A 52-year-old previously healthy man presented to the Emergency Department after a syncopal episode. He endorsed a history of fatigue and lightheadedness. Physical examination revealed mild neck and facial swelling (Figure 1) but was otherwise unremarkable. Upon elevating his arms above his head, he developed more noticeable facial edema and pronounced facial erythema (Figure 2). CT of the chest revealed a 6.9 x 4.7 x 5.8 cm craniocaudal mass in the right mediastinum that occluded the superior vena cava (SVC). A biopsy of the mass subsequently demonstrated metastatic renal cell carcinoma. This eponymous physical exam finding – Pemberton’s sign – was first reported by Dr. Hugh Pemberton in 1946 and is characterized by facial plethora and venous engorgement with bilateral arm elevation [1]. This phenomenon is attributed to clavicular movement causing a “nutcracker” effect that compresses major venous structures [2]. This exam finding is a clinically simple and yet underutilized maneuver that is helpful in revealing SVC obstruction.

References