58-year-old with recurrent endometrial sarcoma. Presents with left back pain and left lower extremity swelling x 1 month aggravated by a 10 hour plane flight.

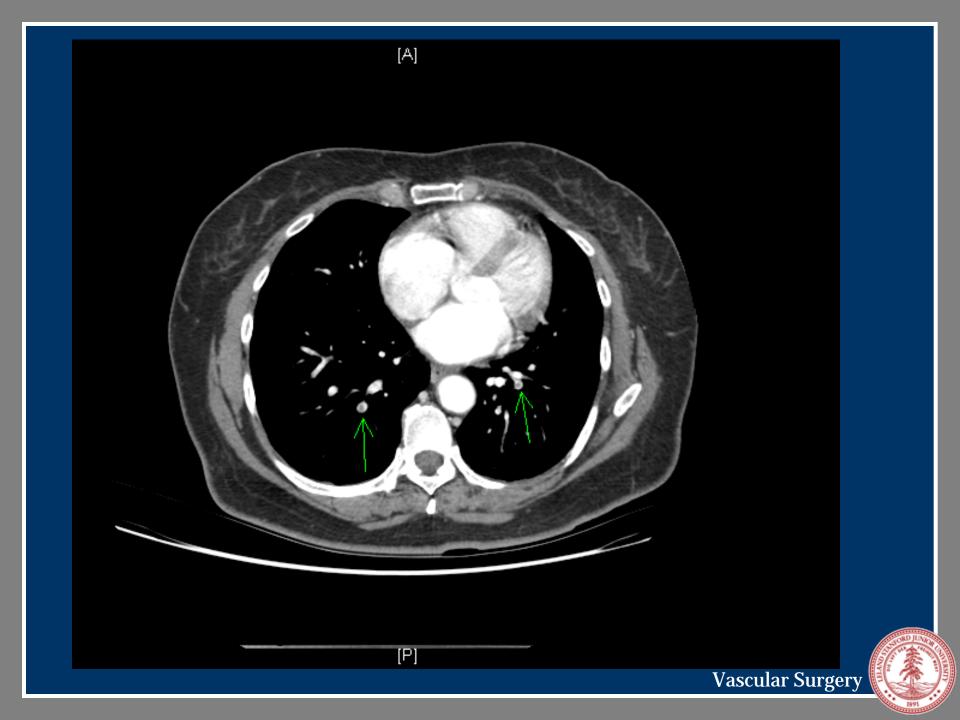
- Hx of Endometrial sarcoma s/p TAH in 1997. Underwent exploratory laparotomy and small bowel resection for a recurrent 6 cm pelvic mass and small bowel implant. Received hormonal therapy and XRT.
- Found to have a L iliofemoral DVT and bilateral pulmonary embolism and recurrent 7 cm L pelvic mass causing ureteral obstruction and femoral neuropathy.



Medical History

Borderline DM TAH 1997 Exploratory laparotomy and small bowel resection for recurrent endometrial sarcoma 2002

















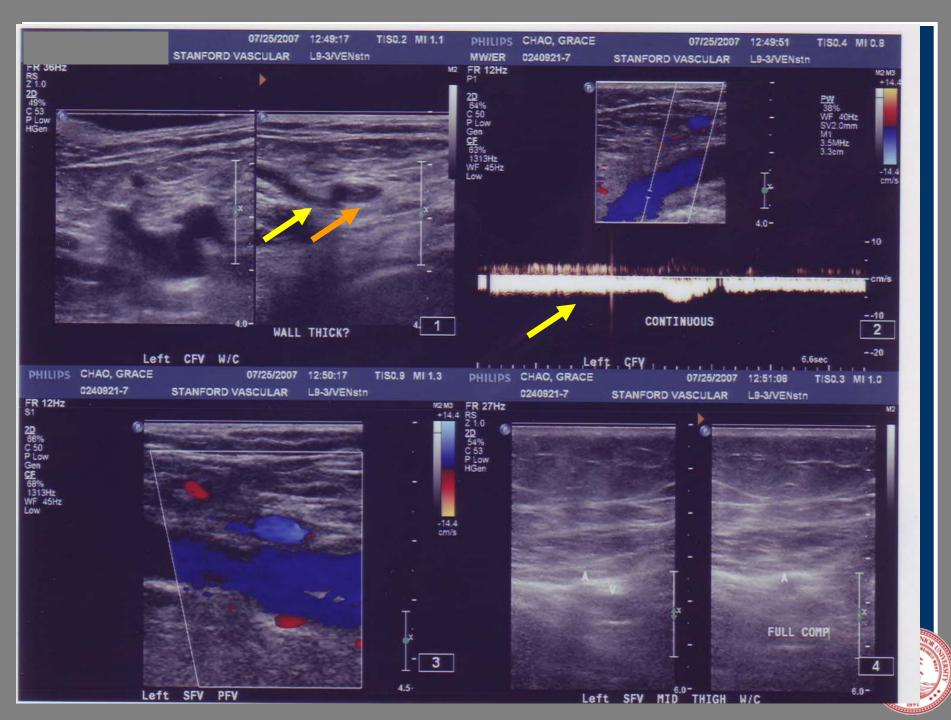




MRA/CT

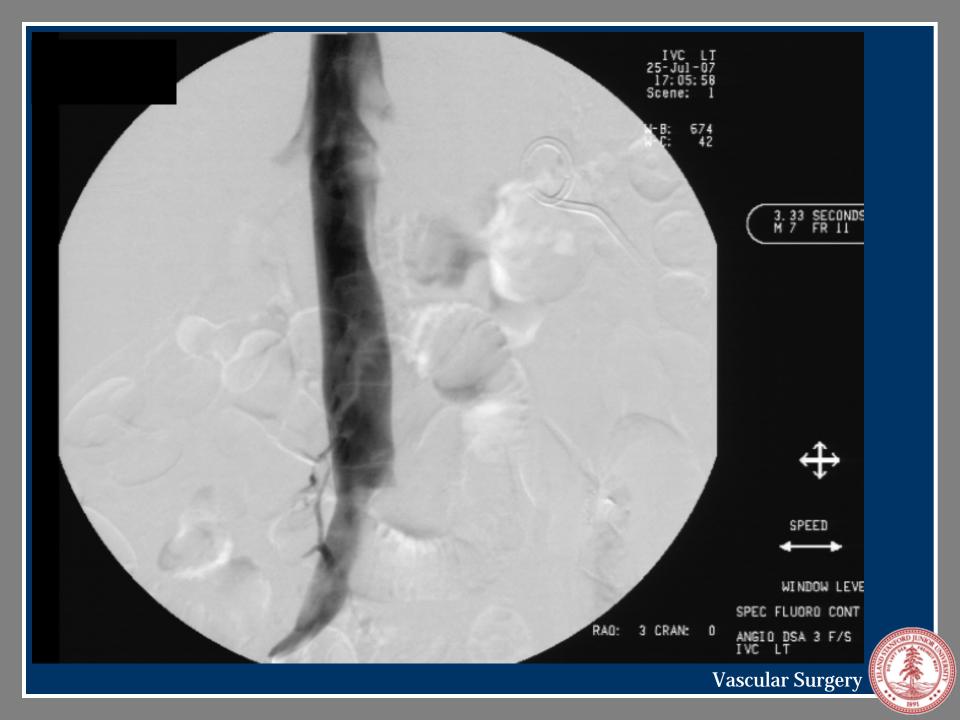
- 7 cm L obturator/pelvic mass
- The left external iliac artery is patent but there is circumferential, greater than 180 degree involvement without evidence of occlusion.
- There is occlusion of the left external iliac vein however as it courses within this mass for an approximately 6.5 cm length below the level of the common iliac vein bifurcation. The left internal iliac vein is also occluded above the first branch.

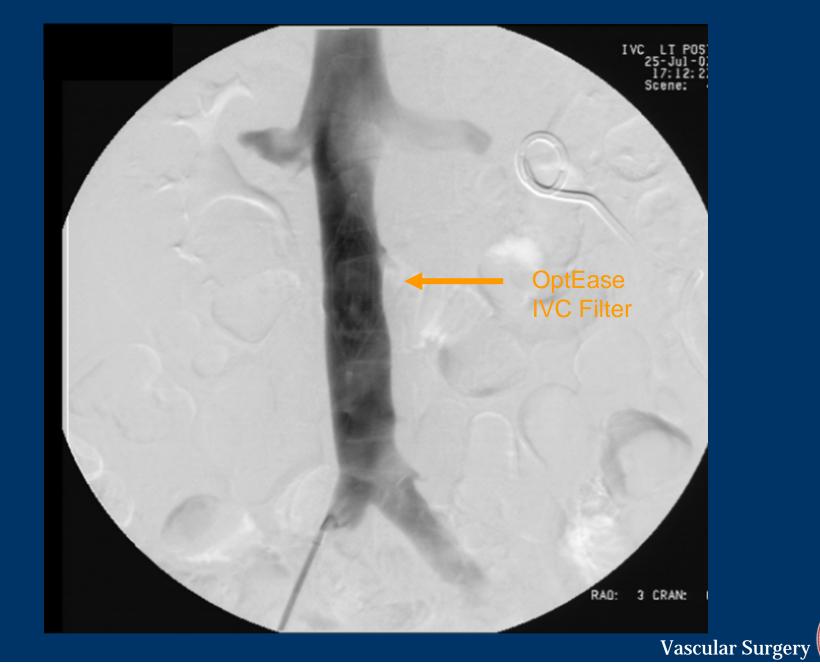












Operative intervention

- Resection of mass
- Dissection of L iliac artery
- L iliac vein collapsed and occluded along wall of mass
- Intraoperative XRT

1 month follow up

- Patient with venous claudication
- Mild 1+ LLE swelling

• Options?







