

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

pancreatic parenchyma was only seen at the uncinate process and head of the pancreas. The adrenals, liver, spleen and both kidneys are normal. She was offered surgery or endovascular coiling of the aneurysm but she refused.

CONCLUSION

HAA carries a high morbidity and mortality rate. CTA will help to aid into the diagnosis. It can be treated surgically or by endovascular.

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RESULTS OF AUTOLOGOUS BONE MARROW MONONUCLEAR CELLS IN THE TREATMENT FOR ACUTE LIMB ISCHAEMIA IN A PATIENT WITH CROHN'S DISEASE

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INTRODUCTION

Chron's Crohn's Disease is associated with extraintestinal manifestation including vasculitis. Managing this group of patients is challenging due to vasculitis and microthrombosis.

ABSTRACT

We reported a gentleman with Chron's Crohn's Disease that presented with acute limb ischaemia. Clinically he was in pain and the toes were gangrene. He was anticoagulated but compounded by upper gastrointestinal symptoms. In view that the symptoms were augmented, intravenous iloprost infusion was given for 5 days. Digital subtraction angiography shows thrombosis of the left superficial femoral artery, with small collaterals. There was long segment deep vein thrombosis from common femoral to

popliteal vein. He went for a transmetatarsal amputation, however the healing was poor. He was given autologous bone marrow mononuclear cells (first injection) and autologous bone marrow mesenchymal stem cell (second injection). Follow-up showed good resolution.

CONCLUSION

Autologous bone marrow therapy is a good option after all the options have been exhausted in managing Chron's Disease patients with limb ischaemia.

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BEWARE OF THE MILKY FLUIDS POST ABDOMINAL SURGERY

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INTRODUCTION

Chylous ascites is defined as a pathologic accumulation of chyle in the peritoneal cavity. The incident of chylous ascites following inferior vena cava tumour resection is rare.

CASE REPORT

We reported a case of inferior vena cava leiomyosarcoma. She underwent resection of the tumour with reconstruction of the inferior vena cava and bilateral renal vein using a graft. Intraoperatively was uneventful. At postoperative day 10, patient was noted to have a large amount of milky discharge from the laparotomy wound. The diagnosis of chyle leak was confirmed by fluid analysis that showed to have high triglyceride content. Computed tomography of the abdomen showed perihepatic collection which was connected to a subcutaneous