Cavernous hemangioma of the uterus (A case report)

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Summary

Cavernous hemangioma of the uterus is an extremely rare lesion. We report a postmenopausal patient with abnormal uterine bleeding due to hemangioma and simple endometrial hyperplasia.

Key words: Hemangioma; Uterus.

Introduction

Cavernous hemangioma of the uterus is a very rare lesion [1]. The lesion can cause gynecological and obstetric hemorrhage and rapidly become life-threatening [2]. A case of a cavernous hemangioma and simple endometrial hyperplasia of the uterus is reported.

Case Report

A 55-year-old postmenopausal woman was referred to the gynecology and obstetric clinic for abnormal uterine bleeding. She had five living children. She had had irregular bleeding for six months, and menopuase had occurred seven years before. The gynecological examination revealed fresh bleeding from the cervical canal, but the portio showed no abnormality. The uterus was of normal size. No coagulation defect could be found. Serum follicle stimulating hormone, luteinizing hormone, estrogen and progesterone levels were normal according to age. Ultrasonic scanning of the uterus and adnexes was normal. Dilatation of the cervical canal and curettage of the endometrial cavity was performed and 1.5 cc hemorrhagic material was obtained. About 150 cc fresh bleeding occurred after curettage.

Microscopically there were a number of endometrial glands and blood vessels within the compact endometrial stroma. The blood vessels were filled with blood, dilated, and showed a proliferating endothelium, some of which connected with each other (Figure 1). The tumor consisted of large venous channels confined to the endometrium and superficial myometrium, without involvement of the cervix. Some of the endometrial glands had hyperplastic epithelium and showed a dilating lumen (Figure 2). Histological diagnosis was made as cavernous hemangioma and simple endometrial hyperplasia.

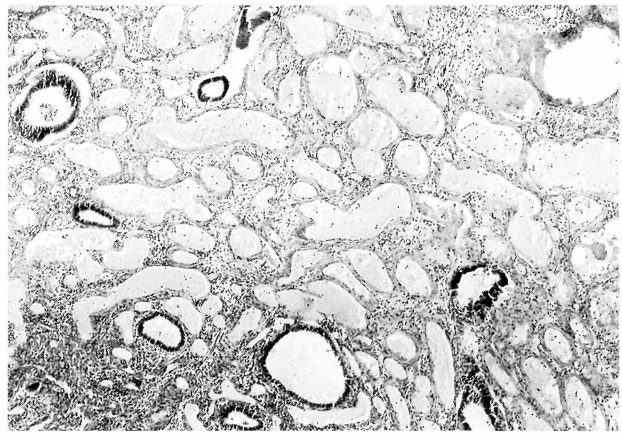

Figure 1. — Cavernous hemangioma: Blood vessels filled with blood, dilated, and interspersed with endometrial glands (H. E. x 100).

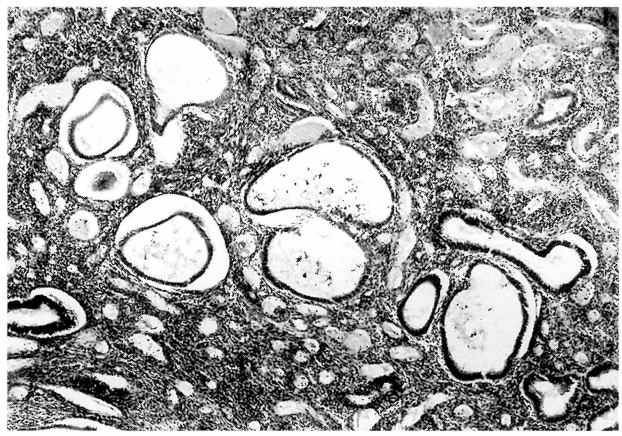

Figure 2. — Simple endometrial hyperplasia and cavernous hemangioma (H. E. x 100).

Discussion

Uterine hemangioma is a rare neoplasm occurring most frequently during the fourth and fifth decades of life [3]. Hemangiomas of the female sex organs have been described most frequently in the cervix and vagina, but in four reported cases, the hemangiomas were localized in the corpus uteri [2]. The lesion has been reported to be either congenital or acquired. The acquired cases were associated with previous pelvic surgery, curettage, trophoblastic disease, endometrial carcinoma, and maternal ingestion

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of diethylstilbestrol [4]. In our case there was no history of these.

Uterine hemangiomas typically are slow-growing neoplasms. However, growth may occasionally be rapid and simulate pregnancy. Lesions as large as 25 cm in diameter have been reported. Most uterine hemangiomas are intramural and confined to the corpus; such lesions may involve large areas of myometrium [3].

Both the rarity of the lesion and similarities in clinical presentation between uterine leiomyoma and hemangioma preclude accurate clinical diagnosis. In fact, the two lesions may coexist in the same patient. Clinical diagnosis may be suggested by the simultaneous presence of hemangiomas in other organs. Clinical symptoms depend on the size of the vascular anomaly and its localization. Hemangiomas are often asymptomatic and pain is rare. Menorrhagia is the most frequent symptom, and may be severe in patients with submucosal involvement [3]. In our case, vaginal bleeding was the most important symptom because the lesion was located in the endometrium.

The most commonly seen presenting sign was hemorrhage following curettage when the thin endometrial tissue covering the hemangioma was removed and the blood vessels were exposed. Control of bleeding by angiographic embolization has been reported [1]. Most cases of diffuse cavernous hemangioma of the uterus have ended with hysterectomy in an attempt to control profuse bleeding [5].

The diagnosis of cavernous hemangioma of the uterus is most often made when a pathologic specimen is examined, or by angiography [1]. The microscopic figures of the cavernous hemangioma of the endometrium are not different from the ones of the other cavernous hemangiomas seen in different organs [2].

In this case simple hyperplasia of the endometrial glands showing cystic enlargement with hyperplastic epithelium was found. We have not encountered any report of cavernous hemangioma with simple endometrial hyperplasia in the English literature.

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