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A RARE CASE OF UTERINE HEMANGIOMA

Gynaecology

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ABSTRACT

Uterine hemangioma is a rare benign tumor usually presenting with menorrhagia or pregnancy-associated complications. Fewer than 50 cases have been reported in the literature. We are presenting this case due to its rarity and one of rare cause of abnormal uterine bleeding.

KEYWORDS

Uterine Hemangioma, Menorrhagia

INTRODUCTION:

Uterine hemangioma is a rare benign tumor usually presenting with obstetric and gynecological complications ranging from menorrhagia, intermenstrual bleeding, infertility, and pregnancy–associated complications which includes maternal and fetal demise due to excessive bleeding.[1-4] Common sites of involvement in uterine wall include serosa, myometrium, and endometrium. Uterine hemangiomas are classified into congenital and acquired. Congenital hemangiomas is usually associated with hereditary disorders including hereditary hemorrhagic telangiectasia, Klippel–Trenaunay syndrome, tuberous sclerosis, Maffucci syndrome, blue rubber bleb nevus syndrome, and Kasabach–Merritt syndrome. Acquired hemangiomas are thought to be associated with both physical changes and hormone alterations.[2] Here, we report a rare case of uterine hemangioma which presented as abnormal uterine bleeding.

A case report:

A 41 years old female presented with complaints of menorrhagia since last 6 months. She was Para3Live3Abortion1 and tubal ligated. General examination of heart, chest, and abdomen did not reveal any abnormality. Per speculum examination showed normal cervix and vagina. In bimanual examination uterus was anteverted parous size and bilateral adnexa free. Transvaginal ultrasonography findings revealed anteverted uterus measuring 7x5x1.5 cm with endometrial thickness measured 6mm and myometrial thickness measured 1.5 cm. In the uterus there was no abnormal structural finding. After 6 months of conservative management no improvement was seen in symptoms. Hence, decision of hysterectomy was taken. Hysterectomy specimen was sent for histopathological examination. On gross uterus measured 7x4x1.5 cm, endometrial thickness measured 2mm, myometrial thickness measured 1.5 cm. On microscopic examination ecto and endocervix showed chronic cervicitis and squamous metaplasia. Endometrium showed proliferative endometrium. Myometrium showed dilated vascular spaces distended with blood and lined by flatted epithelium. These vascular channels were not interconnected with each other as seen in figure 1and 2. On the basis of histological finding a diagnosis of uterine hemagioma was made.

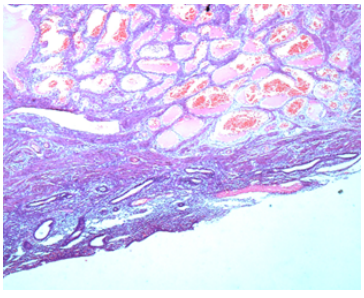

Figure:1

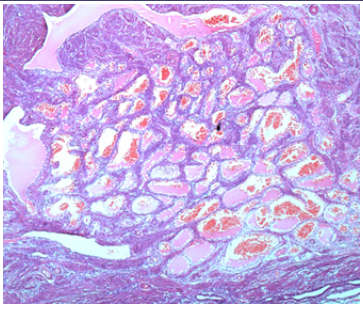

Figure:2

DISCUSSION:

Vascular tumors are rare in uterus and cervix. Uterine hemangiomas were first described in 1897, and were an incidental discovery at an autopsy after a young woman developed anemia and dyspnea and died 24 hours after delivering twins.[1] Clinically significant vascular lesions which have been described in the uterus include capillary and cavernous hemangiomas, arteriovenous malformations, angiomyomas, and hemangioendotheliomas.[1] Cavernous hemangioma of the uterus is a rare vascular neoplasm in which there is proliferation of arterial and venous vessels of various sizes with cavernous like arteriovenous fistulas in uterine wall which replaces the normal myometrium.[5,6] Review of literature of uterine hemangioma reveals youngest patient was a 14–year–old girl who underwent hysterectomy for life–threatening bleeding[7] and the oldest patient was a 57–year–old woman who underwent hysterectomy for postmenopausal bleeding.[8] The clinical symptoms ranges from abdominal pain, menorrhagia, anemia, infertility, and maternal and pregnancy–associated complications.[2] The most common site for hemangioma is uterine body, but they can involve uterine corpus or the cervix. Hemangiomas can be localized or diffuse. Localized hemangioma is commonly presents as an endometrial polyp or a localized mass in the myometrium. Diffuse hemangioma present as transmural involvement of uterine wall from endometrium to the serosa.[9] Histopathologically, uterine hemangiomas can be divided into cavernous and capillary type. The capillary type is composed of small–sized capillary vessels and is confined to the endometrium, whereas the cavernous type has large dilated vascular channels and diffusely involves the uterus.[6] Uterine hemangiomas are classified into congenital and acquired. Congenital hemangiomas is usually associated with hereditary disorders including hereditary hemorrhagic telangiectasia, Klippel–Trenaunay syndrome, tuberous sclerosis, Maffucci syndrome, blue rubber bleb nevus syndrome, and Kasabach–Merritt syndrome. Acquired hemangiomas are thought to be associated with both physical changes and hormone alterations.[2] Indirect evidence suggests that estrogen may have a prominent role in angiogenesis and vasculogenesis through various angiogenetic factors resulting in the formation of hemangioma although no clear direct association is seen.[2]

Differential diagnosis of uterine hemangioma includes lesions with vascular dilatation such as arteriovenous malformation, lymphangioma and adenomatoid tumor. Uterine hemangioma can be diagnosed by ultrasonography that reveals a thickened uterine wall which is composed of cavernous fluid filled spaces with a turbulent flow in these spaces.[4] Here, in our case hemangioma was not diagnosed on ultrasonograpy. Other diagnostic modalities which can aid in diagnosis are Doppler, Computed Tomography imaging and Magnetic Resonance Imaging.

Treatment for uterine hemangiomas is both conservative and surgical. Conservative treatments include carbon dioxide laser excision, cryotherapy, radiotherapy, electrocauterization, internal artery ligation, uterine artery embolization, conization, laser ablation and local excision.[9-11]Hysterectomy may be considered for hemangioma, if they are refractory to conservative treatments.[11]Conservative management is the treatment of choice in young females. Our patient presented with abnormal uterine bleeding not responding to medical treatment as diagnosis was not made and so underwent hysterectomy. On histopathological examination final diagnosis was made. It is important for a gynecologist to recognize this entity, not only because of its potential for life ‐threating complications, but also because of the need for tailored treatment.

CONCLUSION:

We are presenting this case of uterine hemangioma due to its rarity and one of rare cause of abnormal uterine bleeding.

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Conflicts of interest
There are no conflicts of interest.

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