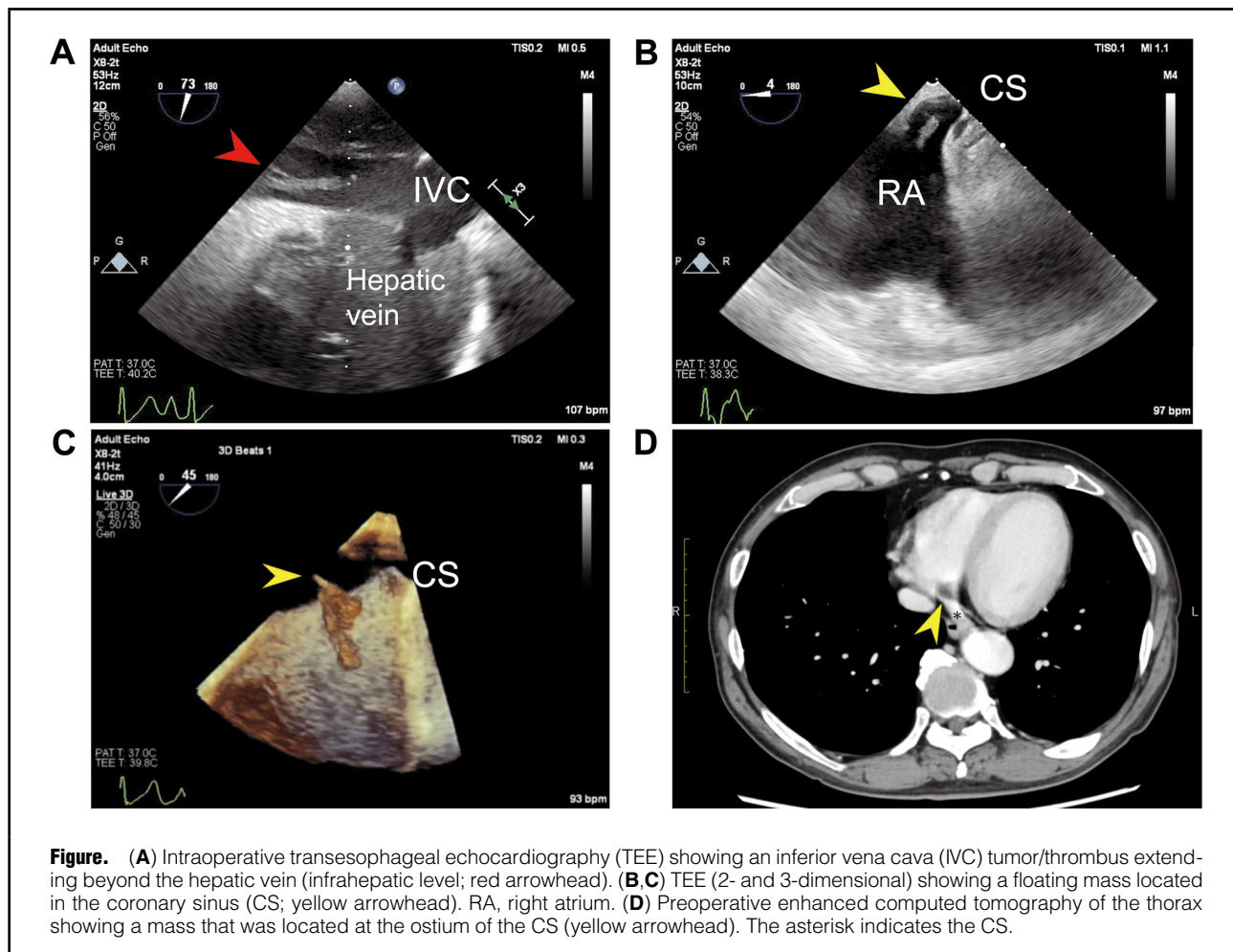


Coronary Sinus Tumor/Thrombus Associated With Renal Cell Carcinoma With Inferior Vena Cava Invasion

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A man in his 70s with a history of renal cell carcinoma (RCC) with inferior vena cava (IVC) invasion was scheduled for surgery for right nephrectomy and IVC tumor thrombectomy. During surgery, transesophageal echocardiography (TEE) confirmed a tumor/thrombus in the IVC, extending beyond the hepatic vein

(Figure A). A previously undetected floating mass in the coronary sinus (CS) was identified using 2- and 3-dimensional TEE (Figure B,C; Supplementary Movies 1,2). No other thrombi were confirmed in the right ventricle or pulmonary artery. The right nephrectomy and IVC tumor thrombectomy were uneventful; after a discussion of the risks

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and benefits of resection among members of the multidisciplinary team, the floating mass in the CS was carefully observed due to the potential complications of cardiopulmonary bypass. Postoperatively, a retrospective review of preoperative computed tomography (CT) showed a mass located at the CS ostium (**Figure D**). On Postoperative day 7, cardiac magnetic resonance imaging revealed the CS mass had disappeared, but subsequent enhanced CT scanning demonstrated a left pulmonary embolus. The patient had no symptoms and started direct oral anticoagulants.

The tumor/thrombus associated with RCC can be dislodged incidentally. To the best of the author's knowledge, this is the first case of tumor/thrombus formation in the CS associated with RCC. This case highlights the unusual intracardiac tumor/thrombus involvement from RCC and the role of an imaging multimodality in preoperative and intraoperative assessments.

Disclosures

The author has no conflicts of interest to declare.

IRB Information

The Institutional Review Board granted an exemption from requiring ethics approval. Written informed consent was obtained from the patient.

Supplementary Files

Supplementary Movie 1. 2D TEE shows the floating irregular mass in the coronary sinus.

Supplementary Movie 2. 3D TEE shows the floating irregular mass in the coronary sinus.

Please find supplementary file(s);
<http://dx.doi.org/10.1253/circrep.CR-21-0137>