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. Adenexa 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-ophrectomy 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 adenexa, 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

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pushing it almost completely to the periphery. The uterine cavity was reduced to a narrow slit. The tumour lacked the typical whorled appearance of a leiomyoma and had soft consistency. A complete slice of tumour was re- References moved and 5 sections from different areas were

Microscopic examination of sections revealed uniform histology. The tumour was richly vascular comprising of endothelial channels surrounded by round, ovoid and fusiform pale Second, 38: 86, 1956. staining cells with prominent vesicular nuclei, and stout, A. P. and Murray, M. R.: Ann. These cells were seen sprouting from the collar around the blood vessels (Fig. 2). The tumour cells were seen dissecting the uterine musculature and hence simulating the alveolar 5. Tupper, C.: arrangement (Fig. 3) and confirming the malignant behaviour. There were also cytological features of malignancy, i.e. frequent atypical mitosis, and some large bizzare cells. The reticulin stain confirmed the pattern of haemangiopericytoma, pericytes arranged around ves-

sels in concentric manner. There was no significant pathology seen in the cervix, tubes and ovaries.

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See Fig. on Art Paper III

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