

# A 54-Year-Old Man With Neck Swelling, Respiratory Distress, and Hoarseness



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A 54-year-old man, a known case of chronic kidney disease, presented to the ED with rapidly enlarging diffuse neck swelling on the right side (Fig 1A), respiratory distress, and hoarseness of the voice. On examination, there was a diffuse swelling on the right side of the neck and the trachea was pushed to the left. An inspiratory stridor was audible on auscultation. A week prior to presentation, he had undergone right internal jugular vein cannulation for a dialysis catheter

placement. An ultrasonography examination of the neck was carried out in the ED which revealed an anechoic lesion measuring 40 × 30 × 20 mm with a 2-mm defect at the neck and a communication with right subclavian artery (Fig 1B). On color Doppler study, there was bidirectional blood flow in the lesion (Fig 1C). Spectral Doppler in the region of the defect showed biphasic reciprocating arterial waveforms (Fig 1D).

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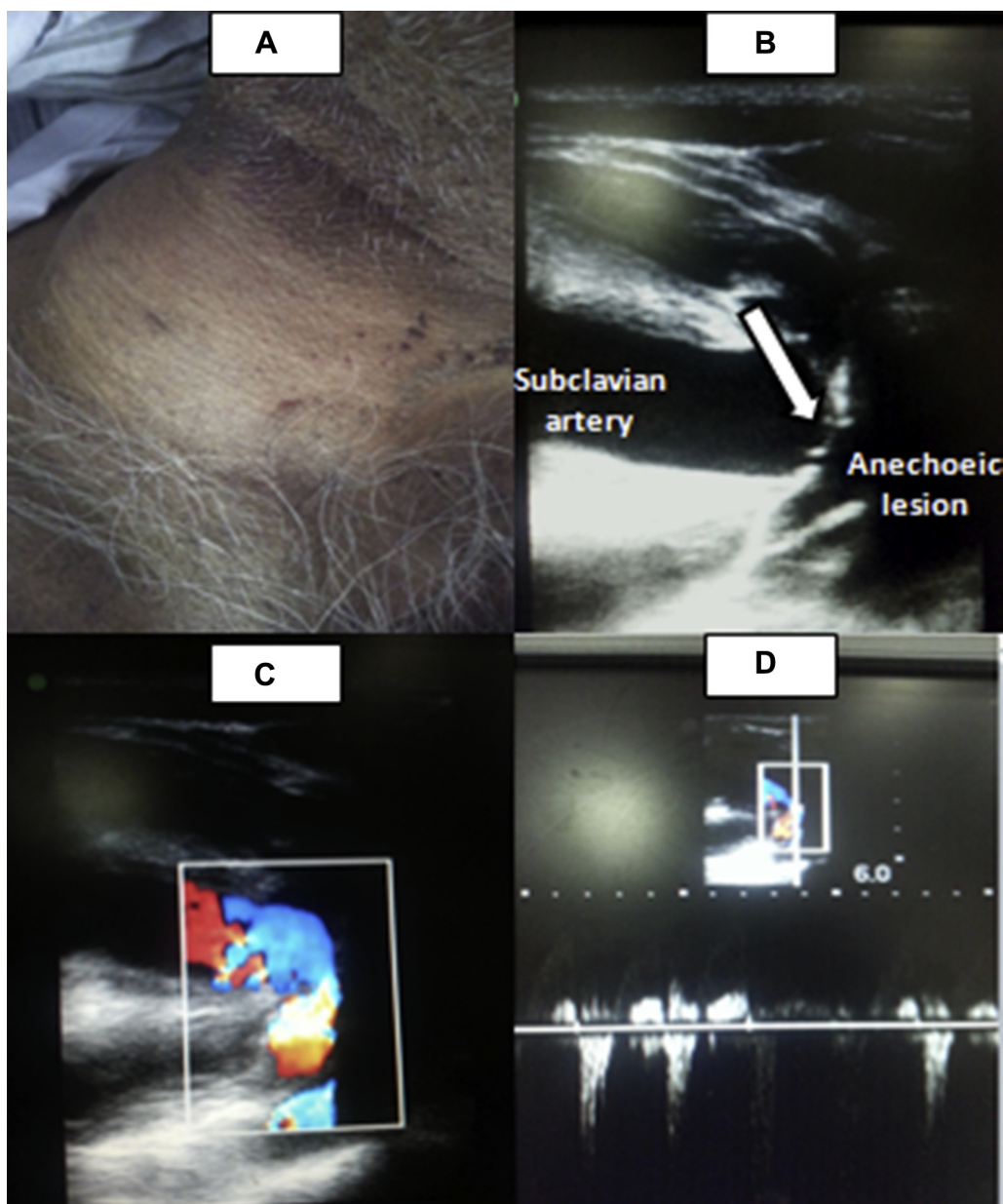


Figure 1 – A, Diffuse right neck swelling. B, Grayscale image on ultrasonography showing an anechoic lesion with a 2-mm tiny defect at the neck (white arrow) and a communication with right subclavian artery. C, Color Doppler demonstrating bidirectional blood flow (blue and red) in the lesion. D, Spectral Doppler in the region of defect showing biphasic reciprocating arterial waveforms.

*Question: What is the likely diagnosis based on clinical and ultrasound examination?*

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