Womb to Heart: Uterine Tumour with Cardiac Extension

Do Útero ao Coração: Tumor Uterino com Extensão Cardíaca

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Uterine sarcomas are rare but extremely aggressive malignant tumours, associated with a poor prognosis.[1]

A 45-year-old woman with Crohn's disease and anomalous uterine bleeding due to uterine fibroids presented with persistent uterine bleeding and acute right lower-limb pain and swelling. Doppler ultrasonography confirmed deep venous thrombosis. In addition, physical examination revealed a large, palpable suprapubic mass.

Contrast-enhanced computed tomography revealed an advanced gynaecological tumour (Fig. 1A) invading the inferior vena cava (IVC) and extending to the right atrium (Fig. 1B), associated with pulmonary thromboembolism, leaving limited therapeutic options and an unfavourable prognosis.[2]

The complexity of therapeutic decision-making involved managing anticoagulation, balancing the risks of bleeding and thrombosis, which required frequent adjustments, as well as addressing infectious complications to avoid compromising the surgical schedule.[3] A multidisciplinary surgical team performed total hysterectomy with bilateral salpingo-oophorectomy, thrombectomy of the IVC extending to the right atrium, and right pulmonary artery exploration, with removal of the intravascular tumour thrombus. Histopathology confirmed low-grade endometrial stromal sarcoma. The

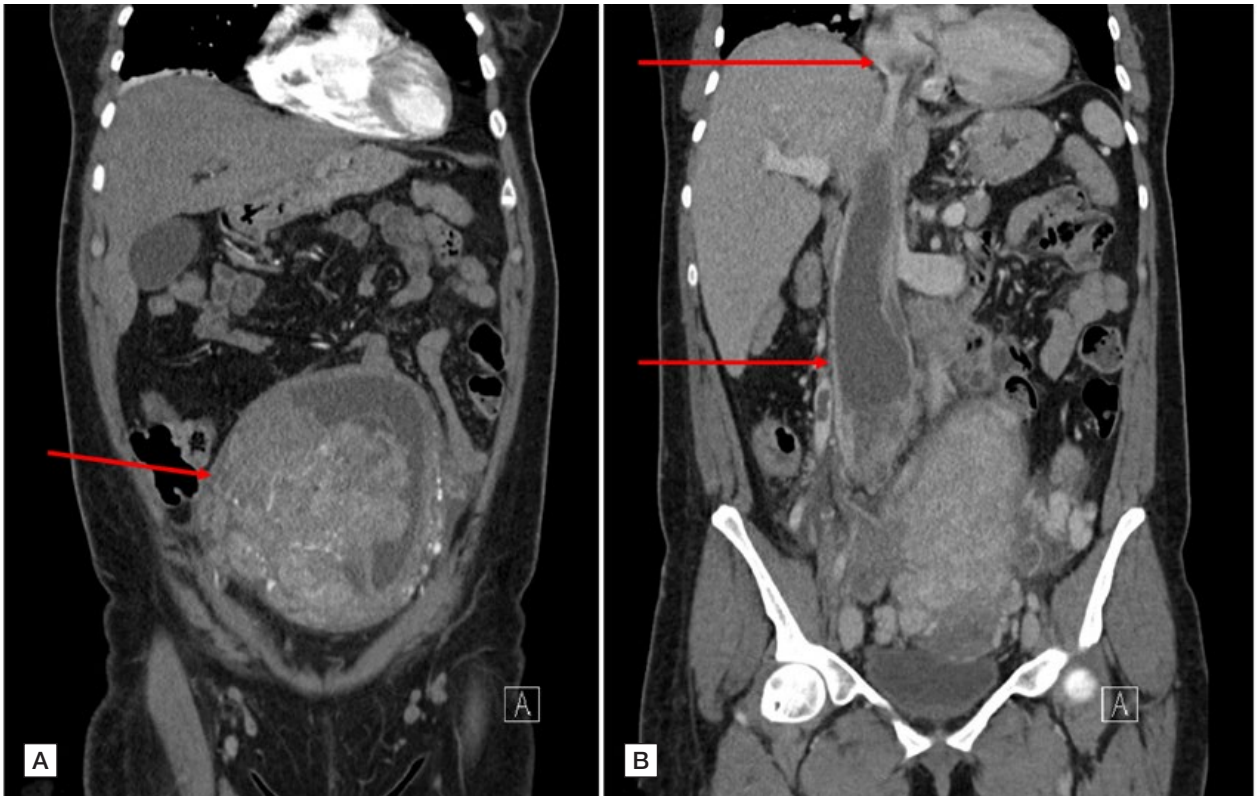

Figure 1: **[A]** Preoperative coronal computed tomography of the abdomen and pelvis, showing an advanced gynaecological tumour (arrow). **[B]** Preoperative coronal computed tomography of the abdomen and pelvis, showing an irregular intravascular filling defect due to a tumour invading the inferior vena cava and extending into the right atrium (arrow).

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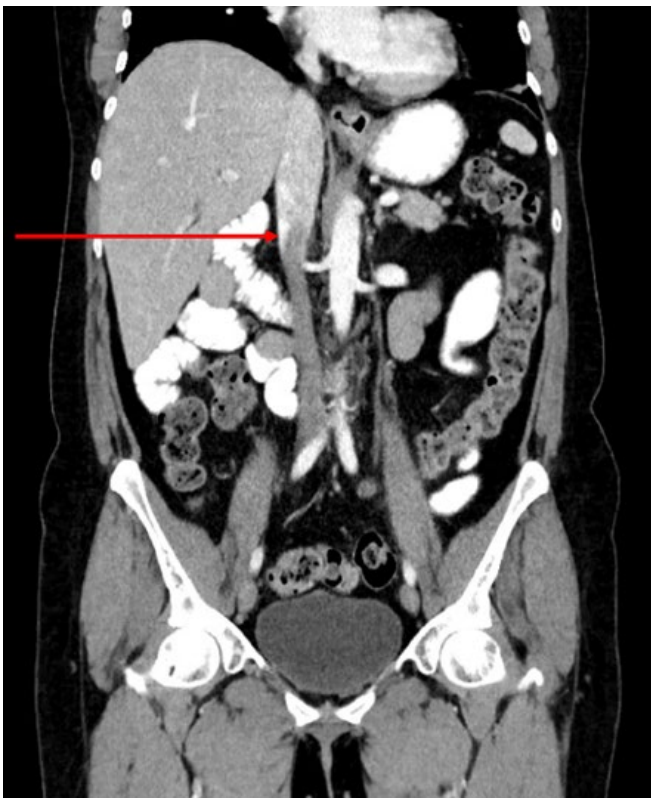

Figure 2: Postoperative coronal computed tomography of the abdomen and pelvis showing no evidence of residual tumour and an inferior vena cava free of thrombus (arrow).

patient remains disease-free and fully functional three years later (Fig. 2).

This case illustrates a rare vascular–cardiac route of spread and the value of early recognition and coordinated surgery in selected patients. ■

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ARA – Manuscript preparation and revision.
TCC, HP – Manuscript review.
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Declaração de Contribuição

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REFERENCES

1. D'Angelo E, Prat J. Uterine sarcomas: a review. Gynecol Oncol. 2010;116:131-9. doi:10.1016/j.ygyno.2009.09.023.
2. Deshmukh P, Haldar K. Rare case of high-grade endometrial stromal sarcoma metastasising to inferior vena cava and right atrium. BMJ Case Rep. 2023;16:e251195. doi:10.1136/bcr-2022-251195.
3. Al-Samkari H, Connors JM. Managing the competing risks of thrombosis, bleeding, and anticoagulation in patients with malignancy. Hematology Am Soc Hematol Educ Program. 2019;2019:71-9. doi:10.1182/hematology.2019000369.