**A CASE OF INFERIOR VENA CAVA MASS ON ECHOCARDIOGRAPHY**

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*Background.* Benign (leiomyoma) and malignant (renal cell, hepatocellular, leiomyosarcoma, testicular and adrenocortical carcinoma) may present as inferior vena cava masses. We present a patient with a large IVC mass and newly diagnosed metastatic small cell lung cancer.

*Case.* 54-year-old woman with no significant past medical history presented with two weeks of progressive cognitive decline, unsteady gait, recurrent falls and weight loss. On presentation, her blood pressure was 120/60 mmHg, heart rate 85 bpm, O2 saturation 97% on room air and respiratory rate 18 bpm. She appeared drowsy and had ataxia and dysmetria. Heart sounds were regular without murmurs. A brain MRI showed multiple infra and supra-tentorial metastatic lesions with associated obstructive hydrocephalus. CT scan of the chest, abdomen and pelvis showed widespread metastasis in the lungs, liver, right adrenal, spleen and uterus. She underwent an emergent craniotomy with resection of the posterior fossa tumor. Post-operative course was complicated by worsening somnolence and respiratory failure requiring mechanical ventilation. Echocardiography revealed a large, round (2.5 cm) sessile mass within a dilated IVC, roughly 2 cm from entrance into right atrium (figure 1A). Coronary sinus was enlarged. Due to extensive metastatic disease comfort care was initiated. Pathology of the posterior fossa mass was consistent with highly malignant (figure 1B) metastatic small cell neuroendocrine carcinoma of lung origin (thyroid transcription factor-1 positive).

*Conclusion***.** Small cell carcinoma of lung is a highly metastatic disease that also associated with hypercoagulable state. Involvement of IVC in this disease has not been documented previously. The findings in our case are most consistent with a slow growing IVC tumor or thrombus based on focal attachment of the mass and local dilatation of the vessel.

