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

and the inferior vena cava was repaired with a vein patch. No notable post operative complication. Histopathology examination shows grade I leiomyosarcoma of the inferior vena cava. The margin was clear. Patient was sent for chemotherapy. During follow-up, there was no evidence of recurrence.

Case 2

61 year old lady presented with right hypochondrium pain and bilateral lower limb swelling. Abdominal examination was unremarkable. Both lower limbs are oedematous. Ultrasonography of the abdomen shows multiple liver cysts with biliary duct dilatation. Subsequent Computerised tomography abdomen revealed long segment occlusive thrombosis of infrahepatic inferior vena cava. No other suspicious lesion in other organs. Gastroscopy and colonoscopy was normal. PET scan showed a metabolically active intraluminal mass within infrahepatic inferior vena cava. Tumour markers were within normal limit. She developed bilateral femoral vein complete occlusion with left long saphenous vein thrombosis. Inferior vena cava filter insertion was done. Laparotomy showed inferior vena cava mass 7x7x6 cm in size and thrombosed bilateral renal vein. Resection of the mass and graft reconstruction were done for the Inferior vena cava and the bilateral renal veins. The histopathology examination shows leiomyosarcoma. She was sent for chemotherapy. Post operatively, she developed chyle leak, successfully managed conservatively.

CONCLUSION

Leiomyosarcomas are the most common malignancy involving the IVC. Although there are correlations between clinical manifestations and the location of the tumour within the IVC, most patients present with non specific symptoms. Aggressive surgical treatment is recommended due to the tumour's slow growth pattern and low metastatic potential, though chemoradiotherapy may serve as an adjunct.

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ANEURYSM OF THE VISCERAL VESSEL: A RARE CAUSE OF ABDOMINAL PAIN

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INTRODUCTION

Hepatic artery aneurysm (HAA) is a rare occurrence, comprising of approximately 20% of splanchnic aneurysms. Rupture of HAA can lead to potentially disastrous complications like hemobilia, cholangitis and upper gastrointestinal bleeding.

CASE REPORT

We report a case of a 55-year-old lady who presented to us with intermittent upper abdominal pain and fever for the past one month. She lost 4 kg in a month. Physical examination revealed a pulsatile mass at the epigastrium. Blood investigation was unremarkable. Computed tomographic scan revealed a large saccular aneurysm of the common hepatic artery measuring 6.6x7.3x9.3cm with intramural thrombus seen within. The gastroduodenal artery is was being displaced posterolaterally by the aneurysm and is was small in caliber. The hepatic artery proper, the left hepatic artery and the right hepatic artery are were normal. Normal