

HAEMANGIOMA OF THE UTERUS

by

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Haemangioma of the uterus is rare. Paul Pedowitz and Felnus (1955) reviewed the literature on vascular tumours of the uterus and could find only 39 cases and added 3 cases of their own, making a total of 42 known cases of haemangioma of the uterus.

To our knowledge, no similar cases have been reported from this country.

Presented below, is a case of multiple haemangiomata of the uterus, encountered accidentally in a uterus removed for a leiomyoma suspected of having undergone a malignant change.

Case Report

A 32 year old female, para 5, was admitted to Gynaecological Department with complaints of profuse inter-menstrual bleeding and a painful, gradually enlarging mass in the lower abdomen, of six months' duration. Pain had aggravated since a week before she sought admission to the hospital. She first noticed a change in her menstrual cycles which became irregular and prolonged with profuse flow. This was followed by the appearance of a mass in the lower abdomen. The mass had grown in size, slowly at first but recently had shown a rapid increase. The pain had become unbearable with frequent bouts of bleeding. Her past history was negative.

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Received for publication on 15-12-65.

Physical examination revealed a pale, thin and feeble looking woman. A midline, intra-abdominal tumour, of 28 weeks' size of gestation, was palpated arising out of the pelvis. The tumour was soft and tender and conveyed occasional pulsations. A clinical diagnosis of fibroid of uterus with possibility of degeneration or a malignant change in the tumour was made.

Laboratory investigations revealed a raised E.S.R. and marked anaemia of the microcytic hypochromic type. The patient was given 4 bottles of blood transfusion to improve her anaemia and general condition. The suspicion of sarcomatous change in the tumour, led to an immediate exploratory laparotomy, and a total abdominal hysterectomy was performed. The post-operative course was uneventful.

The removed uterus was studied.

Specimen

Gross features — The uterus was globular and uniformly enlarged to the size of 28 weeks' gestation. It measured 17 cms. x 14 cms. x 8 cms. and was rather soft and boggy to feel, unlike a fibroid of uterus. On gross section, the cavity was filled by a soft polypoidal and purplish tumour which, on cutting through, drained large amount of blood, followed by a marked decrease in size of the tumour. On cut surface the tumour was made up chiefly of dilated vascular spaces filled with blood. (Fig. 1).

The upper right wall of the uterus presented a well-demarcated honeycombed purplish tumour of the size of 2.5 cms. in diameter.

Histopathological features — Several sections from both the tumours were studied, employing haematoxylin and eosin, von Gieson and Masson's staining techniques.

The tumour filling the uterus was made-up chiefly of large, round and angular spaces containing blood and separated by a varying amount of delicate, oedematous connective tissue. Attempts at demonstration of the plain muscle in serial sections taken from different areas of the tumour failed. A histopathological diagnosis of a cavernous haemangioma of the uterus was made. (Fig. 2).

The intra-mural tumour, however, presented a slightly different histological picture. It was made-up chiefly of dilated capillaries and veins. (Fig. 3).

Comments

Vascular tumours of the uterus in general, are quite rare, haemangioma being still rarer. The tumour presents difficulties in arriving at a correct clinical diagnosis as there is no definite recognisable sign or symptom which identifies it from other soft uterine tumours such as a degenerating myoma or a leiomyosarcoma or even an early intra-uterine pregnancy. Most vascular tumours are recognised in the laboratory.

The exact age at which haemangiomas of the uterus appear cannot be correctly determined. Review of literature, however, reveals that they are more frequently encountered in the late reproductive period, being more frequent in parous women than in nulligravidas.

Whether hamangiomas are true tumours of blood vessels or are vascular malformations or "Haematomas" is still a matter of discussion. Many pathologists believe that, those involving the skin are usually congenital and result from a vascular maldevelopment. Angiomas of the uterus, however, are acquired true neoplasms and are unlike those of the

skin which lack the capacity for independent growth. They may attain a large size within a relatively short time, simulating pregnancy. If these tumours were also congenital, symptoms would more likely arise during the early child-bearing years, rather than in later years as mentioned above.

Summary

A case of multiple haemangiomas of the uterus, discovered accidentally during a routine histopathological study of the material received in the laboratory, is reported.

Acknowledgement

We are grateful to the Dean, G. R. Medical College, Gwalior for permission to report this case.

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