To the Editors:

Leiomyosarcoma of the inferior vena cava

Introduction

A 34-year old woman with an 8-month history of non-specific abdominal pain was diagnosed as having a leiomyosarcoma of the inferior vena cava (IVC). Complete resection of the tumour with reconstruction of the IVC was done, followed by postoperative chemo-radiotherapy. Less than 200 cases of leiomyosarcoma of IVC are reported in publications up to date. This is the first reported case of complete resection of an IVC tumour in Sri Lanka.

Case report

The patient was admitted in August 2004 with a history of generalised, episodic, gradually worsening abdominal pain and backache. A large mass was palpable extending from the right costal margin to right iliac fossa. No distended veins were visible on the abdomen. The mass was firm, irregular, non-tender, mobile and non-pulsatile. The physical examination was otherwise unremarkable and rectal examination was normal.

Contrast and plain CT scan of the abdomen showed a large right-sided retroperitoneal mass involving the IVC at the level of the renal vein. It seemed well demarcated and was separate from the right kidney. The IVC was dilated up to 4.1 cm at the level of the tumour suggesting presence of tumour within the IVC. The retro-hepatic IVC was ill-defined suggesting probable involvement. There was no evidence of tumour extension into the lower IVC. An intravenous urogram was normal.

An exploratory laparotomy was done via a Chevron incision extended in the midline up to the xiphisternum. A large (15 × 16 × 9 cm) mass was identified retroperitoneally arising from the IVC at the level of right renal vein. Tumour was involving the IVC along a length of 5 cm upwards from the right renal vein and the lumen was filled with tumour. No tumour deposits were found elsewhere in the peritoneal cavity.

The tumour was excised with the part of the IVC wall that was involved. Reconstruction of the IVC was achieved with 4/0 polypropylene.

Post-operative recovery was unremarkable and the patient was referred for chemo-radiotherapy. Histology revealed fascicles of spindle cells with eosinophilic cytoplasm and elongated cigar-shaped nuclei. Mitotic figures were numerous. The resection margins were free of tumour. The histological features were compatible with grade II leiomyosarcoma of IVC.

Discussion

Leiomyosarcoma of the IVC is a rare malignant tumour originating from the smooth muscle of the media. This tumour shows a striking preponderance for older women, with a male to female ratio of 1:5. The differential diagnosis of an intraluminal mass in the IVC includes leiomyosarcoma, angiosarcoma, tumour thrombus and bland thrombus. Complete resection is often possible in the lower segment. In the middle segment a more complicated resection along with the right kidney is usually needed if the renal vein is involved. Complete resection is usually not possible in upper segment due to extension into the hepatic veins and right side of the heart. The reported resectability of an IVC tumour is 40% to 60%, but the prognosis is poor. The local recurrence rate is about 36%, most patients die within 3 years, and the 5-year survival rate is about 30%.
Symptoms and resectability depend on the location and extension of the tumour as well as associated thrombosis. In general, patients with leiomyosarcoma of the inferior vena cava have non-specific complaints such as malaise, weight loss, and abdominal and back pain.

References


To the Editors:

Dextromethorphan abuse

A wide range of drugs is being abused by teenagers across the world, and over the years, they seem to have made the discovery that they could get "high" by taking over-the-counter medicines containing dextromethorphan (DXM). Cases of recreational use of DXM [1] and its side-effects [2] have been reported in other countries. The following case histories are presented to emphasise the main clinical features and the management of dextromethorphan abuse among Sri Lankan youths.

A 19-year old male, who had been abusing Corex-D for the last four years presented with elevated mood, visual hallucinations and a recent risk taking life-style. He also had experienced dissociative states and depersonalisation. A 17-year old schoolboy with an unremarkable past history, presented with undue irritability, social withdrawal and declining school performance over the last 4-5 months. A previously stable 16-year old schoolboy, presented with social withdrawal, irritability, paranoid and grandiose delusions for the last 2 months. He had been taking Corex-D, for 4-5 months. A male in his thirties presented with paranoid delusions and auditory hallucinations of one month's duration. A male in his twenties had become socially withdrawn, paranoid and mute over a period of 45 days. He had been abusing Corex-D, daily for the last 6-8 months.

All 5 patients had been abusing Corex-D in amounts exceeding 120 mg daily. They made a good recovery after stopping the substance, and with adequate doses of antipsychotics. We also used behaviour therapy programmes to change their life-styles in positive ways and included the family in the management. Educational programmes were used to emphasise the dangers of misuse of substances, including Corex-D.

Dextromethorphan (DXM) is an opiate agonist [1,3] and the D-isomer of levorphanol [1,3,4]. Some ingest 250 to 1500 mg in a single dose. The recommended therapeutic dose is 10 to 20 mg every 4 hours or 30 mg every 6 to 8 hours [5]. In doses above 120 mg, the effects of DXM are similar to those of phencyclidine or ketamine [3]. These include visual hallucinations, dissociative anaesthesia and depersonalisation, stupor, distortion of motion or speech, and agitation [3]. Our case histories show most of these symptoms. Chronic ingestion of large doses of DXM can cause psychotic states. A large dose is defined as 5 to 10 times the dose recommended for control of annoying non-productive cough [3]. DXM is abused as a group activity or alone. The misuse of DXM in Sri Lanka may increase, as the drug is legal, relatively easy to obtain, inexpensive, and because of its less stigmatising nature and the low risk perceived by abusers and relatives. Parents should be made aware of the drug's potential for abuse and the possibility that DXM abuse can act as a gateway for abuse of more dangerous drugs.

References

