

POSTER PRESENTATION

Open Access

Successful resection of malignant hemangiopericytoma originating from left neck and involving superior vena cava

T Minchev^{1*}, E Manolov¹, V Marinchev¹, I Todorov², V Georgiev², I Stoimenov³, G Kirova⁴, H Mavrov⁴

From 23rd World Congress of the World Society of Cardio-Thoracic Surgeons
Split, Croatia. 12-15 September 2013

Background and methods

We report a case of a giant malignant hemangiopericytoma in the left neck and involving and growing in left internal jugular, left subclavian, left brachiocephalic vein, superior vena cava (SVC) and occupying part of the right atrium. Tumor was causing severe dyspnea, dysphagia and initial SVC syndrome. A 77-year-old male was admitted to our hospital due to progressive dyspnea and dysphagia. Physical examination present large tumor mass in left supraclavicular and neck region with listening a trill. CT scan explain a large tumor mass started in level of hyoid in left side neck that involve deep veins and expand vessels. Tumor have a arterial blood circulation in SVC. Transthoracic echocardiography showed a mass occupying a space of the right atrium originating from the SVC. Cervicosternotomy used for surgical access. After bluntly removed the tumor from the left neck and ligation of the jugular and subclavian vein proceed to the vascular reconstruction. SVC reconstruction was performed between the right brachiocephalic vein and the right atrial appendage with ringed pericardial graft. Atrial part of tumor was shoved into a SVC. Tumor with vena cava was removed after reconstruction.

Results

The postoperative course was uneventful. Chest tube removed in 3rd postoperative day. No evidence of local recurrence and metastasis was obtained in this patient after the operation for a period of 3 years. Additional therapies including radiation and chemotherapy might be considered in our case.

Conclusion

The management for malignant hemangiopericytomas is not yet standardized because numbers of case are limited. Surgical resection might be done first of all if it is possible. Radiation therapy is generally ineffective to reduce tumor volume. Trial of chemotherapy is controversial. Further accumulation of cases of malignant hemangiopericytoma is necessary to understand pathological mechanisms of the disease and to determine the priority of the possible therapies.

Authors' details

¹Thoracic Surgery, Tokuda Hospital, Sofia, Bulgaria. ²Cardiac Surgery, Tokuda Hospital, Sofia, Bulgaria. ³ICU, Tokuda Hospital, Sofia, Bulgaria. ⁴Medical Imaging Department, Tokuda Hospital, Sofia, Bulgaria.

Published: 11 September 2013

doi:10.1186/1749-8090-8-S1-P32

Cite this article as: Minchev *et al.*: Successful resection of malignant hemangiopericytoma originating from left neck and involving superior vena cava. *Journal of Cardiothoracic Surgery* 2013 **8**(Suppl 1):P32.

Submit your next manuscript to BioMed Central
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit



* Correspondence: tsvetanm@hotmail.com

¹Thoracic Surgery, Tokuda Hospital, Sofia, Bulgaria

Full list of author information is available at the end of the article