increase in blood flow, and the development of collateral venous circulations caused by chronic occlusion of the IVC might increase the risk of intraoperative bleeding. Further, this patient had placenta previa, which increased the risk of intraoperative hemorrhage during placental dissection; therefore, simultaneous hysterectomy was required at the time of delivery of the fetus via Caesarean section. Finally, the simultaneous performance of Caesarean section, hysterectomy, radical nephrectomy and IVC thrombectomy is associated with excessive risk of severe bleeding. Therefore, surgical management in this case was divided into two steps. First, the patient underwent Caesarean section and hysterectomy at 26 weeks gestation. Then, 16 days after delivery, when hemodynamics and hemostasis had improved due to termination of gestation, the patient underwent radical nephrectomy with concomitant IVC thrombectomy.

Conclusions

To the best of our knowledge, this is the first report to describe a case of RCC with IVC tumor thrombus diagnosed during pregnancy. Careful consideration of the proper timing and type of operation according to the trimester of pregnancy and the level of progression of RCC is required to optimize outcomes for both the mother and the fetus.

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Corrigendum

Please be informed that the author Tamara Naumovic wishes to be excluded from the list of authors of the following paper published in this journal:

▶ Dragicevic S, et al: Evaluation of health-related quality of life in patients with prostate cancer after treatment with radical retropubic prostatectomy and permanent prostate brachytherapy. Urol Int 2010;85:173–179.