

BENIGN CAVERNOUS HAEMANGIOMYOMA OF UTERUS

(A Case Report)

by

M. C. R. VYAS,* M.D.
K. R. JOSHI,** M.D., Ph.D.
D. R. MATHUR,*** M.D.
C. S. BAIS,† M.B.,B.S.
(Mrs.) ANNPURNA MATHUR†† M.S.
and
BHARTI CHAUHAN,§ M.B.,B.S.

A benign cavernous haemangiomyoma of the uterus in a 45 years old woman is reported. Benign vascular neoplasms of the uterus are rare. A review of literature and its histogenesis is discussed.

Vascular tumours of the uterus are infrequent neoplasms and majority of them are benign. The paper presents a case report of a large benign cavernous haemangiomyoma of the uterus.

CASE REPORT

Clinical Summary:

S.D., a female, aged 45 years was admitted to Dr. S. N. Medical College Hospital, Jodhpur on 5th November, 1979 and gave the following history. The patient had menarche at the age of 13 years. Menstrual cycles were regular with moderate blood flow. The patient married at the age of 16 years and delivered 5 full term normal babies. The last delivery was 16 years back.

*Reader in Pathology,

**Professor of Pathology & Microbiology.

***Lecturer in Pathology,

†Senior Demonstrator in Pathology,

††Lecturer in Gynaecology & Obstetrics,

§Senior Demonstrator in Pathology,

Department of Pathology and Gynaecology & Obstetrics, Dr. Sampurnanand Medical College, Jodhpur (Raj.)

Accepted for publication on 1-2-80

Since last 5 years she is complaining of moderate degree of pain in the lower part of back and excessive blood flow during menses, lasting about 7-8 days every month.

General physical examination revealed moderate degree of anaemia. Other systems were normal. Her blood pressure was 140/82 mm.Hg.

On local examination, external genitalia and vagina were found to be normal. The cervix was normal looking and centrally placed. The uterus could be palpated bimanually and was in said position. It was felt to be enlarged, soft to firm in consistency, could not be moved easily and was moderately tender.

Investigations:

Haemoglobin level was 10.0 gm%.

A clinical diagnosis of leiomyoma uterus was made and a total hysterectomy with bilateral salpingo-oophorectomy was performed after the routine preparation of the patient. The post operative period was uneventful.

Cross Appearance:

The specimen weighed 850 gm. The uterus was elongated and markedly enlarged with smooth and regular surface. In its greatest dimensions the uterus measured 17.0 x 12.0 x 11.0 cm. On section, the uterine cavity was completely obliterated and occupied by an oval, grayish-red, firm, sessile, homogeneous and capsulated mass of 12.0 x 6.0 x 6.0 cm. exhibiting whorls of smooth muscle bundles. The mass showed several blood filled small dark spaces (Fig. 1)

The mass extended from the fundus of the uterus to the internal os, sparing the cervical canal and the cervix. The overlying myometrium was thickened, and the thickness varied from 2.0-4.0 cm. Both the tubes and ovaries were unremarkable except a few tiny areas of haemorrhage and small cysts of 0.8-1.2 cm. diameter filled with clear fluid.

Microscopic Appearance:

Several microsections obtained from different areas of the uterine mass should the main lesion be composed of several varying sized blood containing cavernous spaces (Fig. 2). These vascular channels were well formed with distinct endothelial linings and basement membranes, and were separated by intervening variable amount of neoplastic smooth muscle bundles arranged in whorls (Fig. 3). Sections from the periphery of the mass showed compressed smooth muscle fibres with evidence of hyaline degeneration. All the tissue components were well differentiated. The endometrium was normal and non-secretory and was not involved by the neoplasm. The cervix and both oviducts

were histologically normal. Ovaries showed follicular cysts.

A final diagnosis of benign cavernous haemangiomyoma of the uterus was thus derived.

Discussion

Most of the uterine haemangiomyomas are intramural and are confined to the uterus. The most common age group is between 3rd and 5th decade. Partly is seemingly insignificant.

Both smooth muscle and vessels were prominent in the lesion reported here and hence should be logically considered to be primary components. The neoplasm with its large size, discrete margins, and the uniform admixture of muscle and vessels were inconsistent with either hyperplasia or varicosities of the vessels. Likewise the myometrial component was neoplastic and not hyperplastic.

See Figs. on Art Paper V