

CAVERNOUS HAEMANGIOMA OF OVARY

(A Case Report)

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Although ovary has a complete and abundant vasculature and hence it is surprising that haemangiomas are very rare. It is difficult to define absolute criteria for the recognition of an ovarian haemangioma as hilar dilated vessels may resemble like haemangioma. It does not seem unreasonable to insist that there should be atleast a visible and well documented nodule. A case report of cavernous haemangioma which underwent torsion is hereby presented.

Case Report

Mrs. K.M., Muslim patient of 50 years of age, was admitted to our hospital on 7-9-1983 for lump n abdomen since 1 year, pain in abdomen and vomiting since three days prior to admission. She had 7 full term deliveries with last child birth 8 years back. She attained menopause 3 years back.

On palpating the abdomen a mass arising from the pelvis about 24 weeks size of pregnant uterus, of variable consistency was felt. Tenderness was present over the mass. Slight ascites was present. On vaginal examination, uterus was anteverted, normal size. Some mass felt high up, tender.

Laparotomy was done. There was a tumour arising from right ovary about the size of 8" x

6" x 4" in size, well encapsulated replacing whole of the ovary. Surface of tumour showed multiple haemorrhages. There was one complete twist of the pedicle. No adhesions. Right tube uterus, left ovary and tube were normal. Total abdominal hysterectomy with right ovariectomy with right salpingectomy and left salpingo-oophorectomy done.

Post-operative period was uneventful and she was discharged in 10 days.

Histopathology report came out as vascular channels lined by endothelial cells containing blood. At places areas of haemorrhages are seen. No evidence of malignancy, suggestive of haemangioma (Fig. 1).

Discussion

Cavernous haemangioma is a rare tumour seen in ovary. H. Fox and F. A. Langley in his book of "Tumour of Ovary", reported that less than 30 cases had been reported in the literature. These tumours are usually unilateral, rarely bilateral with smooth glistening outer surface and well demarcated from surrounding tissue and can attain the size of 12 c.m. diameter. Most of the patients are asymptomatic and tumour is detected accidentally.

Simple ovariectomy is the treatment.

Reference

1. Fox, H. and Langley, F. A.: Book on 'Tumours of ovary' published in 1976.

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See Fig. on Art Paper IX