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Bilateral ovarian haemangioma: report of a rare lesion of ovary

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Abstract: Ovarian haemangioma is a rare benign tumor of female genital tract. We report a case of bilateral ovarian haemangioma in a post menopausal woman detected incidentally to emphasise on its rare occurrence and clinico pathological features. Haemangioma was unsuspected clinically and we received a specimen of total abdominal hysterectomy with bilateral salpingo-oophorectomy. On gross examination, the outer surface of both the ovaries was smooth, glistening and greyish- white in colour. Both the ovaries were normal in size and shape. The cut surface showed a spongy texture .On microscopic examination, most of the ovary showed dilated thin walled vascular channels of variable size and shape mostly filled with RBCs and separated by connective tissue septa. These vessels were lined by a single layer of flattened endothelium without atypical features. A diagnosis of bilateral ovarian haemangioma was made. These neoplasms should be considered in the differential diagnosis of a hemorrhagic ovarian lesion. Surgical extirpation of the involved areas is the treatment of choice
Keywords: Haemangioma, ovary, bilateral

INTRODUCTION

Ovarian haemangioma is a rare benign tumor of female genital tract. Though most of these lesions are small and detected only incidentally during an operation or autopsy, a few of them can be large and present with abdominal pain and ascites [1]. Most ovarian haemangioma are of the cavernous type and they may present either as an isolated ovarian mass, usually discovered incidentally, or in conjunction with diffuse abdomino pelvic hemangiomatosis [2, 3, 4]. We report a case of bilateral ovarian haemangioma detected incidentally to emphasise on its rare occurrence and clinico pathological features.

CASE REPORT

A 60 yr old post menopausal woman presented with history of on and off bleeding for 6 months duration. Bimanual pelvic examination was performed which did not reveal any defect. Routine haematological investigations, biochemical parameters and urine examination were within normal limits. USG and serum CA 125 was not done as the patient could not afford it. Cervical PAP smear performed in a private laboratory had reported squamous cell carcinoma of cervix Total abdominal hysterectomy was done with bilateral salphingo oophorectomy and the specimen was sent to our laboratory for HPE.

On gross examination, the uterus and cervix were unremarkable. The outer surface of both the ovaries was smooth and glistening and greyish white in colour. Both the ovaries were normal in size and shape. The cut surface showed a spongy texture and honey comb appearance due to multi loculated cystic spaces. On microscopic examination, most of the ovary showed dilated thin walled vascular channels of variable size and shape mostly filled with blood and separated by connective tissue septa. These vessels were lined by a single layer of flattened endothelium without atypical features. No necrotic areas were seen.

The uterus showed atrophic endometrium with normal myometrium while cervix showed mild to moderate dysplasia. No evidence of malignancy was seen in the cervix. A diagnosis of bilateral cavernous haemangioma of ovary along with cervical dysplasia was given.

Fig1: showing gross appearance of the ovaries

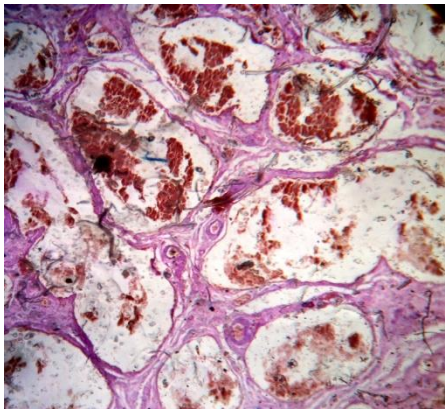

Fig 2: showing dilated thin walled vascular channels filled with blood and separated by connective tissue septa.

DISCUSSION:

Hemangiomas are benign vascular malformations with presence of numerous abnormal vascular channels. They are of two types: cavernous and capillary, with cavernous being more common. [5] Ovarian haemangioma are usually asymptomatic and present as incidental findings during operation, autopsy, or histological evaluation as in our case. Many of the cases may be admitted to hospital with abdominal pain or vaginal bleeding. Large lesions tend to present clinically as adnexal mass, frequently associated with lower abdominal pain, nausea and vomiting, due to torsion [6] or abdominal distension because of the mass itself.

Ovarian haemangioma have been reported to be associated with massive ascites [7], pseudo-Meigs' syndrome [7], elevated serum CA-125 levels [7], stromal luteinisation, stromal hyperplasia [1, 2, 4] and thrombocytopenia as a complication, particularly in bilateral cases associated with diffuse abdomino pelvic hemangiomatosis. [8]

While the clinical differential diagnoses of ovarian haemangiomas include tubo-ovarian mass, twisted ovarian cyst, and chocolate cyst, [9] main pathological differential diagnoses are those of vascular proliferations, lymphangioma, and monodermal teratoma with prominent vascular component. To define the lesion as a true haemangioma, a mass of vascular channels with minimal amounts of stroma should form a reasonably circumscribed lesion distinct from the remainder of the ovary. The presence of numerous blood cells within the vascular channels and the absence of pale eosinophilic homogeneous material usually distinguish haemangioma from lymphangioma.

CONCLUSION

Haemangioma of the ovary are very rare neoplasms with a wide age range that are usually discovered incidentally during operation or autopsy. These neoplasms should be considered in the differential diagnosis of a hemorrhagic ovarian lesion grossly. Surgical extirpation of the involved areas is the treatment of choice.

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