Clinico Pathological Conference – Case 2

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40 year smoker old woman with **recurrent syncope** and **abdominal discomfort**

Personal Background
Smokes 15 cigarettes per day.
Occasional drinker
Mild iron deficiency anemia.
Dysmenorrhoea

Current History
A new syncope (had experienced about 12 similar episodes)
Prodrome of epigastric discomfort
Referred to Neurology (possible epilepsy ?)
Diagnosis of anxiety neurosis
Obesity and gaining weight

Physical examination.
Acceptable overall condition
Obesity (BMI 32)
Blood pressure 145/92 mmHg
Globular abdomen

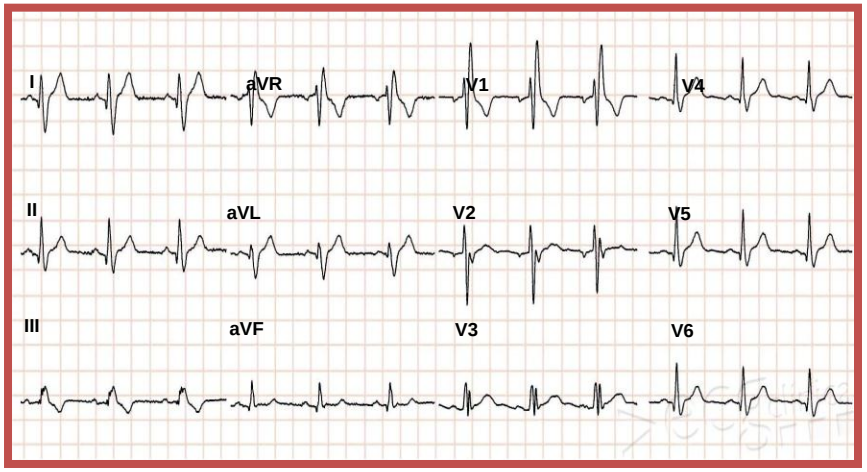
40 year smoker old woman with recurrent syncope and abdominal discomfort

Laboratory tests:
Complete blood count, coagulation and biochemistry without alterations except:

		Normal range
Hb	11.8 g/dl	12.5-14.9
MCV	74 fl	80-98
Total Iron Binding Capacity	170 µg/dL	250-375
Iron	32 µg/dL	50-170
Ferritin	9 µg/dL	50-170
Iron satturation	18%	15-50
Creatinine	1,2 mg/dl	0.9
K	3,2 mEq/l	3.5-4.5
Na	134 Eq/l	135-145
AST	54 U/L	<50
ALT	67 IU/L	<50
Alkalin Phosphatasa / GGT	120 UI / 67 UI	<125 UI / < 45 UI
Bilirubin	1,05	normal
TG	189 mg%	<150
Cholesterol	288 mg%	<230
HDL	44mg%	>50
Urine	Normal	

40 year smoker old woman with recurrent syncope and abdominal discomfort

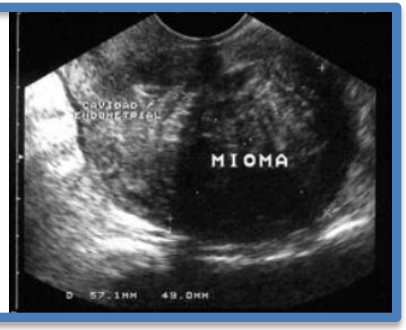
No significant alterations



Right bundle branch block

Abdominal ultrasound:

14 cm mass in the uterus.
Possible left adrenal enlargement.
Fatty liver appearance



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Digestive Studies:

Colonoscopy with hemorrhoids.

Esophago-Gastro-Duodenoscopy: gastritis without erosions. Probable mild gastroesophageal reflux

EEG: Nonspecific alterations

Cranial CT: Normal

Nuclear gamagraphy MIBG-(to rule out Feocromocitoma) considered normal

Evolution in Internal Medicine Ward

- 1.-In a detailed medical history in ward, the patient recognized **drinking more than originally said**, and occasionally taking a diuretic (tz) for weight loss

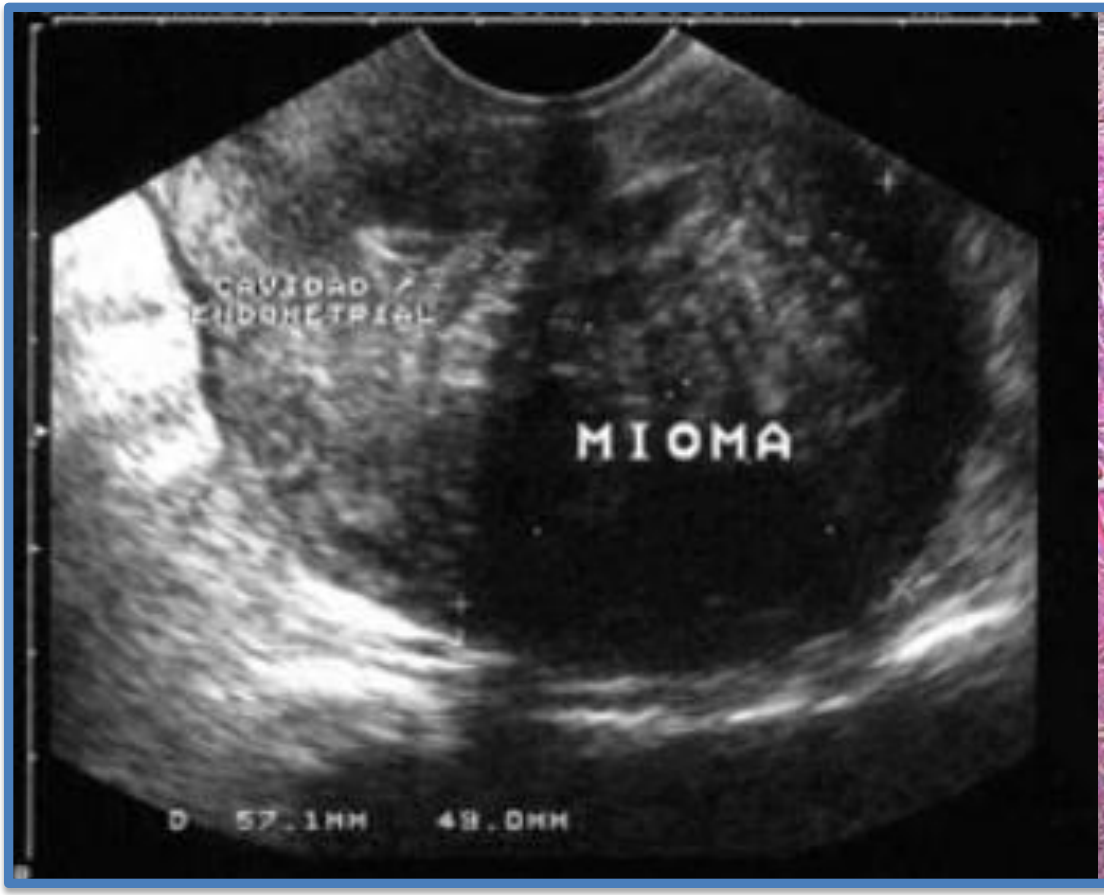
- 2-In the clinical exam a **possible mild murmur** was heard at paresternal left edge

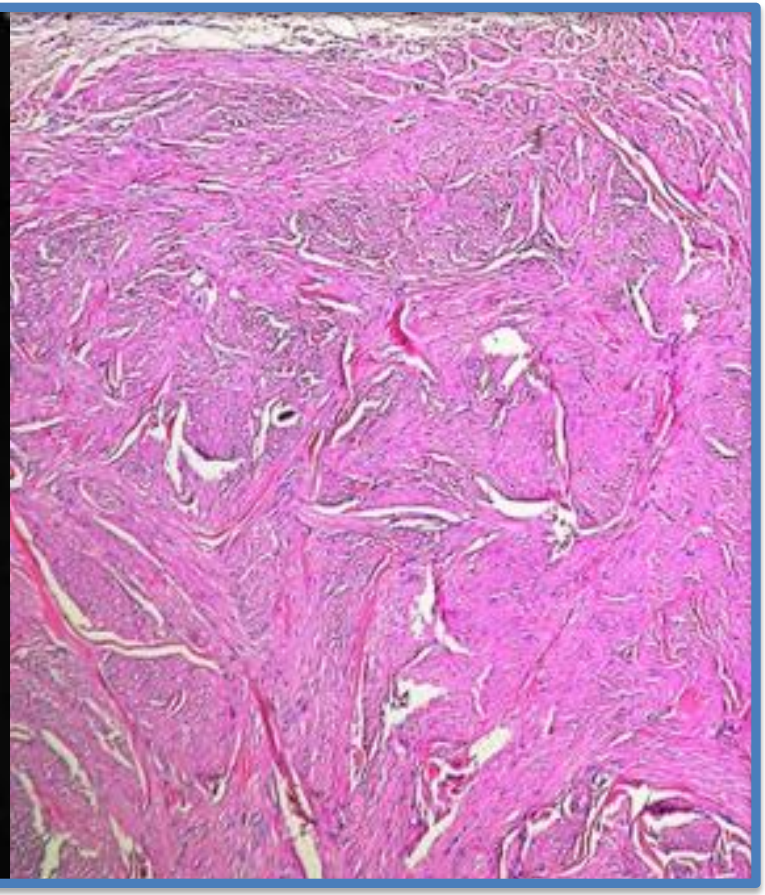
- 3-in **other blood tests**: Thyroid. H, immunology, Ca Biomarkers, Metanephrines and Cortisol were normal. Occult blood in feces negative.

INITIAL CONSIDERED MEDICAL PROBLEMS:

- Recurrent Syncope (unexplained?, anxiety?)
- Uterus mass (myoma?)
- Anemia with Iron deficiency (gynaecological blood loss?)
- Abdominal disconfort (due to gastroesophageal reflux?)
- Possible Left Adrenal Mass (adrenal incidentaloma? Primary aldosteronism? Feocromocitoma?..)
- Metabolic Syndrome: (Obesity / Hypertension / Fatty liver/ Dislipemia)
- Posible Alcoholism. (hidden?)

CT scan: showed an abdominal mass 14 cm in diameter, heterogeneous cystic appearance

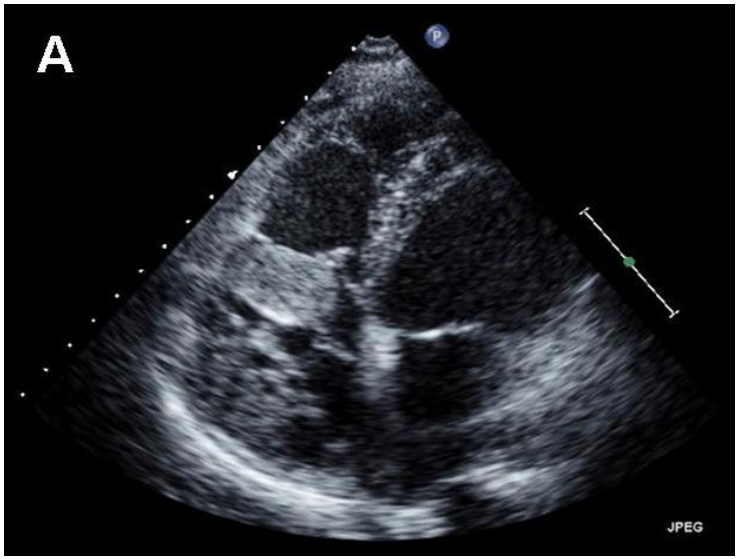


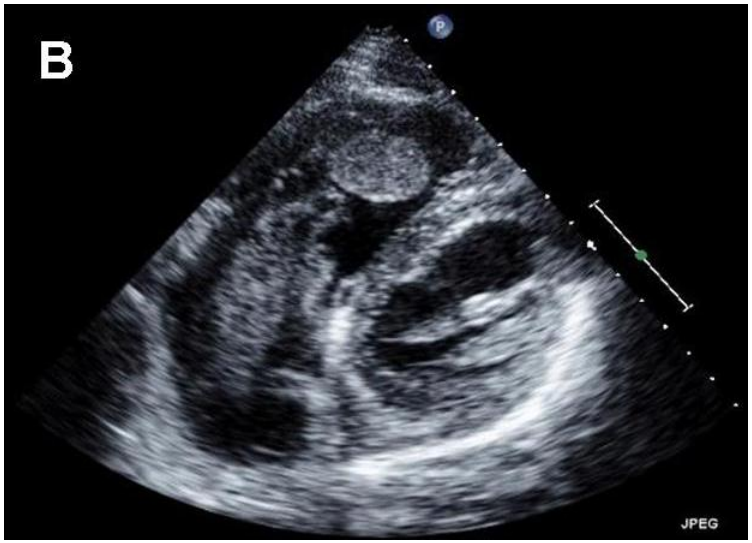


A Puncture was performed and cytology of cystic cavities abdominal mass found no malignant cells.

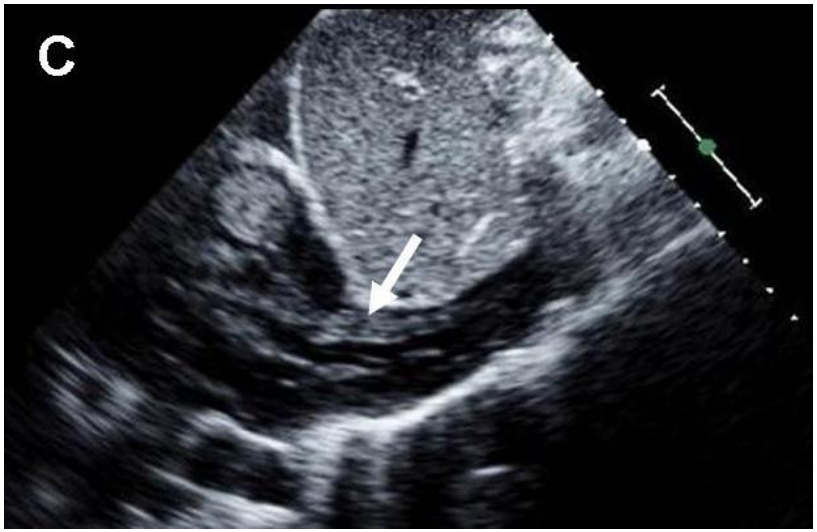
Echocardiogram

A mobile and heterogeneous mass within the right ventricle and through the tricuspid valve appeared in each cardiac cycle.

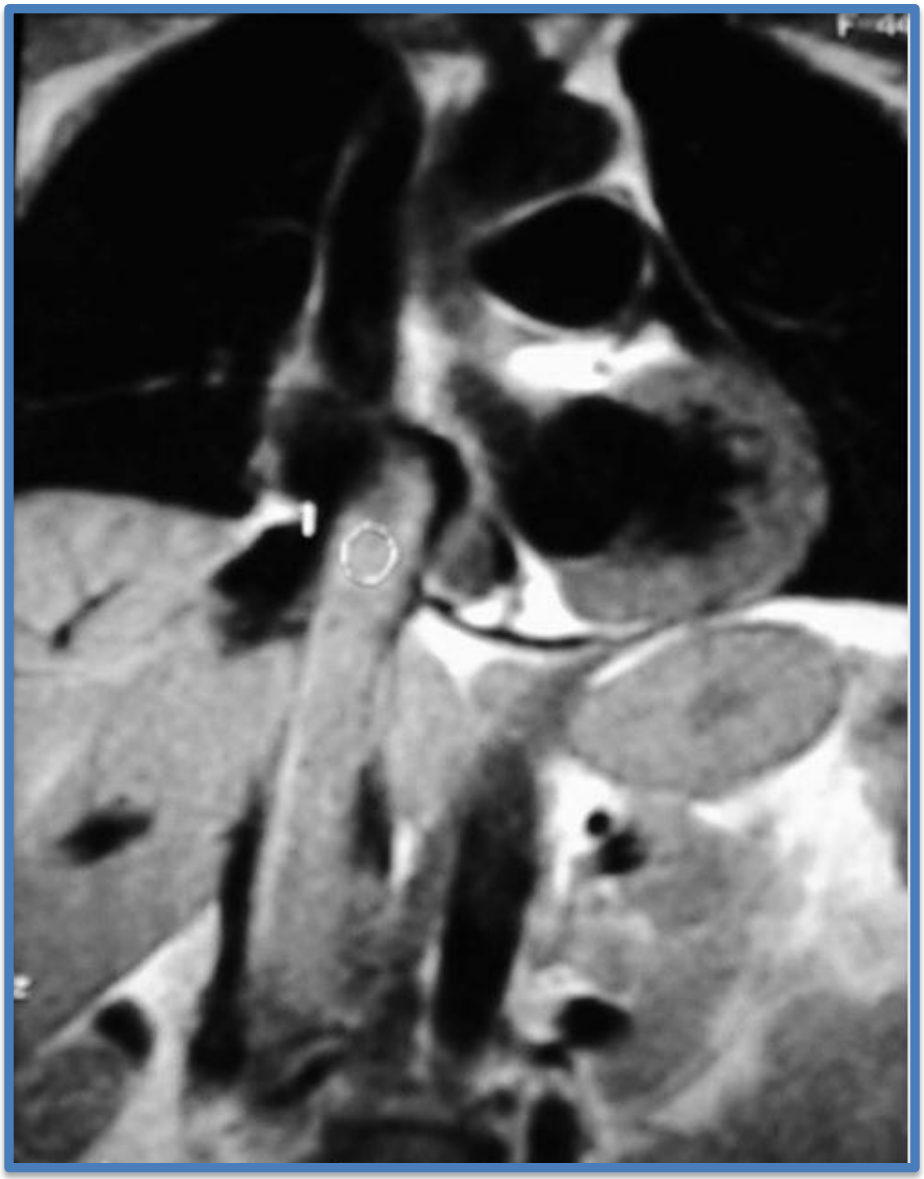




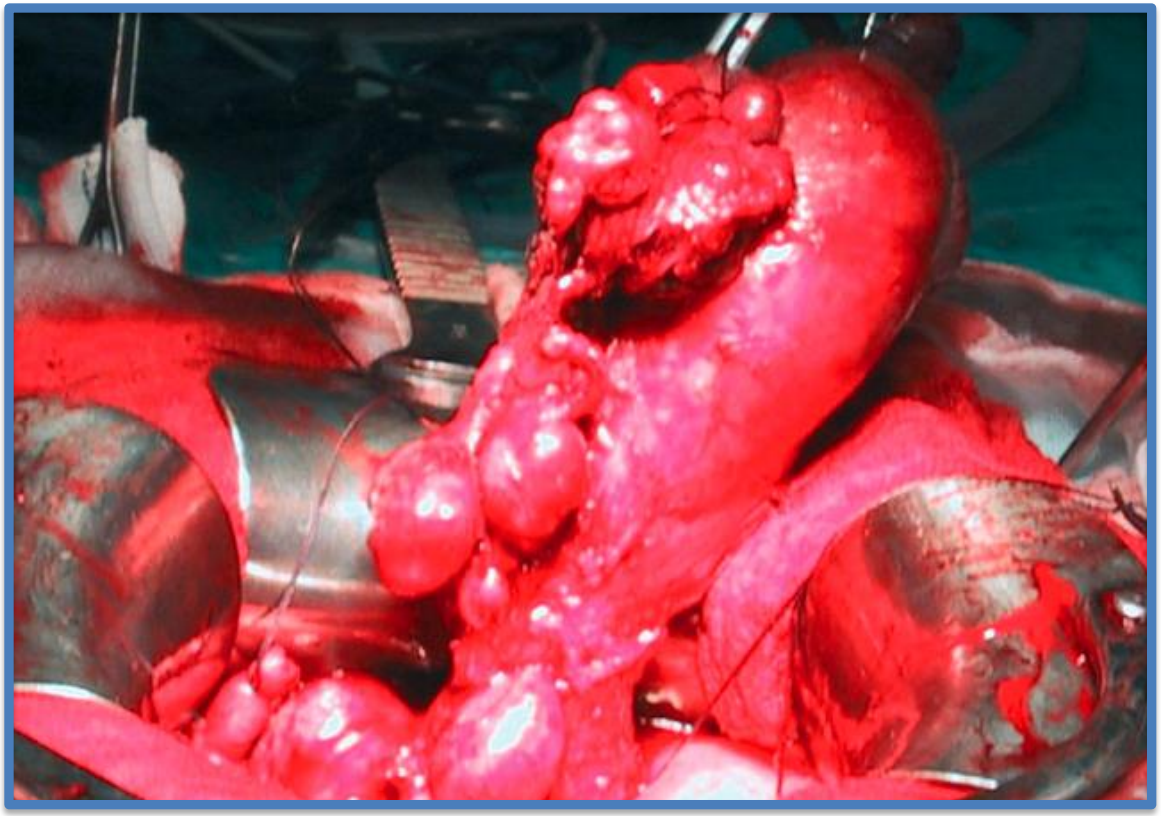
The mass occupied most of the right atrium but this was not the origen.
The mass seems to be entering the atrium through the inferior vena cava.



Venography was performed to define the occupation of the vena cava by the tumor and help to establish the cannulation



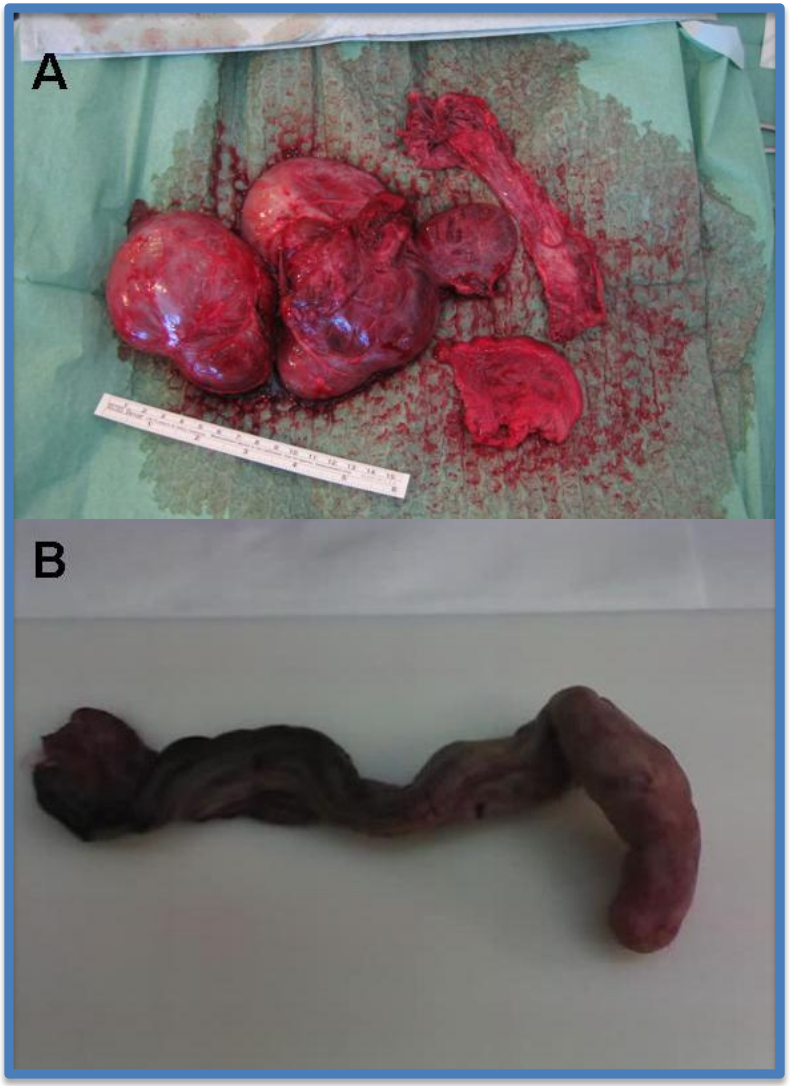
Once double surger was decided, cardiovascular surgery and gynecology departments decided to carry out the removal of the abdominal mass, in one surgical procedure using a combined abdominal and intracardiac approach.



They proceeded to the intra-abdominal excision of the mass with median laparotomy and surgical field and prepared for the possibility of needing urgent cardiac surgery to remove the vascular mass if abdomino-pelvic mass produces intracardiac embolization

Evolution, Treatment and Comments

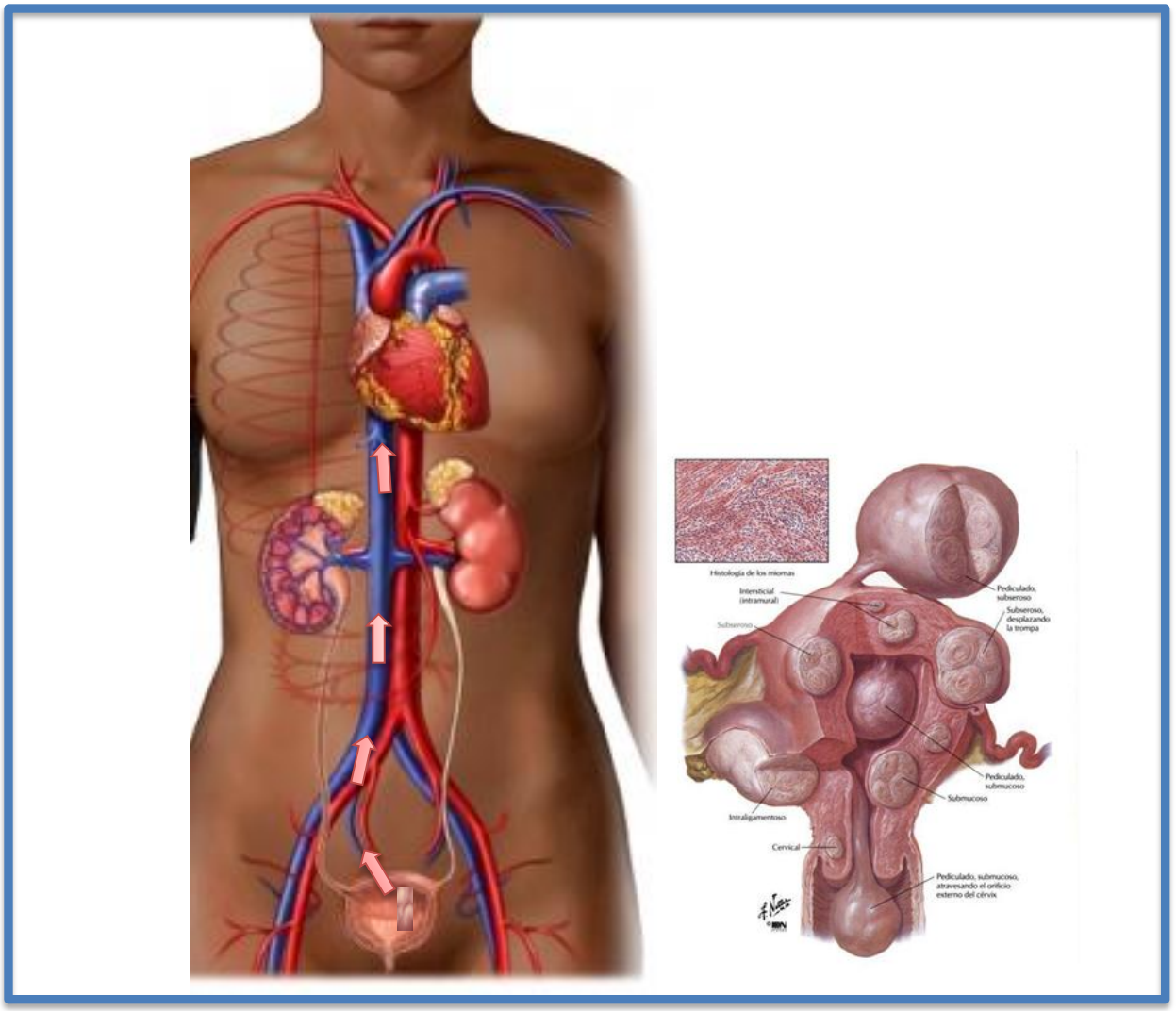
- Later, after completing the abdominal resection and with cardiopulmonary bypass (to cannulate the right atrium shows a white mass that occupies it)
- Intravascular mass was fully removed in one piece .
- The total weight of material extracted was 18 kg.



Final Main Diagnosis

Intravascular leiomyomatosis with cardiac extension

leiomyomatosis extending into the right ventricular cavity



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Other comments concerning the case ?

Be careful with psychological problems and symptoms

Not every symptom is always in “medical books”

Clinical echography (usefull for screening in ER?)

A overall view of the medical problems

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