

[PICTURES IN CLINICAL MEDICINE]

May-Thurner Syndrome with Calcified Uterine Leiomyoma

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Key words: calcified uterine leiomyoma, May-Thurner syndrome, venous thrombosis, pulmonary embolism

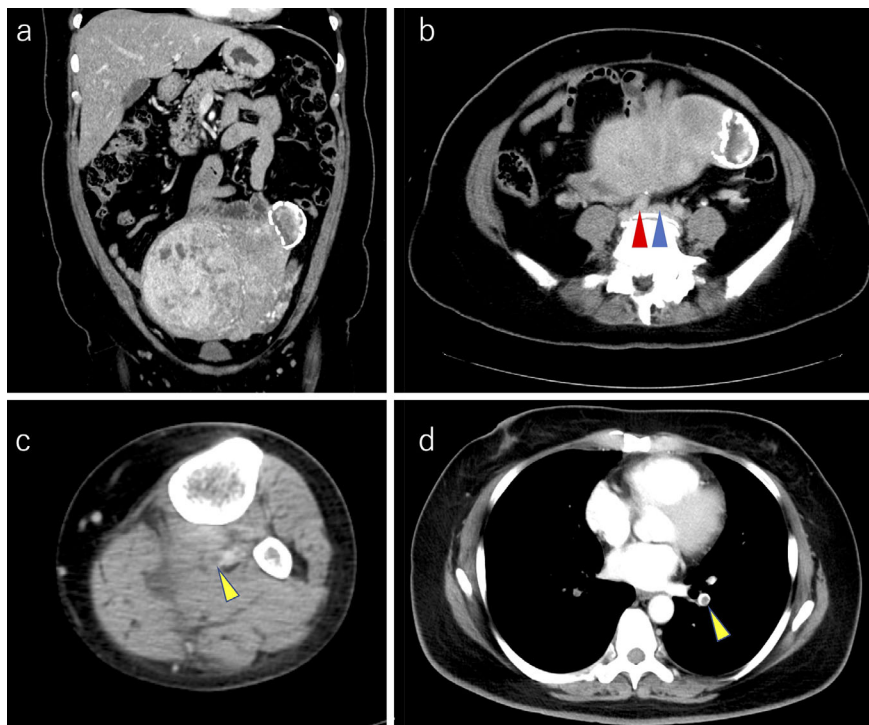
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Picture 1.

A 48-year-old woman with no significant medical history presented with subacute edema of the left lower leg. A physical examination revealed a palpable mass in the lower abdomen. An abdominal radiograph showed calcified mass in the pelvis (Picture 1). The presence of calcified uterine leiomyoma and May-Thurner Syndrome (MTS) was suspected. Enhanced computed tomography confirmed a huge uterine leiomyoma with peripheral rim calcification (Picture 2a) compressing the right common iliac artery (red arrowhead) and left common iliac vein (blue arrowhead) (Picture 2b), left popliteal venous thrombosis (Picture 2c), and pulmonary embolism in the left pulmonary artery (Picture 2d). Thrombophilia screening was negative. Thromboses

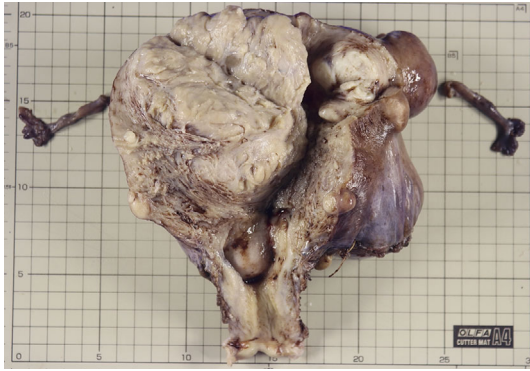


Picture 2.

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Picture 3.

were totally resolved by anticoagulation therapy, and total hysterectomy was performed (Picture 3). Calcifications are radiologically seen in $\leq 10\%$ of uterine leiomyomas, and peripheral rim calcification of uterine leiomyoma is a rare

morphology (1). MTS is the compression of the left common iliac vein by the right common iliac artery against the underlying lumbar vertebra; MTS secondary to uterine leiomyoma is rare (2). Uterine leiomyoma with left leg edema is a rare diagnostic clue for MTS.

The authors state that they have no Conflict of Interest (COI).

References

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