Giant Angiomyoma of the Broadligament: A Case Report

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Angiomyoma of broad ligament region is rare and there is only one reported case of angiomyoma of this region in the literature. A 43 year old women was operated because of broad ligament mass. The pathologic examination revealed broad ligament angiomyoma. It was amed to report the present case regarding its extremely rare localisation for angiomyoma.

Key Words: Angiomyoma, Broad ligament, Giant angiomyoma

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Introduction

Angiomyoma is a benign mezenchymal neoplazm compsed of smooth muscle cells and thick-walled vessels. It is usually fund in the skin of the lower extremities. Angiomyoma is a very rare tumor among the ever expanding repertoire of growth variants described in benign uterin leiomyoma. More rare is a solitar tumor of the broad ligament. Thus angiomyoma of the broad ligament is extremely rare benign tumor of the female pelvis.[1]

The etiology of aniomyoma takes into account many factors, such as traumatic venous congestion, pregnancy, infection, or local effects resulting from oestrogenic therapies.[2] Hormonal alterations and arterio-venous malformations have also been considered.[3] We present a case of angiomyoma of the broad ligament because of its extreme rarity and the large size of tumor.

Case Report

In this report a 43 year old women with two years history of abdominal pain was admitted to our hospital. There were no other significant symptoms. She had regular menses. Gynaecological and ultrasonography exams showed a large mass with increased vascularizations in the right adnexal region (The size of mass was 128×108 mm).Magnetic resonans imaging showed a large mass with lobule, septae, semisolide in the pelvis (The size of mass was 11×10 cm on the magnetic resonans). Laboratory studies disclosed the following results: Hb 12.8 g/dL; Blood urea nitrogen 12.9 mg/dL; Serum creatinine 0,72 mg/dL; Potassium 3,51 mEq/lt; Chloride 105 mEq/lt; Calcium 8,9 mg/dL; Phosphorus 2,63 mg/dL. Urinalysis was normal. Marker of tumor was normal: CA 125:10,7 U/mL; CA 15-3: 7,7 U/mL; CA19-9: 7,9 U/mL.

The patient underwent total hiysterectomy and bilateral salpingo-oopheorectomy. The lesion was treated by simple excision. The side of the benign mass was the right broad ligament of the uterus. The patient was discharget on the 13th day after surgery.

On pathologic examination of the specimen, the tumor as diagnosed as angiomyom.

Macroscopic findings:

Grossly, the surgical resected material, which measured 10×8,5×7 cm, was a pink-yellow-red colored soft tissue mass admixed with loose gelatinous areas throughout the on surface.Angiomyoma is capsulated.

Microscopic findings:

Showed a mostly dense tissue made up of monomorphic smooth muscle cells surrounded by a connective capsule. Areas of high cellularity were present, while in others few mixoid like cells embedded in an amorphous extracellular substance were present (Figure I-II).Angiomyoma show a SMA(+).

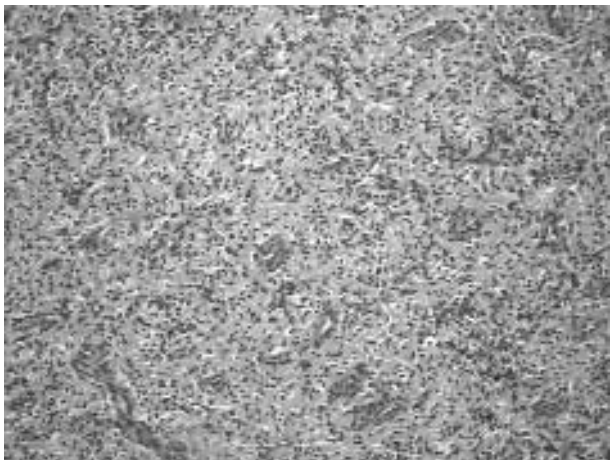

Figure I: Smooth muscle cells and vascular formation (H&E, x200)

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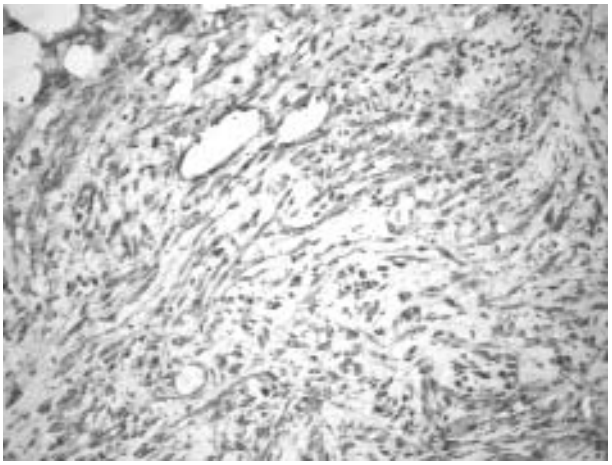

Figure II: SMA(+), (DABx400)

Discussion

Angiomyoma predominantly occurred in middle aged women in the genital region especially in the superficial area of the vulva. Clinically most of the tuors presented as slowly growing painless masses and were often diagnosed as Bartholin's gland cysts. Histologically the tumors were all well-circumscribed and characterized by alternating hypocellular and hypercellular areas with abundant thin-walled blood vessels. The tumor cells were bland and spindle-shaped or epithelioid and tended to consentrate around the vessels or cluster in small nests. Immunohistochemically the tumor cells expressed vimentin and estrogen receptor protein in all 10 cases and demsin in 9 cases. Three cases showed weak or focal immunoreactivity to alpha smooth muscle actin and muscle specific actin. All ten patients were treated by local excision. Follow up showed a benign course with no signs of recurrence.[4]

Differential diagnosis includes all the soft tissue diseases with swelling, in particular with neoplasias such as neurinomas, neurofibromas, fibromas, lipomas, glomis tumours, synovial sarcomas and leiomyosarcomas and with tumour-like lesions, such as synovial cysts, cysts caused by inclusions, nodular synovitis and granulomas caused by a foreign body.[2-3]

Angiomyofibroblastoma was initially thought a vulva specific neoplasm however recent studies revealed that the tumor also occurred in the vagina perineum and inguinal areas. Moreover three typical cases arising in the scrotum of male patients have also been reported one of which was described in abstract from in the addendum of the initial report. In a more recent study Laskin et al described AMF-like cases arising in the male genital tract. Nevertless most examples of AMF occur in the genital area of female.[4-5-6]

Another discrepancy was the size. Vascular liomyomas are usually <2cm and usually do not exceed 4 cm.[7] although in exceptional cases they can reach 5 cm, e.g. Goodman and Briggs [8] reported a case of a 7,5×5,4×5 cm deep leiomyoma. Probably in some cases leiomyomas reach great sizes because they are painless and therefore only diagnosed at a late stage. In our patient the dimensions were 128×100 mm which is a unique size for angiomyoma.

Broad Ligamentte Dev Angiomyoma: Olgu Sunumu

Angiomyoma broad ligament içine yerleşmiş olarak çok nadir görülür ve literatürde bir vakaya rastlanmıştır.Bizim vakamız 43 yaşında bir bayandı ve laparatomide broad ligament bölgesinde dev bir kitle izlenmiştir.Patoloji sonucu broad ligament angiomyoma olarak gelmiştir.

Anahtar Kelimeler: Angiomyoma, Broad ligament, Dev angiomyoma

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