HEMANGIOPERICYTOMA OF VAGINAL VAULT AFTER TOTAL HYSTERECTOMY

(A Case Report)

by

BIMAN K. CHAKRABARTY, F.R.C.O.G.

and

A. SHYAM, M.B.B.S.

Haemangiopericytoma is a rather new tumour in gynaecological world. It was first described by Stout in 1949. A number of examples of this tumour occurring in the uterus have been reported. Encapsulation usually is absent and the tumour may occur in focal masses. Haemangiopericytoma has to be differentiated from stromal endometriosis and sarcoma, cellular myoma and other vascular tumours namely glomus tumour and haemangioendothelioma. Haemangiopericytoma is variable in its malignant potentialities.

CASE REPORT

Mrs. M.K., 35 years $P_5 +_1$ living issue one, was admitted on February, 1978 with a lump, pain in lower abdomen, menorrhagia and metrorrhagia for 6 months.

On examination, the abdominal lump was about 20 weeks' pregnant size. The provisional diagnosis was that of fibroid uterus, for which total hysterectomy was done in Feb. 1978. Investigations done at that time showed nothing significant. The histological report of uterus was fibromyoma. In April 1979 the patient came with excessive white vaginal discharge and on examination a cystic polyp was found hanging from vaginal vault—Vaginal polypectomy with repair of the base of the polyp was done. Histological evidence revealed haemangiopericytoma with no malignant change.

In February, 1980 the patient again came with leucorrhoea and vaginal bleeding. On examination, a greyish rounded mass was found to be hanging from the vaginal vault—which bled on touch and was friable. This time again the mass was removed and histopathological examination was done. The report revealed haemangiopericytoma with low grade malignancy. Patient was referred for radiotherapy but the radiotherapy deptt. did not recommend the case for radiotherapy. Hence, the patient was discharged with advice for follow-up every month. In July, 1980, the patient came for a follow-up without any complaint. But on examination a greyish mass was found hanging from the vaginal vault. During operation the mass broke when held with a sponge holding forceps. It was not encapsulated and was extremely friable. It was removed piecemeal.

The patient now had a radical operation of abdominal removal of vaginal vault and upper vagina with bilateral removal of external and internal iliac group of glands. Histologically glands showed no malignancy. The patient is attending follow up clinic for 4 months without any recurrence.

Accepted for publication on 28-1-81.

Discussion

Uterine haemangiopericytoma often presents with menorrhagia, metrorrhagia, postcoital bleeding and is a disease of women nearing menopause or just after it, though it has been reported in younger women. The diagnosis is usually leiomyoma with which it is often associated. Clinicians first diagnosis it from histopathological report.

In this particular case, hysterectomy

was performed for leiomyoma which perhaps was associated with hemangiopericytoma. Uterine hemangiopericytoma may complicate pregnancy and has been known to be a rare cause of rupture of the uterus. Unlike hemangioma there is often lack of discolouration which can be explained by the absence of blood filled capillaries, whose lumina are compressed by the proliferating pericytes. Hypoglycaemia and hypertension have been reported with hemangiopericytoma.

As to malignancy the literature is full of conflicting opinions. Most authors think it to be benign. In this case the first report was benign, then locally malignant and finally confirmed malignancy. Fatal cases of haemangiopericytoma has been reported by Zeigerman.

Acknowledgement

We are grateful to Dr. J. B. Mukherjee, Principal, Calcutta Medical College, for allowing us to publish this case report.

See Fig. on Art Paper VI