Introduction:
- Anterior mediastinal masses (AMM) have a high risk of perioperative morbidity and mortality due to their obvious proximity to many vital structures.
- In the pediatric population, symptoms may frequently not correlate to the degree of compression; therefore, asymptomatic patients are still at risk for hemodynamic instability and death with induction of anesthesia.
- This is a case of a child with a large AMM, who presented without the classic symptoms, but instead with a right orbital cutaneous lesion requiring anesthesia intervention to obtain appropriate diagnostic imaging.

Case Report:
- A healthy 3-year-old boy with worsening right upper eyelid swelling for 3 weeks (Fig. 1).
- Associated signs and symptoms include cough, nasal congestion, malaise, fever, and night sweats.
- While supine for an orbital CT, the patient develops tachypnea with stridulous coughing.
- The anesthesia service is asked to facilitate a “quick” orbital CT scan with a general anesthetic.
- A CXR obtained in the interim reveals a large AMM with small bilateral pleural effusions (Fig. 2).
- The CT is upgraded to an orbit/chest scan.
- Anesthetic Plan:
  - Avoid general anesthesia
    - Lateral decubitus positioning
    - Maintain spontaneous ventilation
    - Sedation with ketamine bolus and dexmedetomidine infusion
    - Immediate help available
  - Vitals are maintained throughout imaging without events.
  - The CT scan illustrated a 10 cm AMM, compressing the brachiocephalic veins and trachea through to carina associated with a large pericardial and small bilateral pleural effusions.
  - Subsequent mediastinal biopsy under local anesthesia and sedation similar to his previous anesthetic demonstrated aggressive T-cell lymphoma; therefore, steroid and chemotherapy were initiated.

Discussion:
- Anterior mediastinal masses have serious well-established anesthetic risk.
- Anesthetic concerns:
  - Severe airway obstruction
  - Vascular compression
  - Cardiac collapse
- Anesthetic goals:
  - Maintain spontaneous ventilation
  - Establish adequate vascular access
  - Coordinating emergency team members and equipment
- This child had a large AMM that presented very unusually, which was eventually diagnosed as cutaneous evidence of lymphoma. No previous respiratory or vascular compression signs existed.
- It is imperative, especially in these unexpected presentations, to have a high-index of suspicion for other more harmful diagnoses, and to get further workup prior to general anesthesia.

References: