

Case report:

Haemangiomas of uterine cervix: a rare cause of post-coital bleeding – a case report.

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Abstract:

Cavernous haemangioma of uterine cervix is a very rare lesion. It is clinically significant due to its presentation of pervaginal bleeding mimicking many other neoplastic lesions. Occasionally it may lead to massive haemorrhage complicating to hypovolemic shock. Here we are presenting a rare case of cavernous haemangiomas of uterine cervix presented with postcoital bleeding in a 32 years old lady. Surgical removal is curable and also has been proved to control post-coital bleeding successfully in our case.

Keywords: Cavernous haemangioma; cervical polyp; Postcoital bleeding.

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Introduction: Cavernous haemangioma of uterine cervix is an extremely rare benign vascular lesion^{1,2}. Till now, very few cases have been reported in the English literature^{1,2}. It may remain clinically silent or presents with menometrorrhagia, post-coital bleeding, post-menopausal vaginal bleeding³. We are presenting a case of cavernous haemangiomas of uterine cervix presented as post-coital bleeding in a 32 year old multiparous lady.

Case History: A 32 year old multiparous lady was admitted in our gynaecology & obstetrics emergency with history of sudden onset post coital bleeding. Past history of one similar episode of small amount bleeding at 2 month back was given. The lady was para 3+0 and last delivery was 4 years back. She was using combined oral contraceptive pill for last 3 years. On general examination, she had average built and vitals were stable during admission. On speculum examination there was a smooth,

brownish, elongated polypoid mass with spotty surface haemorrhage coming out from cervix and active vaginal bleeding was noticed. On per-vaginal examination, uterus was multiparous in size, fornices were free and non-tender and a pedunculated soft polyp arising from endocervical canal was palpable. She was operated by polypectomy and cauterization of base. Post-operative period was uneventful and she did not need any blood transfusion. Resected specimen was sent for histopathological examination.

On gross examination, it was a smooth elongated brownish polypoid mass measuring 6x2x2cm with brown-black cut surface (Figure 1).

Ethical clearance: Ethical clearance: This case report was ethically approved by the Ethics Committee of College of Medicine and Sagore Dutta Hospital, Kamarhati, Kolkata 700058.

Discussion: Haemangiomas are common benign vascular tumour⁴. Though common in childhood,

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Figure 1: Image shows gross appearance of the polyp-brown colored smooth surfaced mass measuring 6x2x2cm.

On histopathology the polyp was lined by endocervical epithelium and stroma is highly vascular consisting of large number of dilated blood vessels of varying size (Figure 2,3).

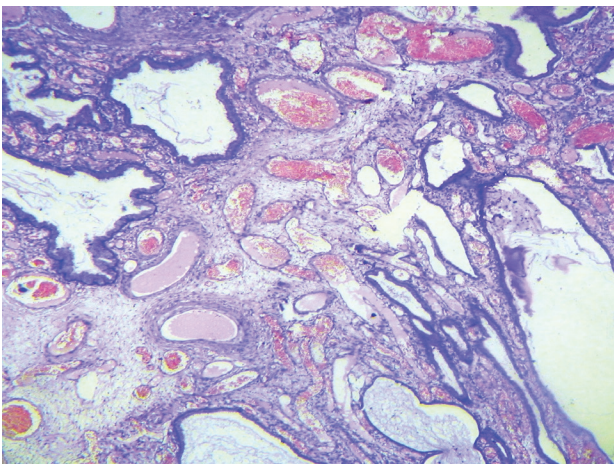


Figure 2: Photomicrograph showing highly vascular polyp lined by endocervical epithelium and the stroma consist of large number of dilated blood vessels of varying size (H & E stain, scanner view).

Vessels were lined by regular endothelial cells without any features of atypia. Histopathological diagnosis was cavernous haemangiomatous polyp of endocervix.

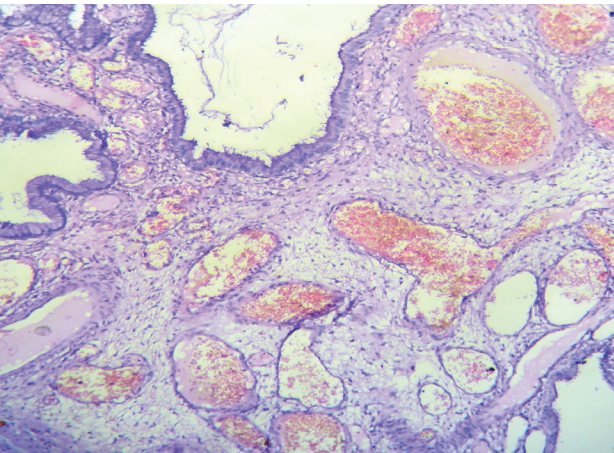


Figure 3: Photomicrograph showing large dilated irregular vessels in the stroma of the polyp and infiltrated with chronic inflammatory cells (H & E stain, low power view).

haemangiomas can occur at any age group with a wide distribution throughout the body^{1,4}. But cavernous haemangioma of uterine cervix is very rare^{1,2,4}. Among the various morphologic types of haemangiomas, capillary haemangiomas are most common type in all over the body as well as in cervix. Cavernous haemangiomas contain large dilated vascular channels and are relatively less common⁴. Though it is believed that haemangiomas are congenital but it may develop in adult age⁵. Etiopathogenesis of acquired cavernous haemangioma of cervix is not explained yet⁴. Previous authors indicated relationship of cavernous haemangioma with pregnancy and oral contraceptive use⁶. In our case also the patient had history of OCP use for long duration. Bonetti *et al* found strong association of estrogen receptors expression in endothelial cells of haemangioma of uterine cervix⁷.

Cavernous haemangiomas have been reported in patients with wide age range but these commonly occur in young women of child bearing age (2nd & 3rd decade)^{1,3}. Although most of the cases remain asymptomatic, about 35% cases present with per-vaginal bleeding⁸. Cavernous haemangioma of cervix complicating pregnancy outcome has also been reported^{2,3}. Grossly cavernous haemangiomas of cervix are port-wine or brownish spongy mass. Clinically it often simulates a cervical polyp and it may be mistakenly diagnosed as malignant lesion particularly when it presents with irregular or ulcerative lesion^{1,7}.

Per vaginal Doppler examination can delineate haemangioma as well defined uniformly hypoechoic lesion with peripheral feeder vessels⁹. Definitive diagnosis depends on histopathological examination. In histology they reveal irregular dilated blood vessels lined by regular benign endothelial cells and contain blood. Sometimes vessels walls may be thickened due to adventitial fibrosis². Surgical excision is the gold standard treatment for cavernous haemangioma of uterine cervix. Other alternative treatment procedures like cryotherapy, trachelectomy, suture ligation,

sclerosing agents, carbon dioxide laser and LEEP etc are also tried by different workers. But intractable bleeding may require hysterectomy when conservative procedures fail.

On conclusion cavernous haemangioma of uterine cervix is very rare pathology. Gynaecologists should include it as a rare possibility of acute pervaginal bleeding and should differentiate from malignant lesions.

Conflict of interest: None declared

Authors' Contributions:

Data gathering and idea owner of this study:

Subrata Pal

Study design: Subrata Pal, Kingshuk Bose

Data gathering: Kingshuk Bose, Srabani Chakrabarti

Writing and submitting manuscript: Subrata Pal, Srabani Chakrabarti, Mrinal Sikder

Editing and approval of final draft: Subrata Pal, Kingshuk Bose, Srabani Chakrabarti

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