

Haemangioma- Common Neoplasm in an Unusual Location - A Case Report

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INTRODUCTION

Vascular tumours like haemangioma do occur in uterus but are rare with fewer than 60 cases in literature; among them only 3 cases have been reported in post-menopausal females. Though they can be found at all levels of the uterine wall, including the serosa, myometrium and endometrium, most cases usually involve the myometrium diffusely and are associated with numerous obstetric and gynaecological complications, ranging from inter-menstrual spotting, menometrorrhagia, infertility and maternal/foetal demise from pronounced bleeding of the gravid uterus.¹⁻⁴ Here we present a rare case of localized uterine haemangioma in a post-menopausal lady with a history of fibroid, abnormal uterine bleeding and low backache.

PRESENTATION OF CASE

Our patient is a 58-year-old post-menopausal lady who presented with left sided back pain radiating to the left leg since 3 months. She is a known case of fibroid uterus on regular follow up since 7 yrs. She has previous history of abortions. Abdominal scan showed features suggestive of a large uterine fibroid. She underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy and the specimen was sent to us for histopathological examination.

Gross Appearance

Myometrium (Figure 1) showed a huge leiomyoma in the fundal region and also a grey brown to blackish nodule measuring 1.7 x 1 x 1 cms in the subserosal aspect. Microscopic examination of this nodule showed numerous dilated vascular spaces lined by flattened endothelium with lumen showing blood (Figure 2).

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	<p>Figure 1. A Large Fibroid and Grey Brown Nodule in the Subserosal Region</p>
	<p>Figure 2. Microphotograph Showing Numerous Dilated Vascular Spaces Lined by Bland Flattened Endothelial Cells, H & E 40X</p>
	<p>Figure 3. Microphotograph Showing Dilated Vascular Spaces, EVG Stain</p>

DIFFERENTIAL DIAGNOSIS

The differentials considered are adenomatoid tumour, lymphangioma, and arteriovenous malformation. An adenomatoid tumour is a benign mesothelial neoplasm, which usually presents as a solitary or multinodular, small, indurated mass or swelling located at the uterine cornu.⁶ The characteristic microscopic findings are irregularly arranged, dilated tubular channels and gland-like spaces lined by flattened or solid nests of cells. The site of lesion and its morphology was different in our case hence likelihood of an adenomatoid tumour was ruled out.

In lymphangioma, grossly one sees clusters of thin-walled vesicles filled with clear fluid. The lack of erythrocytes in the lumen distinguishes lymphatic channels from capillaries.⁶ The presence of marked distension of vascular channels by erythrocytes in our patient, excluded this entity.

Arteriovenous malformation is composed of a mass of arterial and venous vessels of various sizes, with fistula formation between them.⁶ Gradually, the malformation replaces the normal myometrium. With the use of histochemical stains such as EVG, MT and toluidine blue, the diagnostic difficulty can be reduced, and definitive diagnosis is possible. In our case we performed EVG and confirmed the diagnosis of haemangioma.

PATHOLOGICAL DISCUSSION

Vascular tumours of the uterus, including capillary, cavernous haemangiomas, arteriovenous malformation,

angiomatosis, and haemangioendothelioma, are very rare lesions. It was first described in 1897 and was an incidental discovery from an autopsy of a young woman who developed anaemia and dyspnoea and died 24 hours after delivering twins. Cavernous haemangioma of the uterus can be in a diffuse or localized form. These are believed to originate possibly from the pluripotent, embryogenic, mesodermal cells within the uterus. The exact cause is still unclear. Uterine haemangioma is classified into congenital and acquired. Congenital haemangioma is believed to be associated with hereditary diseases, including Klippel-Trenaunay syndrome, hereditary haemorrhagic telangiectasia, tuberous sclerosis, blue rubber bleb nevus syndrome, Maffucci's syndrome, and Kasabach-Merritt syndrome.^{5,6} While acquired haemangioma are more common and is associated with both physical changes and hormone alterations.^{6,7} Most of the reported cases are classified as acquired haemangiomas. The vascular tumours of uterus are usually found incidentally and ranges from asymptomatic lesions to lesions causing abdominal pain, excessive vaginal bleeding, anaemia, infertility, maternal and pregnancy-associated complications. Only three cases of cavernous haemangioma in post-menopausal women have been reported.^{8,9} One occurred in the cervix,⁸ the other was limited within the endometrium,⁹ and the last one was found to diffusely involve the uterine myometrium.¹⁰

Haemangiomas of uterus may either occur as an isolated or localised lesion^{4,8,9} or may be associated with pelvic or extra-pelvic haemangiomas.¹¹ They can be found at all levels of the uterine wall, including the serosa, myometrium and endometrium, but most cases usually involve the myometrium diffusely. Computed tomography (CT) angiography, and magnetic resonance imaging (MRI) could suggest the diagnosis. But definitive diagnosis is based on the final histological examination.

FINAL DIAGNOSIS

Vascular lesions of the uterus, either congenital or acquired, are very rare. Here we report a rare case of localized haemangioma in a post-menopausal lady who presented with abnormal uterine bleeding. The diagnosis of cavernous haemangioma is not generally suspected clinically because of the rarity and absence of specific clinical findings. The diagnosis of uterine haemangioma should be confirmed only by careful histological examination.

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