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Case Report

A Rare Case Report of Cervical Hemangimatous Polyp.

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Abstract:

Introduction: Stress is one of the problems that often occur in human life that is inevitable. The uterine cervix is a rare site for cavernous hemangiomas. Cervical hemangiomas are slow-growing tumors with characteristic histological findings, including dilated vessels with increased endothelial cells. Although their pathophysiology remains unclear, hormones are believed to play an important role in the development of these vascular tumors. They may be asymptomatic due to their small size, but they can cause gynecological and obstetrical complications, including abnormal uterine bleeding and impaired fertility. Due to their small size, conservative treatment is the first line of management. Hysterectomy is considered for refractory cases or for patients who are not of childbearing age. In this study, firstly, we presented a case of a 62-year-old postmenopausal female presented with postmenopausal bleeding and a polypoid mass hanging over the anterior cervical wall through its stalk. The surgical biopsy revealed no signs of neoplastic changes, with the only notable finding being a polypoidal lesion representing a cavernous hemangiomatous cervical polyp.

Introduction

The tumors of the vascular origin in the female genital system are rare. Cavernous hemangioma of the cervix are extemely rare, benign lesions. To date, fewer than 55 cases have been reported.[1] The average age of most reported cases is about 35 years. The gynecological complications are intermenstrual spotting, abnormal uterine bleeding, postmenopausal bleeding, post-coitus bleeding, infertility, and dyspareunia.[2]

Typically, the histological picture of hemangiomas shows that they are composed of proliferated, irregularly shaped and well-differentiated blood

vessels lined by the endothelium and surrounded by pericytic cells.[3-5]

Our case is cavernous hemangioma in a postmenopausal woman with vaginal postmenopausal bleeding. This case is presented to increase the awareness of the existence of cavernous hemangioma of the uterine cervix in older women.

CASE REPORT

A 62-year-old female presented with lower abdominal pain and postmenopausal bleeding for 6 months. On general examination, the vitals were stable. The gynecological examination revealed 2.5x2 cm necrotic polyp seen arising from the anterior lip of the cervix and no changes in the uterine corpus. CT Pelvis show uterus in normal size and attenuations. Paraclinical tests revealed hemoglobin 118 gm/L, platelet 133 × 109 /L, activated partial thromboplastin time 41.1 s/32 s, prothrombin time 17.3 s/12 s, and international normalized ratio 1.9. The serum level of lactate dehydrogenase was 153 IU/ml (normal range: 106–220 IU/l), carbohydrate antigen-125 (CA-125) was 26.1 U/ml (normal range: 0–35 U/ml), and carcinoembryonic antigen was 2.1 ng/ml (normal range: 0–5 ng/ml). Polyp was removed. Grossly a gray brown globular soft tissue piece was received measuring 2.5x2x2 cm in size.

Histological examination showed fibrocollagenous tissue with numerous dilated cavernous spaces filled willed blood. The lining epithelium denuded at most of the places. Diagnosis of cavernous hemangiomatous polyp was made.(Figure 1 and 2)

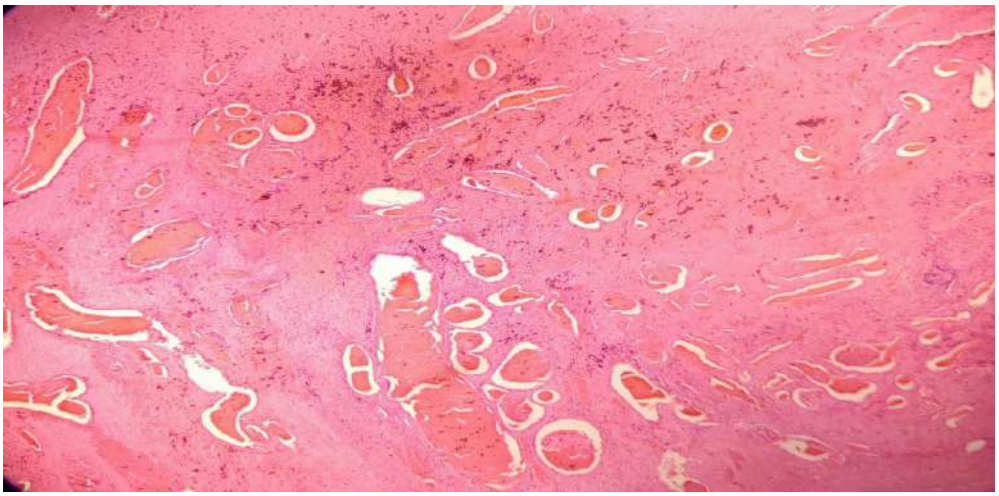

Figure 1 : A fibrocollagenous stroma in which cavernous type vascular canals are visible – cavernous hemangioma. (H & E, 40X)

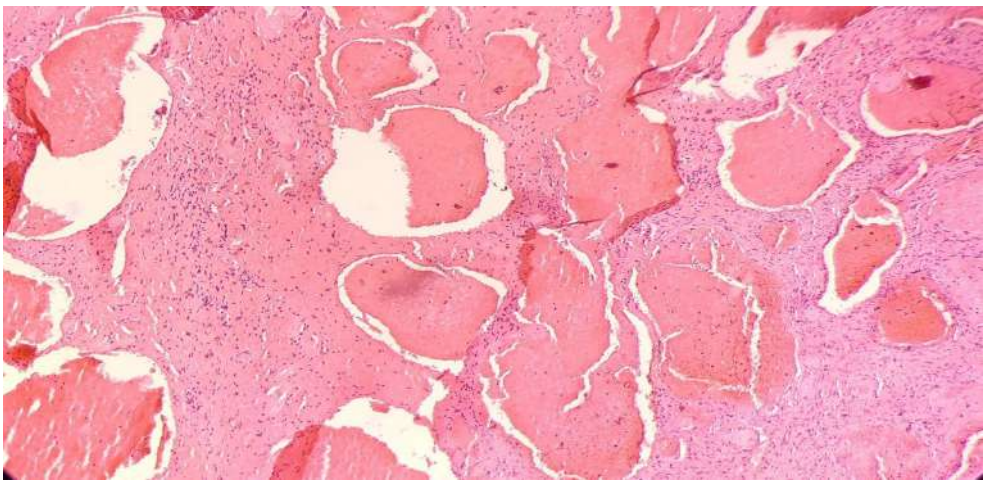

Figure 2: A large cystically dilated vessels lined by the thin walls and containing blood. (H & E, 100X)

Discussion

Haemangiomas/vascular hamartoma are very common benign vascular lesion. Among these, capillary haemangiomas are the most common type. It commonly occurs in the skin, subcutaneous tissue, oral cavity and kidney have been reported. In liver and spleen haemangioma are mostly cavernous type. However haemangioma of cervix is very rare and about 55 cases are reported in literature till date. [2,6]] One of the very first reports of the haemangioma cervix was described by weed in 1948.[7] Though they are commonly congenital in origin, they can be developmental with potential to proliferate.[8] They are more common in 2nd and 3rd decades of life and parity has no significant role.[9] In the present case of cervical haemangioma, the age of the patient was 62 years. Due to their small size, most of them are asymptomatic and discovered incidentally.[7] Only one third of the cases are symptomatic.[10] Patient may present with menorrhagia, intermenstrual spotting, post-coital bleeding, infertility, dyspareunia and also associated with use of oral contraceptive pills.[11,12] It can also mimic endometriosis.[13] The obstetrical complications are the premature rupture of membranes, the intra-uterine fetal death, post partum haemorrhage and disseminated intravascular coagulation. Rare cases of coexistence of cervical haemangioma with pregnancy are also reported. Association with oral contraceptive pills and pregnancy indicates role of hormone in development of cervical haemangiomas.[14] Due to variation in hormonal levels in pregnancy, it may aggravate the symptoms of existing haemangiomas. It is shown that oestrogen has an important role in the development of haemangioma, by presence of oestrogen receptor in endothelial cells of haemangioma.[2,15] In the present case patient presented with postmenopausal bleeding. No history of use of hormaonal intake was noted. Grossly haemangioma can be described as port wine or brownish discoloration. They are small and well circumscribed or diffuse and sometimes may also involve vagina and vulva.[16] Haemangiomas should be differentiated from microvascular proliferations due to chronic infections because similar clinical presentation can be seen in case of chronic cervicitis.[14] The cervical cavernous haemangioma can be associated with generalized vascular malformations such as Blue rubber bleb nevus syndrome, which is a rare disease showing venous malformations of the skin, gastro-intestinal tract and other internal organs. The present case was not associated with any syndrome.

Surgical excision remains the treatment of choice in most of the cases. In the present case polypectomy was done and patient became asymptomatic.

Conclusion

The uterine cervix cavernous hemangioma is a very rare pathology in old women. Sometimes, it can cause obstetric and gynecological complications, but often it is asymptomatic or with vaginal bleeding. The differential diagnosis is very difficult due to the rare localization of hemangiomas in the cervix. The final diagnosis can only be made by the Histopathological examination.

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