# Recurrent angiomyofibroblastoma of the vagina: a case report

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**Summary**

Angiomyofibroblastoma is a rare tumour of the superficial soft tissue of the pelvis and perineum. It is considered to be a slowly growing benign tumour. In the literature no evidence of recurrence has been reported up to eight years following local excision. We report a recurrent case of this tumour with no evidence of malignant transformation.

*Key words:* Angiomyofibroblastoma; Pelvis; Vagina.

## Case Report

A 62-year-old patient was referred to the Gynaecology Clinic because a lump was felt protruding through the vagina. The patient otherwise was asymptomatic. She went into menopause at the age of 47 following total abdominal hysterectomy and bilateral salpingo-oophorectomy for menorrhagia. Three years before the referral she had had a mastectomy for breast cancer and was subsequently put on tamoxifen. She had never used hormone replacement therapy before and was not using any form of medication apart from tamoxifen. Examination in the clinic revealed a wide-base pedunculated mass (5 x 3 cm) arising from the vaginal vault. The mass was later removed under general anaesthesia and histopathological examination showed that it was a complete excision of a angiomyofibroblastoma of the vagina. The patient was followed up in the clinic. Fourteen months later, new growths were detected in the vagina in the form of three small nodular swellings on the anterior and posterior vaginal walls very close to the site of excision of the previous lesion. Following removal, histopathology confirmed the recurrence of the same tumour with no features of malignant transformation.

## Discussion

Angiomyofibroblastoma is a recently described rare tumour of the superficial soft tissue of the pelvis and perineum which occurs predominantly in middle-aged females [1]. Most of the reported cases have been in the vulva and perineum and less frequently cases have been described in the vagina.

There is a morphological overlap between this tumour and aggressive angiomyxoma. The two tumours may represent a spectrum of neoplasms of myofibroblastic origin and immunohistochemical staining may not help in the differentiation as both tumours are immunoreactive to desmin. Histomorphological analysis remains as the principle means of distinction [1]. Angiomyofibroblastoma is characterised histologically by its circumscribed borders, much higher cellularity, more numerous blood vessels (which lack prominent hyalinization), frequent presence of plump stromal cells, minimal stromal mucin and rarity of erythrocyte extravasation [2]. Oestrogen and progesterone receptors have been found to be diffusely expressed in angiomyofibroblastomas, suggesting sex steroid dependency [3].

Angiomyofibroblastoma is considered to be a slowly growing benign tumour [2]. No evidence of recurrence has been reported up to eight years following local excision [4]. There is only one case report of a mitotically active variant [5] and another report of a locally recurrent vulval tumour which was considered the first example of a possible malignant transformation of such tumours because of the presence of sarcomatous elements [6]. There is no previous report of recurrence of the tumour without any evidence of malignant transformation.

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