

A Rare Case of Aggressive Angiomyxoma of Vulva

Pratima P. Acharya¹, K. V. Malvi²

¹Senior Lecturer, ²Senior Resident, Bangalore

A 37-year-old parvul was admitted to the hospital with a lump in the vulval region of 6 months duration. Patient was apparently normal 3 years back, when she noticed 7 marble sized masses in the vulval region for which she underwent extensive histopathological report of the masses was fibroma. Later patient was alright for nearly two and a half years. But 6 months back she again noticed a mass in the vulva of the same size, which was bigger than the previous one. It gradually increased in size, and it was not reducible on lying down or on pressure. She had discomfort during her routine activities and had dyspareunia.

General examination of the patient revealed nothing abnormal. On local examination, there was a large mass on left labia majora measuring about 5cm below the clitoris extending to the perineum and from left part to the lateral vaginal wall. Linear scar was present over the skin. On palpation, it was a non-tender, soft mass with ill defined margins. Pub examination revealed a stage II left lateral vaginal wall. Cl was healthy. On Papanicolaou's test, smear was normal. A tentative clinical diagnosis of "recurrent fibrosarcoma of vulva" was made.

For the investigation of blood & urine were normal. Hemogram and coagulation studies were normal. Vulva was fixed in a midline position to the right & left of it. On gross examination, fibrosarcoma of vulva 2.75 diameter was found.

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Incision was made to remove the mass and return. A vertical incision was taken over the mass, vulva was debrided, parts of additional masses were excised. Coelom was left dry. The specimen was identified. Dissection was extensive extending upwards up to suprarenal region & posteriorly to ureters. Profuse bleeding was present during surgery. Mass was 6 gram and excised as high as possible. Dead space was obliterated. After getting the extent of block it was sutured. A tentative diagnosis of "fibrosarcoma of vulva" was made.

On gross examination, there was an unencapsulated, pale examination of the mass showed hyaline, clear, mucopolysaccharide matrix, divided at a generally random, narrow fibrous septa containing well defined blood vessels, many of which had irregular & thickened walls. Microscopically, the tumour was "aggressive and infiltrative". Follow up upto 6 months revealed no recurrences.