## Thrombosis associated with a large mass in the hypogastrium

Trombosis asociada a una gran masa en hipogastrio

The patient was a 47-year-old non-smoking woman, gravida 2, para 2, with no definite risk of thrombosis, who had not previously received hormone therapy such as oral contraceptives. Her last delivery was 21 years ago. She was referred to our hospital because of left lower limb pain, with edema and functional disability. Additionally, she had a recent history of anaemia due to menorrhagia, requiring blood transfusion. On admission, our findings included left leg edema of the ankle and calf, with Homan's sign, and a large, hard and painless mass in the hypogastrium. Computed tomography angiography revealed thrombosis of the left common and superficial femoral veins and thromboembolism of the right branch of the pulmonary artery. Low molecular weight heparin was started, followed by administration of warfarin sodium. A large heterogeneous uterine mass (19x16x10cm) with central areas of necrosis was noted on pelvic computed tomography. Furthermore, pelvic magnetic resonance imaging showed enhancement of tumor mass. Since these features are suggestive signs of malignancy<sup>1,2</sup>, the patient subsequently underwent subtotal hysterectomy and bilateral salpingo-oophorectomy. However, instead of leiomyosarcoma, pathology was consistent with uterine leiomyoma, which is a benign tumor with an incidence of malignant degeneration less than 1.0% and whose surgical treatment is definitive.

## References

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## Diagnóstico: Thrombosis associated with a large leiomyomatous uterus

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Figure 1. Abdominal—pelvic Computed Tomography Scan: a large heterogeneous uterine mass, with central areas of necrosis, with 16.9 cm of transverse axis. (A) Coronal view; (B) Sagittal view; (C) Axial view, without contrast; (D) Axial view, with contrast.

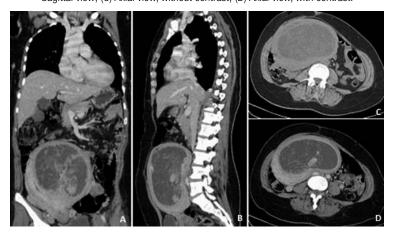


Figure 2. Magnetic resonance imaging: Massive uterine mass, 3x12x16cm, with predominant hypersignal on T2-weighted (E) and hyposignal on T1-weighted (F).

