Images in Anesthesia: Intrathoracic leiomyosarcoma in a parturient presenting for Cesarean delivery

FIGURE 1A Chest *x-ray*.

FIGURE 1B Magnetic resonance imaging demonstrating large left-sided intrathoracic tumour.

CROSBY first reported on the anesthetic management (spinal block) of a parturient with a large intrathoracic tumour (Ewing-type sarcoma) presenting for Cesarean section.¹ We present a similar case, and the first report of an intrathoracic leiomyosarcoma in pregnancy. A 21-yr-old, previously healthy female at 30 weeks gestation presented with increasing fatigue and a one-week history of dyspnea, cough and hemoptysis. At admission she was hemodynamically stable and afebrile. A chest *x-ray* demonstrated an intrathoracic lesion in the left hemithorax (Figure 1A). Magnetic resonance imaging studies confirmed a large tumour in the left hemithorax (cephalo-caudal, transverse and antero-posterior diameters were 155 mm, 176 mm, and 136 mm, respectively), invading the left pleural cavity, and left axilla (Figure 1B). A fine needle biopsy yielded the diagnosis of leiomyosarcoma. Uneventful Cesarean delivery was performed under single dose spinal anesthesia with 12.5 mg of bupivacaine. Postpartum the patient received chemotherapy, which proved futile and she expired

(cardiorespiratory failure) three weeks after delivery. Leiomyosarcoma is an extremely rare neoplasm.² Due to its rarity and non-specific clinical symptoms, the diagnosis and treatment are often delayed. In pregnancy, the physiological changes of pregnancy may mask not only the initial presentation but also the advanced stage of the neoplasm.

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References

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