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Vaginal Angiomyofibroblastoma Associated with Uterine Pathology about a Case

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Abstract **Case Report**

Angiomyofibroblastoma is a rare benign mesenchymal tumor. Angiomyofibroblastism is a generally painless tumor, most patients consult for the genes caused the tumor in cases where they are large. We report a case of vaginal location of 3 cm in a 67 years old patient discovered during investigation of abnormal uterine bleeding. The patient benefited complete excision of the tumor, surgical hysteroscopy and hysterectomy by surgical laparoscopy. Angiomyofibroblastoma can be associated with a uterine pathology whose intake in charge cannot be dissociated from it.

Keywords: Angiomyofibroblastoma – Vaginal – Uterine Pathology.

INTRODUCTION

Angiomyofibroblastoma is a rare tumor which develops in the vulvo-vaginal, cervical or inguinal region in women, the inguinoscrotal region in men [1], it is a benign tumor which occurs in the majority of cases around the fifth decade.

Angiomyofibroblastoma was first described in the literature by Fletcher *et al*., In 1992 as an important distinction from aggressive angiomyoxoma (AA), which is an infiltrating myxematous mesenchymal tumor with potential for local recurrence [2]. The authors report a case of angiomyofibroblastoma of vaginal location associated with uterine pathology. The clinical, etiopathogenic and prognostic aspects are discussed.

Presentation of the Patient

Patient aged 62, mother of 4 children, retired civil servant, benefits from social security coverage. Admitted for treatment of abnormal uterine bleeding such as metrorrhagia lasting 3 months.

Background

Medical: monitored for type II diabetes under treatment, no hypertension, no heart disease, not nephropathy.

Surgical: total thyroidectomy, polyp removal.
Gynecology: menarche at age 13, menopause for 12 years.

Obstetrics: G4P4 4 live children delivered vaginally. Concept of taking oral contraception for 7 years.

Family: Unremarkable.

Clinical Results: Patient stable on the hemodynamic and respiratory level, normal colored conjunctiva.

Gynecological Examination: Normal hair, vulva and perineum without visible abnormality or malformation.

Speculum:

Cervix with macroscopically normal appearance, presence of a polyp delivered through the cervix, no external bleeding or pathological discharge, presence at the wall left lateral vaginal area of a whitish formation measuring 03 cm.

Vaginal Examination:

uterus slightly enlarged, non-painful mobile, cervix soft consistency, no lateral uterine tenderness, no lateral uterine mass, palpation a nodular formation of 03 cm on the left side vaginal wall fixed, slightly hard, no painful.

Diagnostic Approach

Endo-Vaginal Pelvic Ultrasound

- Anteverted uterus with presence of a corporeal fundic myoma measuring 34 x 37 mm.
- Endometrial thickened to 14.8 mm.

- The annexes seen, without particularity.
- Absence of effusion.

Diagnostic Hysteroscopy

Generalized hypertrophy with a postero fundic insertion polyp reaching up to the external opening of the cervix being approximately 7 cm.

Therapeutic Intervention

Surgical Hysteroscopy

- Discovery of a polyp delivered through the cervix, removed using heart forceps.
- Discovery of a vaginal formation removed after attachment of its base with vicryl thread 2/0 and addressed to the anapath.
- Presence of uterine synechiae.
- The tubal ostiums seen.
- Polyp resection.

Anapath Result

Vaginal Formation: Histological appearance of a benign parenchymal tumor requiring immunohistochemical complement.

Immunohistochemical complement in favor of angiomyofibroblastoma.

Polyp Resection: endometrial polyp is colonized by complex hyperplasia atypical.

The patient underwent a total hysterectomy by surgical laparoscopy.

Anapathic Result of the Total Hysterectomy Specimen

- Atypical focally complex endometrial hyperplasia.
- The cervix and appendages are without anomalies.

MONITORING AND RESULTS

A clinical and ultrasound follow-up of the patient was carried out at 3 months then at 6 months and at 12 months. Unremarkable clinical examination with absence of functional signs.

DISCUSSION AND CONCLUSION

Since the description of the first in 1992 by Fletcher [2]. Until 2010, around 90 cases angiomyofibroblastoma have been reported in the literature. Most of these cases reported were in most vulvar AMF and without other pathological association gynecological.

Angiomyofibroblastoma mainly but not exclusively affects the vulvar region and cervical of middle-aged women between 35 and 45 years old, most of them with clinical diagnosis of Bartholin gland cyst [3]. Rare cases have been observed in the vagina, cervix, perineum, scrotum, spermatic cord and inguinal region [4, 5].

Our work focused on a case of vaginal location, the age of diagnosis is 62 years which is significantly higher than the average age of diagnosis.

Angiomyofibroblastoma is a generally asymptomatic tumor in women. Of the cases with painful symptoms, a hernia or a hydrocele have been reported in humans [6, 7].

The expression of desmin by tumor cells, reported by the majority of authors and ultrastructural studies [8, 9], prove the myofibroblastic differentiation of this tumor. Its development in the superficial tissues of the inguinal and vulvo region vaginal and its benign course prove that AMF is a distinct pathological entity [9].

Histologically, the tumor is well limited by a fine fibrous capsule composed of small spindle cells sometimes with an epithelioid appearance, within a stroma abundant containing small and medium sized vessels [6]. The profile immunohistochemical is variable. Stromal cells show positivity for desmin and vimentin but also they are positive and inconsistently for actin specific muscle, smooth muscle actin as well as CD34 [8-10].

Angiomyofibroblastoma is a benign tumor whose complete excision is the treatment of choice [10].

CONCLUSION

Angiomyofibroblastoma is a rare benign pathology belonging to vulvar tumors vaginal mesenchymal diagnosis difficulty is linked to the fact that it is a rare tumor especially when it is associated with another gynecological pathology which can dominate the painting.

Conflict of Interest: The authors declare no conflict of interest.

Author Contributions: All authors read and approved the final version of the manuscript.

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