

Cavernous Haemangioma of Vaginal and Paraurethral Wall - An Indication for Caesarean Section

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Introduction

Cavernous haemangioma, usually a benign lesion, occupies a grey zone between haemartomatous malformation and true neoplasm. They are known to develop on the skin and subcutaneous tissue, lips, tongue, liver and less frequently at other sites like spleen, kidney and breast. Its occurrence in genital system (cervix, vulva & vagina) is extremely rare.

Case Report

A 20 years primigravida with term pregnancy came to our hospital in labour. There was no vaginal bleeding or leaking. On examination her vitals were normal & systemic examination revealed nothing specific. Per abdomen - Uterus was full term. LOA vertex, engaged with good uterine contractions. Foetal heart sounds were regular.



Fig. 1



Fig. 2

Per speculum Examination - Showed bluish coloured swelling extending from left labia majora into the vagina right up to the paraurethral region. Swelling was incompressible & had peculiar 'bag of worm' kind of feel (Fig 1 and 2).

Per Vaginal Examination

Cervix was 4cm dilated 80% effaced, membranes were absent, vertex was at -2 station. Pelvis was within normal limits. Provisional diagnosis of primigravida with full term pregnancy in active labour with ? viral warts ? Haemangioma was kept in mind. Skin specialist & general surgeon opined regarding the swelling. The final diagnosis was given as cavernous haemangioma. Keeping in mind the possibility of vaginal or paraurethral tear during labour, which might lead to brisk haemorrhage from the site of haemangioma, a lower segment caesarean section was done. Male living child weighing 3kg was delivered. Post operative period was uneventful.