HAEMANGIO—PERICYTOMA OF THE UTERUS

(A Case Report)

by

R. N. Ghosh,* M.B.,B.S., D.G.O. M.O. (Cal.), M.R.C.O.G. (Lond.), F.I.C.S.

and

P. Ghosh. M.B.,B.S., D.G.O., M.O. (Cal.)

Haemangio-pericytoma of the uterus is a rare variety of vascular tumour of the uterus. The condition occurs more commonly in the perimenopausal age group of patients. It is characterised clinically by menorrhagia, pain in abdomen, uterine enlargement, etc. and histopathologically by concentric proliferation of pericytes outside the lumen of innumerable capillaries. This tumour was first described by Stout and Murray in 1949. Next, Pedowitz *et al* in 1955 reported 7 such cases with full clinical details. In 1961, Zeigerman further enhanced our knowledge by his contribution of 2 more case reports. The author met with 1 case at S.S.K.M. Hospital, Calcutta in April, 1975, as a chance finding in a patient who was operated for an ovarian tumour. In view of the rarity of this particular type of uterine tumour, it is considered worthwhile to present the case.

CASE REPORT

Mrs. H.K., aged 60 years, Muslim, was admitted on 28-3-1975 with the following complaints: (1) Swelling of lower abdomen—6 months, and (2) Lower abdominal discomfort—1 month.

Menstrual History: In menopause for 12 years. Previous Cycles—regular.

Asst. Professor, Dept. of Obst. & Gynec. Institute of Post-Graduate Medical Education & Research, Calcutta-20.

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Obstetric History: Parity 6 + 0. All delivered normally at term. Last Childbirth—25 years ago.

Past Medical Illness: Nothing particular. There was no history of previous operation.

General condition was satisfactory. No constitutional or systemic disorder detected.

Abdominal Examination: A globular cystic well-circumscribed mass of the size of a big orange and freely mobile in all directions was palpable in lower abdomen.

Bimanual Vaginal Examination: The mass was felt separate from the uterus. The uterus itself was normal in size. There was a small nodular swelling on the anterior aspect of the body of the uterus being more on the left side.

Provisional Diagnosis: Ovarian cyst with a small fibromyoma of the uterus.

Investigations: All routine investigations were within normal limits.

Treatment: Laparotomy was performed on 11-4-1975. The cystic ovarian tumour was found to arise from the right side. The uterus was normal in size and there was a greyish white nodular swelling 1½" x 1" x 1" on the front of the body a little towards the left side. All other structures were normal. Ovariotomy followed by panhysterectomy was performed.

Post-operative convalscence: Uneventful recovery.

Histopathological report of the excised structures: (1) The excised ovarian cyst was a benign pseudomucinous type of tumour. (2) The nodular swelling in the uterus was histopathologically demarcated from the rest of the normal uterine musculature (by Reticulum stain) and found to comprise of innumerable dilated capillaries with proliferation of pericytes outside the lumen of the vessels. These pericytes assumed a deep black stain with the reticulum

stain and the cells were oval or round or irregular in outline. In each cell there was an oval vesicular nucleus with a single nucleolus.

Follow-up: The case is being reviewed 2 monthly till date. Till now no abnormality has been detected and the patient is in good health.

Discussion

Vascular tumours occur relatively more frequently in skin etc. and it is very rare for such neoplasms to occur in the uterus. Of the 2 cardinal types of such vascular tumours that may possibly occur in the uterus, namely—haemangio-endothelioma and haemangio-pericytoma—the latter is relatively more frequent.

Macroscopically the tumours look greyish white or yellow and not pink or red inspite of the innumerable capillaries inasmuch as the same are either non-canalised or blocked due to pressure of multiplied pericytes outside the wall of the capillaries. Histopathologically haemangio-pericytoma is distinguished from the endothelioma by the fact that in the former condition there is complete absence of any multiplication of cells inside the lumen of the capillaries, and instead, concentric proliferation of the same around the wall of the vessels. The histopathological study is usually aided by taking resort to reticulum, silver or Mason's stain. The malignant tendency of a tumour is adjudged by noting the cytological evidences of malignancy like hyperchromatosis, pleomorphism and innumerable mitosis. Spread of the tumour in case of malignancy occurs usually by blood stream, but may also occur by direct spread and by lymphatics.

Different workers hold different views regarding their concept of the malignant propensities of haemangio-pericytoma. Rubin and Novak (1956) look upon it as a "mildly malignant tumour". Stout and Murray (1949) are of opinion that there is 21% recurrence-rate after myomectomy and 12.7% incidence of distant metastases. Slattery *et al* (1956) estimate the malignancy rate as 60%. The more rational view seems to belong to Zeigerman (1961) who thinks that it is unwise to consider myomectomy to be as safe as hysterectomy on the face of gloomy follow up reports. The consensus of opinion among the gynaecologists now-a-days is therefore to perform hysterectomy (except in cases of young infertile women with localised swellings and frozen section report of benign nature of the tumour) and thereafter to administer a course of deep 'X-Ray' therapy wherever histopathologically so indicated because of suspicion of malignancy. Subsequently, the patient should be kept under follow up for at least 5 years to look for any possible local recurrence or distant metastases in lungs, liver, bones, etc.

References

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