

Vena Occlusive Disease Simulated by a Metastasis of Gastric Cancer During Pregnancy

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Summary. A 20-year-old woman was treated because of her complaint and symptoms which were thought to be the results or complication of her pregnancy. Based on the cardinal symptom inferior cavography was carried out, and the diagnosis of occlusion of inferior vena cava was established. The woman was treated accordingly but died after a short period. The patient's family supposed neglect and therapeutic misadventure and raised an objection to the medical treatment. Forensic autopsy was carried out to clear up the case. Autopsy showed her basic disease to be gastric cancer with several metastases in the liver. One of them was in the lobus caudatus Spigeli and compressed the inferior vena cava. The compression caused a turbulence in the given contrast material so that thrombosis was suggested. The diagnosis was based on this misleading sign. Negligence was not verified.

Key word: Malpractice

Zusammenfassung. Bei einer 20-jährigen schwangeren Frau wurde wegen ihrer Beschwerden eine Angiographie der Vena cava inferior durchgeführt. Es wurde ein Stop in dem Gefäß gefunden. Dieser Befund wurde mit der Schwangerschaft in Zusammenhang gebracht. Es wurde eine thrombolytische Therapie begonnen. Die Patientin verstarb bald darauf. Die Familie der Patientin hat ein ärztliches Versäumnis angenommen und Klage erhoben. Um den Vorwurf zu klären, wurde eine gerichtsmedizinische Obduktion durchgeführt. Bei der Obduktion wurde ein Magenkarzinom mit Lebermetastasen als Grundkrankheit gefunden. Eine Metastase im Lobus caudatus Spigeli komprimierte die Vena cava inferior. Dieser Befund führte zur Fehldiagnose Thrombose. Aufgrund des Ergebnisses der Obduktion war die Klage völlig unbegründet.

Schlüsselwort: Kunstfehler

Introduction

The prevalence of gastric cancer in females of about 20 years of age is very low. The coincidence of gastric cancer and pregnancy is extremely rare. Sometimes vena occlusive disease may occur as a complication of the pregnancy. Though complaints and symptoms during pregnancy are usually considered to be arising from the pregnancy, they may indicate organic diseases. Generally, negative anamnesis, young age, and normally developing pregnancy in the first period of gravidity make organic diseases seem less probable. Moreover, as instrumental examination may produce deluding results severe organic disorders may be overlooked. The patient's family could not acquiesce in the death under the above mentioned conditions. Family members often raise an objection to the medical treatment. However, the forensic autopsy precluded the negligence and connection between the death and the therapeutic misadventure.

Case Report

A 20-year-old patient with a 20-week pregnancy was treated for nausea, lack of appetite, weakness, and crural edema. She neither lost nor put on weight. As her gravidity was nicely developing her complaints were evaluated as those usually accompanying gravidity. Accordingly, she was administered vitamin tablets and symptomatic treatment. Later on, her com-

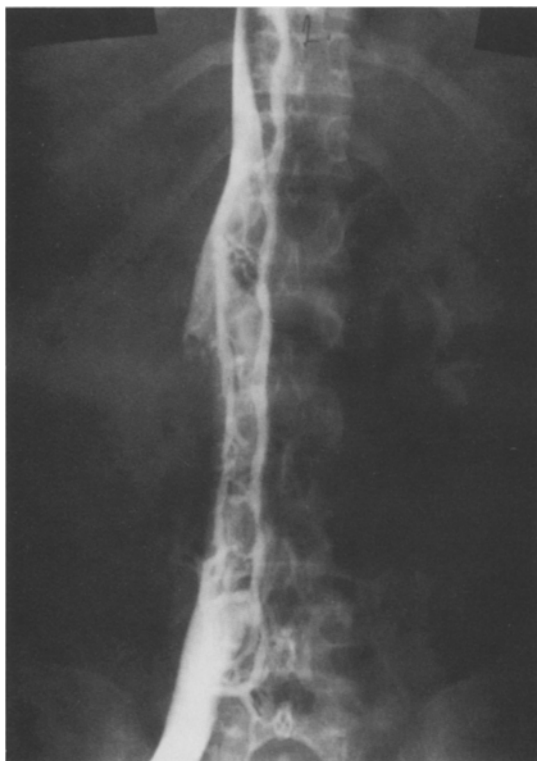


Fig. 1. The radiocavogram shows a picture like thrombosis of inferior vena cava



Fig. 2. Carcinoma metastasis in the lobus caudatus Spigeli of liver compresses the inferior vena cava

plaints became more pronounced so that she was admitted to hospital. The crural and mostly the femoral edema pointed to a disorder of the circulation of the inferior extremities. Thus, the preliminary diagnosis of inferior vena cava thrombosis was suggested. An adequate treatment followed. This presumed vena occlusive disease was supported by cavography (Fig. 1). In the course of the venipuncture profuse bleeding occurred leading to hypovolemic shock; these complications needed surgical intervention. According to the supposed basic disease and its complications a gynecologic consultation advised immediate interruption of the pregnancy. Ultrasonic examination did not show any symptoms of fetal life. A fetus of 1,500 g was removed from the uterus by minor Cæsarian section. After the operation anuria occurred followed by a period of tachycardia and finally cardiac action and respiration stopped.

Necropsy Findings

Autopsy showed a normally developed young woman reduced in weight. There was a wound of Cæsarian section on the lower third of her abdomen. Among the tissues of abdominal wall around the surgical wound and in the area of femoral venipuncture extensive hemorrhage was found. The uterus measuring $20 \times 18 \times 8$ cm in diameter of fundus showed hemorrhage in the region of suture. The main alteration was observed in the stomach. There was an ulcerated necrotic tumor on the lesser curvature. The tumor infiltrated all layers of gastric wall and penetrated the surrounding organs and lymphnodes. Histologically, the tumor was a gelatinous adenocarcinoma of stomach. There were numerous necrotic metastases in the liver. Intact liver tissue was hardly to be seen. Such a metastasis was situated in lobus caudatus Spigeli so that it impressed the wall of inferior vena cava and narrowed its lumen (Fig. 2). The femoral veins and inferior vena cava were freely passable, their internal coat smooth. The cause of death was cardiac failure resulting from hepatic insufficiency and endo-intoxication.

Discussion

A pregnancy may normally be accompanied with some complaints (nausea, vomiting, etc.). In the course of gravidity all blood vessels, but mostly the veins,

are susceptible to dilatation, especially the veins of inferior limbs. This dilatation is due to mechanical and neurohormonal factors. Thrombosis and thrombophlebitis are relatively rare complications of pregnancy. Their cause is generally unknown; mostly, they occur after previous phlebitis or thrombosis. Obstruction of inferior vena cava is most often caused by extension of thrombosis from veins of the lower limb and pelvis or from the renal veins. Thrombosis of inferior vena cava alone is rare. It is usually associated with the veno-occlusive disease of hepatic veins. The origin of the bigger part of these disorders is practically unknown [1, 8, 9]. Some cases are supposed to develop on the basis of immunodeficiency [7], side effects of drugs [4, 5], and radiotherapy [3]. Sometimes there are special histological alterations [2, 6]. We describe a case where a severe organic disease accompanied with only mild complaints and symptoms was overlooked because they could easily and evidently be attributed to a normal pregnancy. Later on, the cavography gave an erroneous diagnosis of veno-occlusive disease, as the turbulence in the inferior vena cava was not caused by thrombosis but external compression. The external compression was produced by a metastatic knot of gastric carcinoma situated in the liver in lobus caudatus Spigeli. Both the young age of the patient and the lack of previous diseases averted the suspicion of organic diseases. The patients family complained of malpractice or therapeutic misadventure so that we carried out a forensic autopsy. We could not prove these objects but we can state that in spite of complaints and symptoms which can simply and easily be explained the possibility of an insidious or rare disease must also be considered.

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