

Primary Tumor of Inferior Vena Cava with Infrarenal, Suprarenal and Suprahepatic Extension.

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Case Presentation

It was about a 77-year-old woman, with hypertension and without other medical history of interest, who presented with generalized edema, oliguria and weight gain, associated with asthenia and malaise of some months of evolution.

After completing the radiological study, we could reach the diagnosis of primary tumor of inferior cava vein (IVC) dependent on muscular layer (compatible with leiomyosarcoma according to angiographyMRNA (figure1)) with extension to the infrarenal, suprarenal and suprahepatic level, until to reaching the roof of the right atrium, with associated intraluminal thrombosis figure2), but without distance metastasis. As tumor marker, only the CA125 was elevated.

Because of the extension of the disease at the moment of diagnostic and several complications developed during her hospitalization (renal (acute renal failure), hepatic (acute liver failure) and cardiac (congestive heart failure in anasarca situation, atrial fibrillation), we rejected the option of surgical resection. A palliative treatment was carried out with a multidisciplinary approach to the case.

Finally, after a progressive clinical deterioration, the patient's death had taken placed three weeks after the date of her admission.

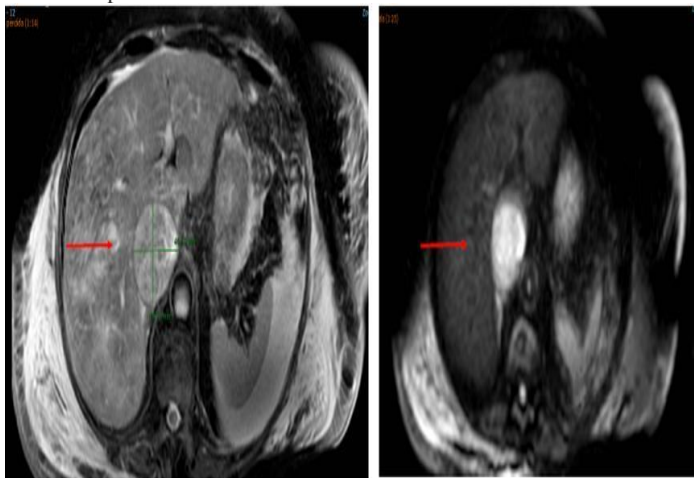


Figure 1: angiographyMRNA: tumor of inferior cava vein dependent on muscle layer, hyperintense lesion in T2, highly suggestive of a leiomyosarcoma of inferior cava vein (→).



Figure 2: CT with intravenous contrast: tumor of inferior cava vein dependent on muscle layer with thrombosis associated, and with extension to the infrarenal, suprarenal and suprahepatic level, reaching to the roof of the right atrium (*).

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