

PELVIC HAEMANGIOPERICYTOMA—A CASE REPORT WITH REVIEW OF LITERATURE†

by

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Introduction

Haemangiopericytoma is a rare vascular tumour arising from the soft tissues in any part of the body. It can be uterine and extrauterine. Here, a case of extrauterine pelvic haemangiopericytoma is reported with brief review of literature, and various problems are elaborated which are likely to be encountered in its management.

CASE REPORT

A 27 years old Hindu female was admitted in M. G. Hospital, on 29th Jan. 1979 for gradually increasing lump in the left iliac fossa from last 2 years. The lump appeared 2 months after an abortion of 6 months. Lump was painless and not associated with any other constitutional or pressure symptoms. She did not complain of any menstrual irregularity.

On abdominal examination a firm mobile lump of about the size of a cricket ball was felt in the left iliac fossa. It was not tender, smooth in surface with ill-defined margins. The lower

limit of the lump could not be reached. On vaginal examination a mass was palpable through the right lateral fornix. It was firm, non-tender and fixed displacing the uterus to left side. On rectal examination a firm mass was felt posterior to the rectum and fixed to the sacral bone. (Fig. 1.).

Besides the usual routine investigations a barium enema and X-Ray chest was done. None of the investigations were conclusive, except barium enema which showed the indentation into the rectum because of the pressure from the growth.

Operative Findings

On exploration it was found that the uterus was displaced to the left side (which was felt as mobile lump on abdominal examination) and a growth was seen projecting through the posterior peritonium more on the right side.

Posterior peritoneum was incised, and since there was severe bleeding during dissection of the mass, ovarian and uterine vessels were ligated and by blunt dissection the tumour was separated. After separating about 3/4th of tumour mass, the patient went into shock because of the profuse bleeding. Abdomen was closed after tightly packing the cavity formed by the enucleation, with vaseline gauze which was taken out through a separate incision extraperitoneally. Four units of blood was given during the operation and the patient recovered from the shock. After 10 days the patient was again operated through a perineal incision, and a plane between the rectum and sacrum was dissected out.

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Three units of blood had to be given to cope with the haemorrhage during 4 minutes of operation. Patient had a long convalescence period during which small length of vaseline gauze packs were removed periodically but patient had repeated bouts of haemorrhage from perineal wound. Patient was discharged 3 months later with only a small sinus at the perineal site.

Biopsy report proved it to be a **HAEMANGIOPERICYTOMA** Microscopic picture of tumour under low power magnification showed number of small capillary like vascular spaces separated by highly cellular masses (Fig. 2). Under high power clear vascular spaces lined with single layer of endothelial cells without any ab-

normality were seen. Outside and in between these vascular spaces, large number of proliferative pericapillary pericytes seen which appear here as spindle shaped cells containing more or less uniform round or oval nuclei. The mitotic figures are not prominent (Fig. 3).

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See Figs. on Art Paper IV