A 48-year-old woman presented with a pulmonary embolus diagnosed by ventilation-perfusion scan 2 years after removal of a uterine leiomyoma with intravascular extension. Transthoracic echocardiography revealed a dilated inferior vena cava (IVC) containing a mass extending into the right atrium (RA). Transesophageal echocardiography showed a large vacuolated tumor filling the RA (Figure 1). The IVC was seen to be dilated and partly obstructed by the tumor, causing spontaneous echo contrast in the residual lumen due to the low-flow state (Figure 2).

The T1-weighted axial MRI images revealed dilatation of the IVC, with tumor extending from the left iliac vein via the IVC into the heart (Figure 3). The angiogram showed neovascularity filling a pelvic mass (tumor vessels, Figure 4) via the left hypogastric artery.

Sternotomy with right atriotomy and laparotomy confirmed the presence of a 6-cm pelvic tumor extending into the RA via the IVC (Figure 5). The nonadherent intracardiac portion of the tumor was removed retrogradely through a longitudinal IVC incision.

Histopathology confirmed the diagnosis of intravascular leiomyoma (Figure 6).

LA indicates left atrium; TV, tricuspid valve; MV, mitral valve; RV, right ventricle; LV, left ventricle; and HV, hepatic vein.
Figure 2.

Figure 3.
Intracardiac Extension of Pelvic Leiomyoma
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