Oedema and thoracoepigastric vein dilation on bilateral legs: adrenal gland tumour with inferior vena cava tumour thrombus

Kiyoshi Shikino, Yoshiyuki Ohira, Masatomi Ikusaka

DESCRIPTION

An 86-year-old man presented with a 1-month history of progressive oedema of both legs. His medical history included stage IV non-small cell lung cancer (adenocarcinoma) with mediastinal lymph node metastasis, and he had been on cisplatin and gemcitabine for 1 year. Physical examination revealed oedema of lower extremities and dilation of the thoracoepigastric vein (figure 1). A right upper quadrant mass was palpated. Contrast-enhanced CT revealed a 61×65 mm adrenal gland tumour with a heterogeneous and irregular margin, along with an inferior vena cava (IVC) tumour thrombus extending into the right atrium (figure 2). His adrenal gland function was normal. Percutaneous biopsy of the right mass revealed adenocarcinoma. We clinically diagnosed the tumour as adrenal metastasis from lung cancer.

IVC tumour thrombi are known to originate from renal cell carcinomas, hepatic cell carcinomas, adrenal gland tumours, testicular cancer and angio- myolipomas, although lung carcinoma directly involving IVC is rare.1 Adrenal gland tumours invading the IVC have been observed in 9–19% of all cancer cases including primary and metastases.2 Distention of the thoracoepigastric vein indicates development of collateral venous circulation due to IVC obstruction. Collateral pathways form along the posterior abdominal wall. Distention of the thoracoepigastric vein in a patient with leg oedema should raise suspicion of IVC obstruction. Distention of the superficial epigastric veins provides a diagnostic clue for IVC compression. Surgery for adrenal metastasis from adenocarcinoma lung cancer has a poor prognosis;3 the patient reported here received chemotherapy without surgery.

Figure 1 Dilation of thoracoepigastric vein.

Figure 2 Contrast-enhanced CT revealed an adrenal gland tumour with inferior vena cava tumour thrombus (arrows).

Learning points

▸ Adrenal gland tumours invading the inferior vena cava (IVC) have been observed in 9–19% of all cancer cases.
▸ Distention of the thoracoepigastric vein in a patient with leg oedema should raise suspicion of IVC obstruction.

To cite: Shikino K, Ohira Y, Ikusaka M. BMJ Case Rep 2016. doi:10.1136/bcr-2016-214567

REFERENCES
