

CT to the rescue in benign, symmetrical mediastinal lipomatosis



A 34-year-old woman presented to the chest physician with progressively increasing shortness of breath. She was non-diabetic, non-hypertensive, non-obese without any other co-morbid illnesses. There was no history of prolonged drug intake of any sort. Other associated diseases like Cushing's syndrome were excluded. A chest radiograph (postero-anterior view) revealed a veil-like opacity in the mediastinum obscuring the cardiac borders (figure 1). To further evaluate the nature of mediastinal pathology, a chest CT was done. The CT showed gross, bilaterally symmetrical masses of adipose tissue in the mediastinum causing segmental atelectasis of the lungs (figure 2). The

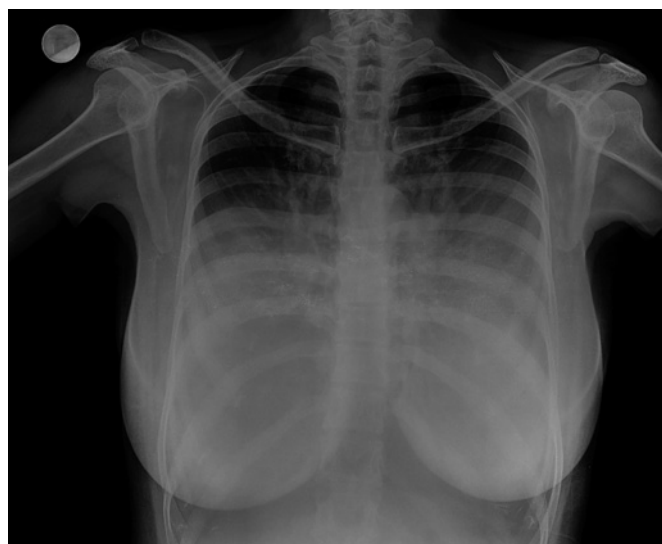


Figure 1 Chest radiograph (posteroanterior view) showing extensive veil-like mediastinal widening obscuring the cardiac borders.

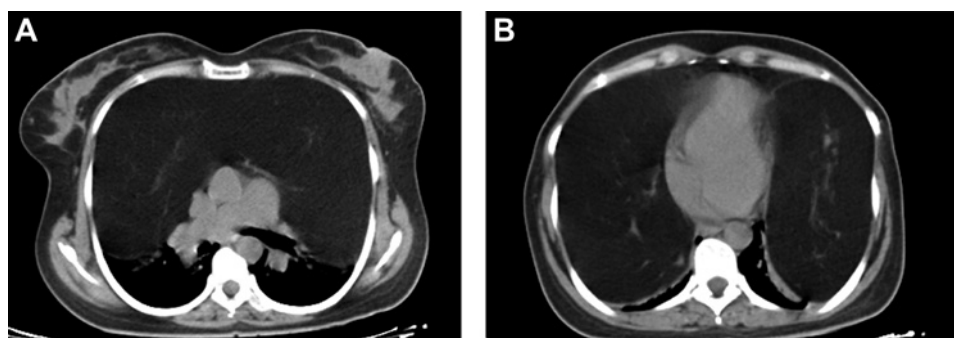


Figure 2 (A, B) Axial non-contrast CT showing fatty symmetrical masses in the mediastinum.

fatty tissue extended from the superior mediastinum into the anterior mediastinum up to the diaphragm. It exhibited a range of attenuation values from -155 to -110 Hounsfield units. The diagnosis of extensive mediastinal lipomatosis was established, which was proven by a biopsy from the mass. In this condition, mature adipose tissue is deposited symmetrically in the mediastinum.¹ The mediastinal lipomatosis in this case is idiopathic.²

Learning points

- Gross symmetric mediastinal widening in the absence of trauma can be caused by benign entities like lipomatosis.
- CT and MRI are usually sufficient to establish a diagnosis.

Shivali Kashikar, Amol Jayant Gulkari, Pooja Kailash Singhania

Department of Radiodiagnosis, Jawaharlal Nehru Medical College, Sawangi Meghe, Wardha, India

Correspondence to Dr Shivali V Kashikar, Department of Radiodiagnosis, Jawaharlal Nehru Medical College, Sawangi Meghe, Wardha 442005, India; shivalikashikar@gmail.com

Contributors SK, AJG and PKS have contributed equally to this case report.

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