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Angioleiomyoma Uterus,Unique Variant of Uterine Leiomyoma

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Abstract

Uterine leiomyomas or fibroids are benign smooth muscle tumors of the uterus originates from smooth muscle and has thick blood walled vessles. Most women are asymptomatic while others complain of painful or heavy period and abdominal mass. Uterine angiolieomyoma is one of the extremely rare variant and only15 cases have been reported in the literature up to date. The case described here is about a 48 year old women who presented with abdominal distension and pain.

Introduction

Uterine angioleiomyoma is an extremely rare and unique variant of leiomyoma otherwise known as vascular leiomyoma originating from smooth muscle cells and containing thick-walled vessels and usually occurs in subcutaneous tissue, most often in the lower extremities and very rarely in the uterus.[1,2] They occur middle-aged women and can present as an abdominal mass or with symptoms of abdominal pain and menorrhagia.[3] These tumors can undergo spontaneous rupture and cause catastrophic intra-abdominal bleeding. A diagnosis of AL was made on histopathologic examination.

Case report

A 48 year old postmenopausal woman, came to the out patient department of gynaecology at SMIMS, Kulasekharam with complaints of lower abdominal pain for 1 month which was intermittent, dull aching and abdominal distension. She had attained menopause at the age of 45 years. Her obstetric score was P2l2A1 sterilized with all being full term normal deliveries.

On examination, she is moderately built, BMI – 27.40 kg/sq.m2, No pallor,lymphadenopathy, and oedema. Her vitals were stable and systemic examination showed no abnormalities.Per abdomen she was found to have a 22 weeks size uterus, non tender mobility restricted. On local examination, vulva and vagina shows atrophic changes, but per speculum examination showed a cervix with posterior lip hypertrophy, no discharge.

Per vaginal examination showed a 22 weeks uterus, non tender, firm in consistency, mobile and bilateral for nix freePost operative period was uneventful. Histopathology report came as a Angioleiomyoma uterus.On investigations she was found to have a haemoglobin level of 12 g/dl.USG showed a uterus of size (11.5 x 5.3 x 5.2 cm), with hypoechoic mass, lesion arising from posterior myometrium of uterus (15x11cm) is seen extending upto to level of umbilicus. Moderate vasularity seen. A subserous fibroid (3.5x2.2cm) is seen arising from posterior myometrium of lower body.Endometrium not separately visualized.Ovaries not visualised. PAP smear showed negative for intraepithelial lesion.She underwent Total Abdominal Hysterectomy with bilateral salpingo-oophorectomy 9/3/17.Intraoperatively she was found to have uterus enlarged in size 26-28 weeks variable in consistency, highly vascular,both ovaries&tubes.Post operative period was uneventful. Histopathology report came as a Angioleiomyoma uterus.

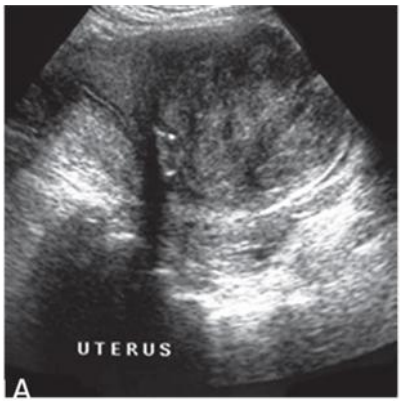

Figure 1 - Pelvic ultrasonogram showing a heterogeneously hypoechoic lesion that measures 15X11 cm seen in the posterior myometrium (left lateral aspect) indenting and displacing endometrial echo. No definite hyperechoic foci to suggest calcification are seen within the lesion.

Figure2-Gross – The cut sections of the tan-gray lobulated intramural nodule are whorled tan-grey to tan-white with foci of congestion; no area of softening is present.

Figure 3-Microscopic Examination: Histological sections of the tumors, stained by haematoxylin and eosin showed the tumor mass is composed of well-differentiated smooth muscle cells and numerous thick-walled vessels with some dilated vascular channels. No pleomorphism or mitotic figure is identified.

Discussion

Leiomyoma of the uterus is one of the very common benign tumors, which frequently occurs in women of reproductive age. There are different variants of leiomyoma viz. cellular, epithelioid, myxoid, lipoleiomyoma, etc., and amongst these variants AL is extremely rare, as till date only 15 cases of AL of the uterine corpus have been described in the literature [2]. Uterine AL usually occurs in the middle-aged females [3] Angioleiomyomas are benign, relatively common neoplasms described in the lower extremities, head, and trunk[5]. Histologically, AL can be classified into 3 subtypes: capillary or solid, cavernous, and venous [2]. This type of fibroids usually arises in the myometrium, with size varying in the range 0.2–4.3 cm [2.] They differ from other types of leiomyoma in that they are encapsulated, multi-loculated and contain numerous vessels.[6] The diagnosis of AL is dependent on the histological findings, and AL is nearly impossible to distinguish clinically.The microscopic differential diagnosis includes endometrial stromal nodule, angiomyofibroblastoma, and perivascular epithelioid cell tumor. Although each of these has characteristic morphologic features, at times overlapping histologic features may warrant the use of a proper immunohistochemical panel to arrive at a correct diagnosis[4] If extensive nuclear atypia is present in the tumor, extensive sampling should be performed. Increased or atypical mitosis, an advancing edge of the tumor, and necrosis should be searched for to exclude leiomyosarcoma.

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