

Intravascular leiomyomatosis with extension into the pulmonary artery

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Intravascular tumors that extend into the pulmonary artery are usually malignant sarcomas.¹ We present images of a patient with an intravascular leiomyoma that extended into the pulmonary artery (PA).

A 42-year-old female underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy for a benign uterine leiomyoma. At the time of surgery, the tumor was noted to involve the left internal iliac vein. A postoperative magnetic resonance imaging scan showed an intravascular mass emerging from the left internal iliac vein and extending into the inferior vena cava, right atrium (RA), and ventricle, and the main and left PA (Figure 1). At the time of surgery, a median sternotomy and midline laparotomy were performed and the left

internal, external, and common iliac veins were isolated. The patient was heparinized and cardiopulmonary bypass (CPB) was initiated with cannulas placed in the ascending aorta and RA. The patient was cooled to 16 degrees centigrade and circulatory arrest was instituted. The main PA was opened and the tumor was removed from the main and left PA (Figure 2). The RA was opened as well as the left internal and common iliac veins, and the rest of the tumor was completely removed (Figure 3). During the rewarming period, the PA, RA, and iliac vein incisions were closed. The patient tolerated the procedure well and had an uncomplicated postoperative course. The CPB and circulatory arrest times were 112 and 21 min, respectively. The pathology of the mass was consistent with a benign uterine leiomyoma.

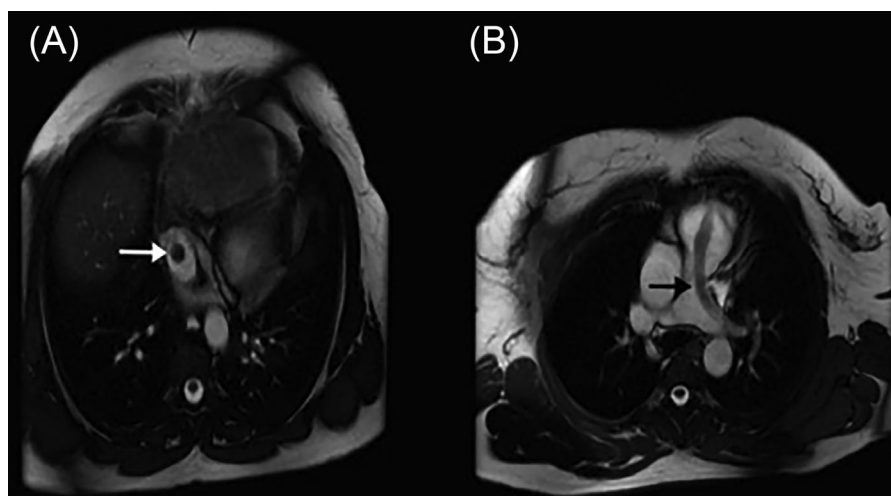


FIGURE 1 Axial plane thoracic magnetic resonance imaging with contrast revealed (A) tumor mass in the vena cava inferior (white arrow) and (B) the extension of the tumor to the left pulmonary artery (black arrow)

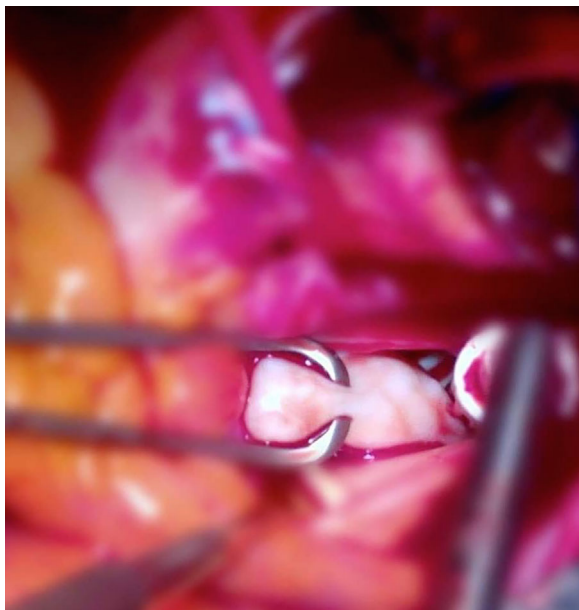


FIGURE 2 Intraoperative view; longitudinally opened pulmonary artery and some tumor adhesions to the left pulmonary artery main branches

CONFLICTS OF INTEREST

None.

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REFERENCE

1. Suzuki R, Myamoto T, Hirayama R, et al. Primary cardiac leiomyosarcoma causing severe pulmonary hypertension. *J Card Surg.* 2017;32: 794–796.



FIGURE 3 The whole tumor mass after removal all pieces

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