

MALIGNANT HAEMANGIOPERICYTOMA OF THE UTERUS

(A Case Report with Brief Review of Literature)

by

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Introduction

Incidental finding of a benign haemangiopericytoma in the uterus removed for leiomyoma is not uncommon, but the malignant variant of this tumour in the uterus is a rarity. It becomes more interesting when it is encountered in the hysterectomy specimen where there was no clinical suspicion of such a tumour.

Stout and Murray (1942) defined this tumour and stated that it can occur anywhere in the body. Greene and Gerbi (1954), Lidholm (1956); Stout (1956) and Tupor (1957) further described uterine haemangiopericytomas. These tumours usually tend to have a benign course (Greene *et al*, 1970; Wilbanks *et al*, 1975). In view of the incidental finding and the malignant features of the tumour we wish to report the present case.

CASE REPORT

Smt. G.D., 48 years old hindu female was admitted to SVBP Hospital, Meerut on 8-2-80

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for polymenorrhoea and menorrhagia for last 6 years. Her menstrual cycles were 8-10/15-20 days. She also gave history of myomectomy done 10 years back. She had 4 full term normal deliveries and her last child birth was 20 years back.

On vaginal examination uterus was anteverted and uniformly enlarged to about 16 weeks size. Adnexa were not palpable. On speculum examination cervix was normal and there was no abnormal vaginal discharge. She was diagnosed as a case of leiomyoma of uterus and was scheduled for hysterectomy.

She was investigated before operation and her haematologic profile and blood chemistry was within normal range. After operation when she was diagnosed as a case of malignant haemangiopericytoma, X-ray chest, X-ray pelvis and X-ray spine were taken for evidence of metastasis, but all of them were normal.

Operative Notes:

On opening the abdomen there were adhesions of omentum and intestine with uterus. These were easily separated. Uterus was mobile. Total hysterectomy with bilateral salpingo-oophrectomy was done. Her recovery during the post operative period was uneventful. She is still under close followup and so far there are no signs of metastasis.

Gross examination of the specimen revealed uterus with cervix and bilateral adnexa, uterus measuring 10 x 8 x 6 cms and weighing 300 gms. The cut surface of the specimen presented a fenestrated yellowish grey appearance with multiple haemorrhagic spots (Fig. 1). The tumour appeared to destroy uterine musculature

