

**Inferior Vena Cava Resection and Reconstruction for Tumoral Recurrence after Right Nephrectomy**

P.V.-H. Botianu<sup>1</sup>, R. Chirtes<sup>2</sup>, C. Marcu<sup>2</sup>, H. Kosza<sup>2</sup>, M. Stoian<sup>3</sup>, O. Brusnic<sup>4</sup>, A.M.V. Botianu<sup>4</sup>, A. Dobre<sup>1</sup>

<sup>1</sup>Surgery IV Discipline, M5 Department, University of Medicine and Pharmacy from Tirgu-Mures, Romania

<sup>2</sup>Surgical Clinic II, Mures Clinical County Hospital, Romania

<sup>3</sup>Intensive Care Unit, Mures Clinical County Hospital, Romania

<sup>4</sup>Internal Medicine Clinic/Gastroenterology, M3 Department, University of Medicine and Pharmacy from Tirgu-Mures, Romania

**Abstract**

We report a 60 years old patient who was admitted for a local recurrence after a right nephrectomy performed 2 years ago (papillary renal carcinoma with areas of sarcomatoid differentiation – pT3a). CT scan showed a retroperitoneal mass with invasion of the inferior vena cava. We performed a complete en-bloque excision of the tumor with the infrarenal portion of the inferior vena cava and lymphadenectomy. The vascular reconstruction was performed by the interposition of a 20 mm diameter Dacron prosthesis. The postoperative course was complicated due to an episode of digestive bleeding (duodenal ulcer) which stopped after conservative treatment (antisecretory and hemostatics, including rFVIIa), but eventually favourable. At 6 months follow-up the patient presents no sign of tumoral relapse and a functional vascular prosthesis. The case is interesting due to the rarity of the surgical procedure and the indication. The surgical approach of the retroperitoneal tumors with vascular involvement is possible in centers with adequate technical endowment and human expertise.

**Key words:** inferior vena cava, resection, reconstruction, recurrence after nephrectomy