potential sexual dysfunction due to size and position of the lesion. The management of this condition remains challenging because of their unpredictable behavior and high recurrence rate.

ABSTRACT

We report a 28 year old lady with a painless swelling at the vulva since birth which causes her disfigurement. In the past she had seek various treatment but was advice to be treated conservatively due to the extensiveness. She was referred by a gynaecologist to us as she is getting married. On examination, there was a labia swelling size 6x5 cm. There was a limb length discrepancy with varicosities. Computed tomography of the pelvis and lower limb revealed extensive vascular malformation with mixed arteriovenous component involving the perineum, pelvis and left lower limb. Angioembolization was done prior to the excision. Excision was performed using argon plasma and ligasure supplemented with tissue glue for haemostasis. The wound was primarily closed. Histopathology report is consistent with arteriovenous malformation. Unfortunately it was complicated with wound breaksown and bleeding. This was treated with multiple surgeries and haemostasis. The wound was leave open with vacuum dressing and subsequently healed.

CONCLUSION

Treating arteriovenous malformation is challenging especially dealing with the risk of infection and bleeding.

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NUTCRACKER SYNDROME IN A YOUNG GIRL TREATED WITH ENDOVASCULAR STENTING

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INTRODUCTION

The nutcracker syndrome (NS) is a constellation of symptoms that arise as a result of venous hypertension within the left renal vein (LRV) caused by compression between the superior mesenteric artery (SMA) and the aorta.

CASE REPORT

We report 18 years old girl with chronic abdominal pain, diagnosed with NS which was treated by endovascular stenting (EVS) with a new adjunct technique of monitoring the SMA angle during the procedure. She presented with lower abdominal pain for 1 year. No symptoms suggestive of Nutcracker Syndrome. Examination was unremarkable. She was extensively investigated. Computed tomography of the abdomen revealed compression of the left renal vein by the superior mesenteric artery and the aorta with varicosities of its tributaries. The superior mesenteric angle calculated on computed tomography scan was 47 degrees. A subsequent selective venogram showed preferential contrast flow into the left lumbar plexus and the left gonadal vein. During the endovascular stenting, the catheter was angled into the superior mesenteric artery origin for angle monitoring. A 14x60 mm self expanding nitinol stent was deployed. Post stenting run showed good stent expansion, no reflux into the left renal vein and an increased superior mesenteric angle to 55

degrees. Post procedure, she recovered well. Her symptom was relieved. 1 year post procedure she remains asymptomatic, no evidence of stent migration with patent non dilated left renal vein.

CONCLUSION

EVS plus SMA angle monitoring is an attractive inexpensive new technique which can be used but needs further evaluation due to the potential subsequent risk involved.

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A RARE CASE OF METASTATIC DISEASE OF THE AORTA

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INTRODUCTION

Carcinoma of unknown primary (CUP) is defined as metastatic lesion without identifiable primary origin despite complete clinical history, physical examination; laboratory tests, imaging techniques and extensive histopathological specimen examination have been done.

CASE REPORT

We report a case of a 28 year old lady presented with worsening abdominal pain for 2 weeks duration. Examination was unremarkable. Computed tomography of the abdomen and pelvis showed aortic mass with paraaortic lymph node in which ultrasound guided biopsy confirmed to be metastatic adenocarcinoma. Position emission tomography (PET) scan and colonoscopy failed to find the primary tumour. Exploratory laparotomy, en bloc excision of the aortic tumour with aortic reconstruction was done with Dacron graft. 28 cycles of radiotherapy was given to the abdomen. She developed graft infection thus the graft was removed and a bilateral axillofemoral bypass was done. Follow-up computed tomography of the abdomen revealed a new lesion at segment V of the liver. Chemotherapy was given. On follow-up, she developed new lesions at the left anterior abdominal wall, right thigh and worsening liver metastasis. She was sent for second line chemotherapy.

CONCLUSION

Metastatic adenocarcinoma in the aorta is rare and can be treated by enbloc resection and reconstruction.

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TUMOUR OF THE INFERIOR VENA CAVA: A CASE SERIES

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INTRODUCTION

Inferior Vena Cava (IVC) leiomyosarcoma is a very rare vascular tumour. It is a slow growing tumour, a fact that frequently delays the diagnosis and keeps the patient to be asymptomatic.

CASE REPORT

Case 1

50 year old gentleman was incidentally found to have a large mass in the abdomen via ultrasound while he was being investigated fo anaemia. Computerised tomography (CT) scan revealed a retroperitoneal tumour which was arising from the inferior vena cava. The tumour was resected en bloc