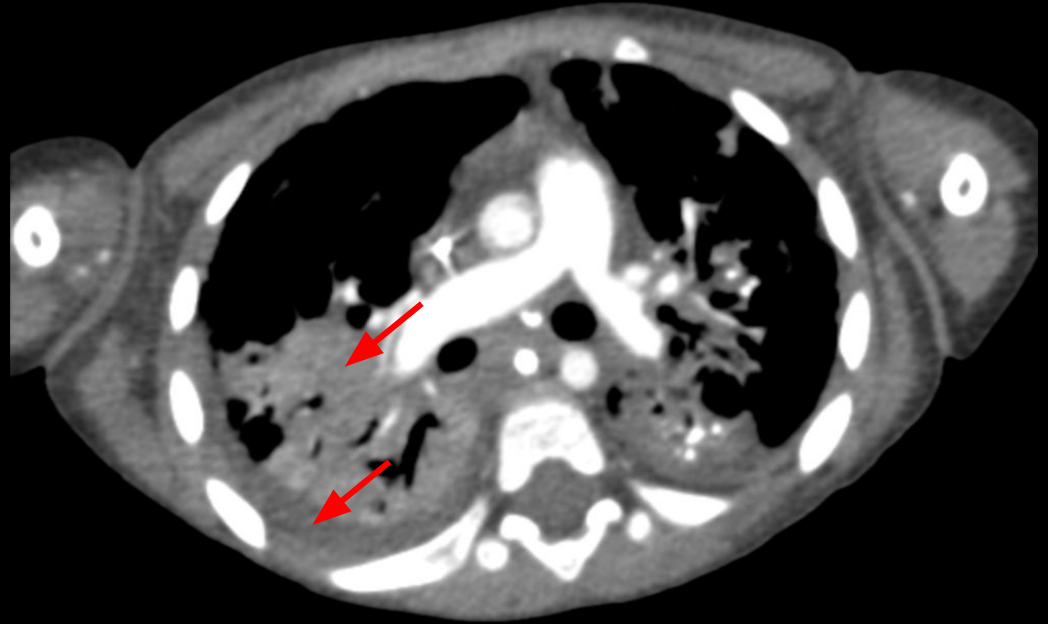


Figure 6

Tuberculosis - Chest tomography showing mediastinal lymphnode enlargement (paratracheal and subcarinal) and other calcified, in addition to consolidation and pleural effusion, in the coronal (Fig.4), sagittal (Fig.5) and axial (Fig.6) sections.

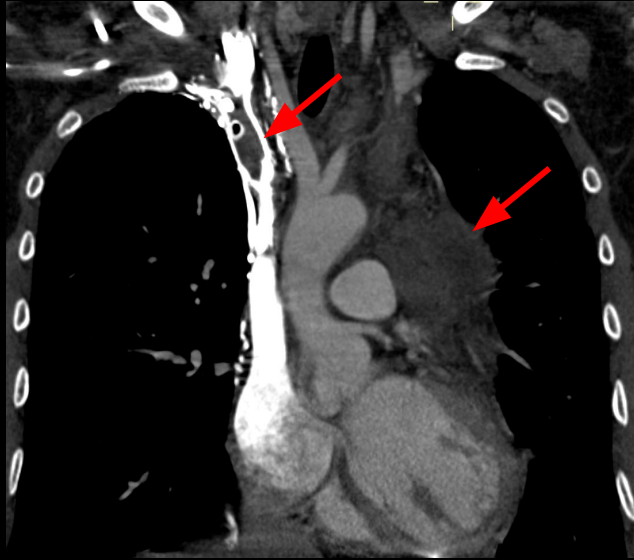


Figure 7



Figure 8

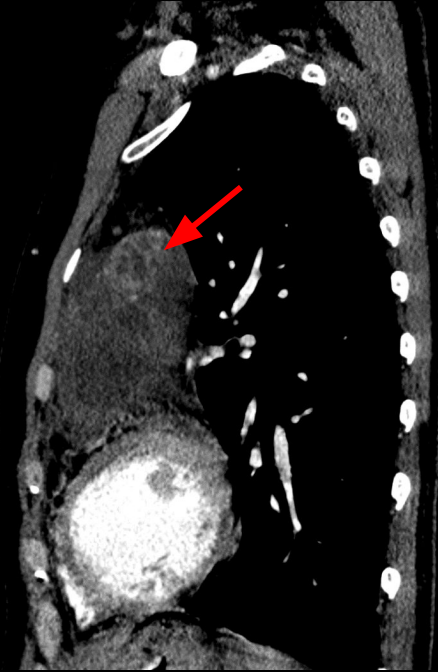


Figure 9

Yolk sac tumor - Chest tomography showing a large mass with heterogeneous contrast enhancement, centered in the anterior mediastinum, with areas of necrosis and superior vena cava thrombosis, in the coronal (Fig.7), axial (Fig.8) and sagittal (Fig.9) sections.

	Location	Age-Incidence	Radiologic Findings
Lymphoma	Anterior mediastinum	> 20	Lobulated masses with homogeneous enhancement and without necrosis
Tuberculosis	Middle mediastinum	1 - 5	Lymphadenopathy with foci of necrosis, parenchymal consolidation and pleural effusion
Germ Cell Tumors	Anterior mediastinum	15 - 35	Heterogeneous mass which may present fatty tissue, cystic images and calcifications, and areas of hemorrhage
Thoracic Neuroblastoma	Posterior mediastinum	> 2	Heterogeneous mass, with foci of necrosis, hemorrhage and calcification (85%), and costal/ vertebral foramina involvement

Table 1: Location, age-incidence and radiologic findings of the main mediastinal masses.