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Case Report

A rare case of angioleiomyoma of cervix: a case report

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ABSTRACT

Angioleiomyoma or vascular leiomyoma are smooth muscle tumors. They typically present as a firm, rounded mobile nodule. They account for 4.5% of all benign soft tissue tumours. Leiomyoma is one of the common benign tumors of female genital tract. Angioleiomyoma is extremely rare as till date 15 cases of angioleiomyoma of uterine corpus and 6 cases of uterine cervical angioleiomyoma have been described in literature. They are encapsulated, multiloculated and contains numerous vessels. The diagnosis of AL is dependent on histopathological reports. It is painful in over half of the cases. It should be considered in the differential diagnosis of painful nodular lesions of the extremity. Preoperative diagnosis is rarely possible. Increased awareness of this tumour and judicious use of ultrasound and/or MRI should help in most cases for diagnosis. It causes minimal morbidity, and excision is usually curative.

Keywords: Angioleiomyoma, Vascular leiomyoma, Benign soft tissue tumours

INTRODUCTION

Angioleiomyoma or vascular leiomyoma are smooth muscle tumors.[1-3] They typically present as a firm, rounded mobile nodule. They account for 4.5% of all benign soft tissue tumours.[4] Angioleiomyoma of female urogenital tract are extremely rare and There is no literature present in standard books. Whereas leiomyomata of uterus is one of the most common tumours necessitating hysterectomy.

CASE REPORT

A 43-year-old female P3L3 with known case of HIV on ART came to OPD with complaints of something mass is coming out of vagina since 2 years which could not be reposited by herself and patient also complaints of per vaginal bleeding since 2 months which was on and off in nature. It is associated with lower abdominal pain which was dull in character and on and off in nature. It was not associated with any bladder and bowel symptoms. On examination, abdomen was soft. No guarding, rigidity, tenderness, distension present. On local examination there is 10×10×11 cm single, large mass which is firm in consistency and with irregular surface coming through vagina and hanging outside and could not be reposited back, it is foul smelling and bleeds on touch. On per speculum examination that mass is attached to the anterior lip of cervix. On formiceal examination Uterus normal size, anteverted and bilateral fornices free and non-tender. She was admitted and her Hb was 5.6. Transvaginal sonography shows large soft tissue lesion of size 5.9×10×13 cm coming out of introitus and shows significant vascularity on color doppler with large exophytic component. CT abdomen and pelvis showed ill-defined irregular heterogenously enhancing soft tissue lesion of size 8.2×7×12.3 cm with significant vascular supply suggestive of neoplastic etiology. It is noted arising from cervix and protruding out of vagina with irregular lobulated surface. On arterial phase images it shows significant vascular supply with vascular pedicle arising from the anterior lip of cervix predominantly supplied by the branches of artery. It is seen causing mass effect in the form of splaying of endometrium. It shows few tiny non enhancing areas within suggestive of necrosis. No obvious foci of calcification noted. After transfusing 3 PCV and

taking all the fitness, vaginal hysterectomy with soft tissue lesion in situ with bilateral salpingectomy done and ovaries were preserved. The removed specimen was measured 10×10×12 cm with normal uterus size. Pathological biopsy shows Cervical Angioleiomyoma, which shows whorled bundles of smooth muscle cells around blood vessels. She is currently under follow up and no recurrent complaint is recorded for 3 months.

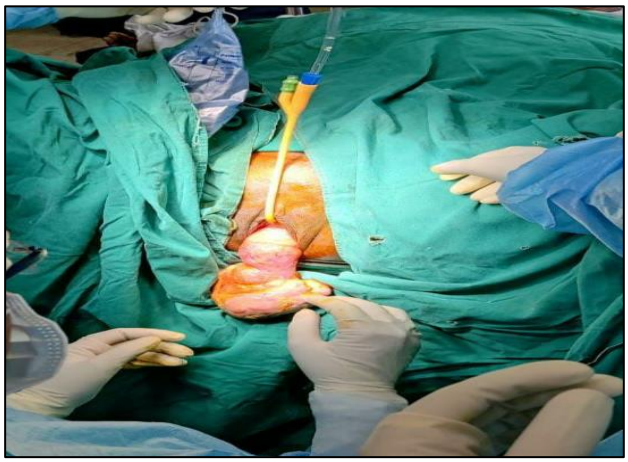

Figure 1: Specimen before removal.

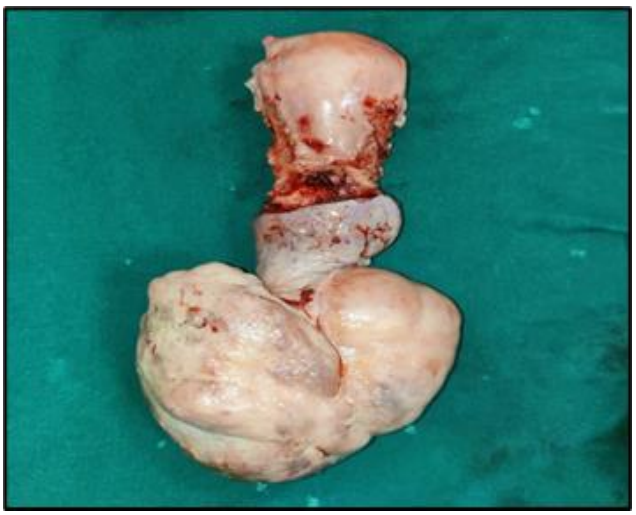

Figure 2: Specimen after removal (front view).

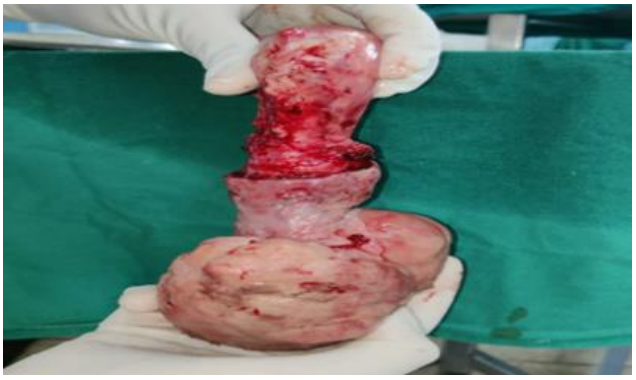

Figure 3: Specimen after removal (side view).

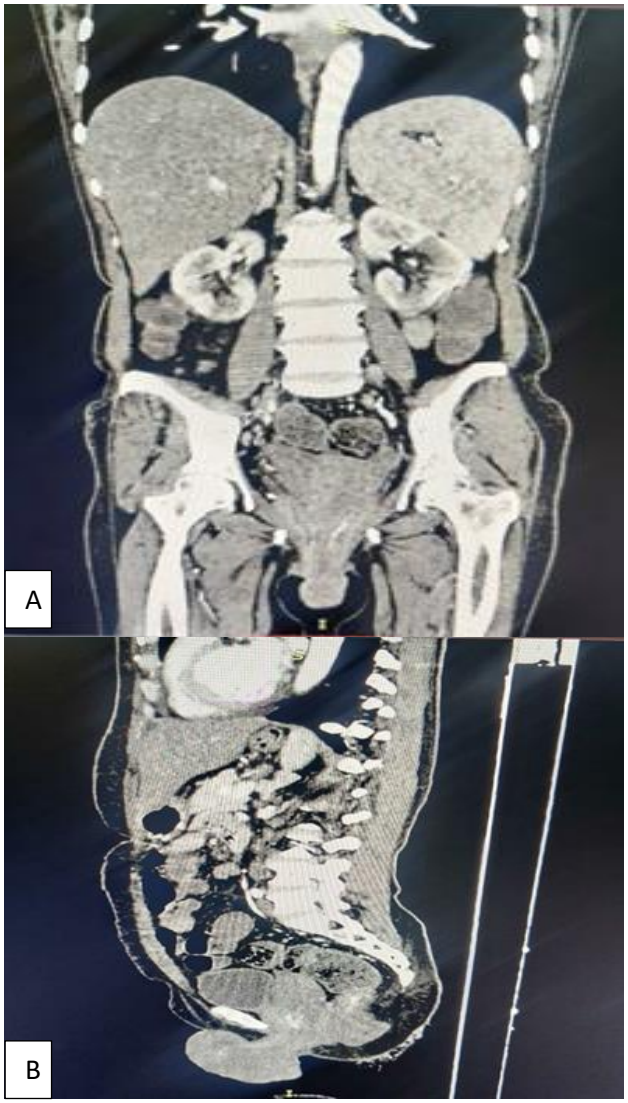

Figure 5: CT images of the mass. (8.2×7×12.3 cm, AP×ML×SI) irregular heterogeneously enhancing soft tissue mass lesion). Coronal view of CT scan image.

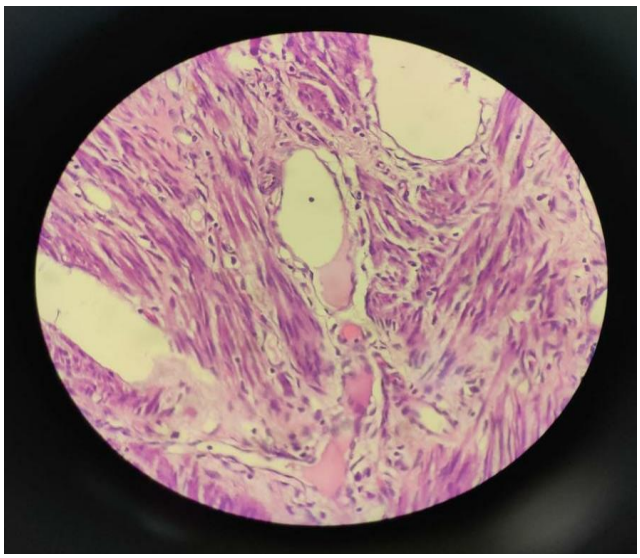

Figure 6: Histopathology of the mass.

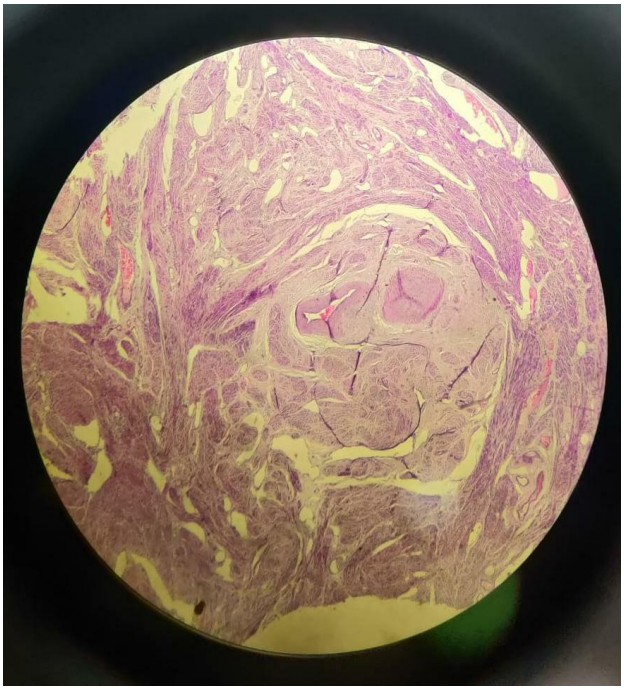

Figure 7: Histopathology images of the mass (whorled bundles of smooth muscle cells around blood vessels).

DISCUSSION

Leiomyoma is one of the common benign tumors of female genital tract. Angioleiomyoma is extremely rare as till date 15 cases of angioleiomyoma of uterine corpus and 6 cases of uterine cervical angioleiomyoma have been described in literature.[5,6] They are encapsulated, multiloculated and contains numerous vessels.[7] The diagnosis of AL is dependent on histopathological reports. Patients complain of abdominal pain, bleeding, anemia. Hander et al described a case of consumptive coagulopathy secondary to a large degenerated AL.[8] This patient presented with Hb 5.6 with symptoms of per vaginal bleeding. This tumor is a variant of benign leiomyoma and included in WHO classification of tumors of female genital tract.

Complete surgical removal is the treatment of choice for angioleiomyoma and either angiomyomectomy or simple hysterectomy has been proven to be effective and decision depends on patients' symptoms and her desire to preserve fertility.[9] Complete angiomyomectomy including margin free and whole capsule removal should be done due to increased possibility of rebleeding.[10] It is painful in over half of the cases. It should be considered in the differential diagnosis of painful nodular lesions of the extremity.[11] Preoperative diagnosis is rarely possible. Increased awareness of this tumour and judicious use of ultrasound and/or MRI should help in most cases for diagnosis.

It causes minimal morbidity, and excision is usually curative.[11] Malignant transformation of angioleiomyoma to angioleiomyosarcoma is extremely rare with only a few cases described.[12]

CONCLUSION

As angioleiomyoma of cervix and uterus is very rare, there is no literature present in standard books. There are very few cases reported but whenever it is present it needs to be surgically corrected. As of now we do not know the exact causative factor for the disease, more study needed for the same. Although the malignant transformation is very low, this tumour may cause severe anemia in the patients as seen in above case causing life threatening situation. For the same reason early diagnosis should be made through USG/MRI and early intervention should be promoted.

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REFERENCES

1. Moriarty J, Sottile J, Thakurdial T, Wrzolek M, Liu Y. Angioleiomyoma of the foot. J Am Podiatr Med Assoc. 2019;109:397-400.
2. Angioleiomyoma: clinical presentation and surgical management. Yates BJ. Foot Ankle Int. 2001;22:670-4.
3. Baarini O, Gilheany M. Angioleiomyoma of the plantar-medial arch: a case report. J Clin Diagn Res. 2016;10:7-8.
4. Murata H, Matsui T, Naoyuki H, Tomoya S, Eiichi K, Toshikazu K. Angioleiomyoma with calcification of the heel: report of two cases. Foot Ankle Int. 2007;28:1021-5.
5. Hachisuga T, Hashimoto H, Enjoji M. Angioleiomyoma. A clinicopathologic reappraisal of 562 cases. Cancer. 1984;54:126-30.
6. Lee J, Shin S, Jin-Hwi K, Su LL, Yosep C, Kyung J, et al. Uterine Cervical Angioleiomyoma Mimicking Squamous Cell Carcinoma. Diagnostics (Basel). 2023;13(14):2370.
7. Zizi-Sermpetzoglou A, Myoteri D, Arkoumani E, Koulia K, Tsavari A, Alamanou E, et al. Angioleiomyoma of the uterus: report of a distinctive benign leiomyoma variant. Eur J Gynaecol Oncol. 2015;36:210-2.
8. Handler M, Rezai F, Fless KG, Litinski M, Yodice PC. Uterine angioleiomyoma complicated by consumptive coagulopathy. Gynecol Oncol Case Rep. 2012;2:89-91.
9. Zizi-Sermpetzoglou A, Myoteri D, Arkoumani E, Koulia K, Tsavari A, Alamanou E, et al. Angioleiomyoma of the uterus: report of a distinctive benign leiomyoma variant. Eur J Gynaecol Oncol. 2015;36:210-2.
10. Hong JA, Gyeong-Eun H, Jeong JK, Soo-Ho C. A case report of angioleiomyoma of uterus. Obstet Gynecol Sci. 2017;60(5):494-7.
11. Ramesh P, Annapureddy SR, Khan F, Sutaria PD. Angioleiomyoma: a clinical, pathological and radiological review. Int J Clin Pract. 2004;58(6):587-91.

12. Herren DB, Zimmermann A, Büchler U. Vascular leiomyoma in an index finger undergoing malignant transformation. J Hand Surg Br. 1995;20:484-7.

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