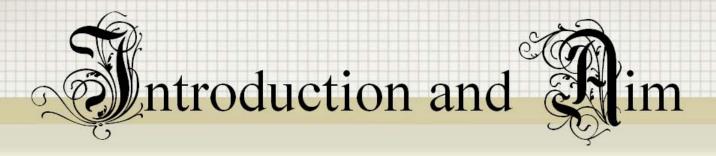


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- It is well known that formation of tumor thrombus in inferior vena cava and right atrium in patients with abdominal masses is a predictor for very short survival.
- Etiology of tumor thrombus:
 - Hepatic masses;
 - Adrenal masses;
 - Renal & Retroperitoneal masses;
 - Pelvic masses.
- The aim of this work is to review our experience with onpump surgical treatment of patients with abdominal tumors, infiltrating the heart and inferior vena cava.





• **Period:** 2009 – 2012;

• Patients:

17 patients (12 m and 5 f)

- Average age 59 years (from 25 to 78).

• Primary tumor:

- Hepatic − 2; Adrenal − 1; Renal − 13; Pelvic − 1

Hybrid team:

Cardiac surgeon; Urologist; General surgeon

• **Hybrid access:** Sternotomy & Laparotomy

• On-pump:

Aorta; Femoral vein; Superior vena cava.

Mild hypothermia 32 C.

 Partial occlusion of IVC in **thorax** with tourniquet **before** tumor extraction.

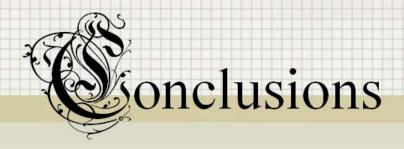
 Occlusion of renal vein(s) and occlusion of IVC in abdomen below the tumor thrombus, before thrombectomy and suture of IVC.





- Radical Tu extraction and IVC thrombectomy 100%.
- Mortality: 2 patients;
- Modes of death: Massive pulmonary embolism -1; multi organ failure -1.
- Complications: re-exploration for bleeding -2; CVVH -3.
- **Discharged home:** 15 patients.
- **Average hospital stay:** 10 days (from 7 to 15 days)
- Histology:
 - Hepatic: Hepatocellular carcinoma 1 patient; Leiomyosarcoma 1 patient;
 - Adrenal: Adrenocortical carcinoma 1 patient;
 - Renal: Hypernephroma 13 patients;
 - Pelvic: Leiomyoma 1 patient.
- No late deaths during the follow up.
- **Recurrence:** 1 patient with hepatic leiomyosarcoma.





- Our present results show that:
 - ✓ On-pump surgery guarantees radical tumor extraction;
 - ✓ Multy-disciplinary team is mandatory;
 - ✓ Perioperative mortality and morbidity is **acceptable**;
 - ✓ Mid-term results are **good**.
 - ✓ Long-term are expected.





Hank gou sor gour attention!