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Aggressive Angiomyxoma of Cervix- A Rare Case Report

Tarun Sharma (SR), Neha Sharma, Anjali Sharma, Minakshi Bhardwaj
Department of Pathology, PGIMER Dr. Ram ManoharLohia Hospital, New Delhi, India

***Corresponding author**
Tarun Sharma
Email: tarundevansh86@gmail.com

Abstract: It is a case of 39 year old female who presented with complaint of heavy menstrual bleeding. On local examination no abnormality or mass were detected but due to worsening of clinical condition patient underwent laproscopic hysterectomy. In histopathology grossly cervix showed a dark brown area with few pinpoint blood vessels and spongy texture. On microscopic examination subepithelium of cervix showed a tumor composed of spindle and stellate cells embedded in loose myxoidstroma. Cells were small and bland with absent nuclear atypia. Vessels of different calibres were seen within the tumor. Tumor was seen extending deep into the cervix. Features of chronic cervicitis and nabothian cysts were also noted. Tumor cells were positive for estrogen receptor, progesterone receptor, smooth muscle actin(SMA) and negative for desmin and S-100. Based on above findings diagnosis of aggressive angiomyxoma of cervix was given. It's a rare presentation of a nonpolypoidal aggressive angiomyxoma in Cervix, diagnosed incidentally on hysterectomy specimen.
Keywords: Laproscopic hysterectomy, Cervix, Spindle cells, Desmin, Angiomyxoma.

INTRODUCTION

Aggressive angiomyxoma(AAM) was first described in 1983 by Steeper et al [1]. It is a mesenchymal tumor that arises from connective tissue of lower pelvis or perineum and has a locally aggressive course [2]. AAM is a rare neoplasm with about 250 reported cases [3]. It predominantly affects reproductive age females with peak incidence during third decade of life. The female to male ratio is 6:1. In women vulvar region is the most common site of involvement [4]. The line of differentiation is not firmly established, but a fibroblastic/myofibroblastic origin has been proposed [1, 2, 3, 4, 5, 6]. Case report- 39 year old female presented with chief complaint of heavy menstrual bleeding for past 10-12 years.

TREATMENT HISTORY

Patient was treated with oral contraceptive pills and later on for 3 years. Later patient was given progesterone 5mg. Patient did not respond to medical treatment.

LOCAL EXAMINATION

Per Vaginal Examination -Uterus anteverted, bilateralfornices free and non-tender. As the condition of the patient got worsened inspite of medical treatment, laparoscopic hysterectomy was done

GROSS EXAMINATION

We received a specimen of uterus with cervix measuring 10x6x3 cm. Cervix measures 3 cm in length. Cut section of Cervix showed a dark brown area with few pinpoint blood vessels and spongy texture. Endometrium measured 0.2 cm and myometrium measured 2 cm in thickness(fig.1).

Fig.1

MICROSCOPIC EXAMINATION

Sections showed cervical tissue lined by stratified squamous epithelium. Subepithelium showed a tumor composed of spindle and stellate cells embedded in loose myxoidstroma cells were small and bland with absent nuclear atypia(fig.2 and fg.3).Vessels of different calibres were seen within the tumor. Tumor was seen extending deep into the cervix. Features of chronic cervicitis and nabothian cysts were also noted. Tumor cells were positive for estrogen receptor(fig.4), progesterone receptor(fig.5), smooth muscle

actin(SMA)(fig.6), vimentin positive(fig.7) and negative for desmin(fig.8) and S-100(fig.9).

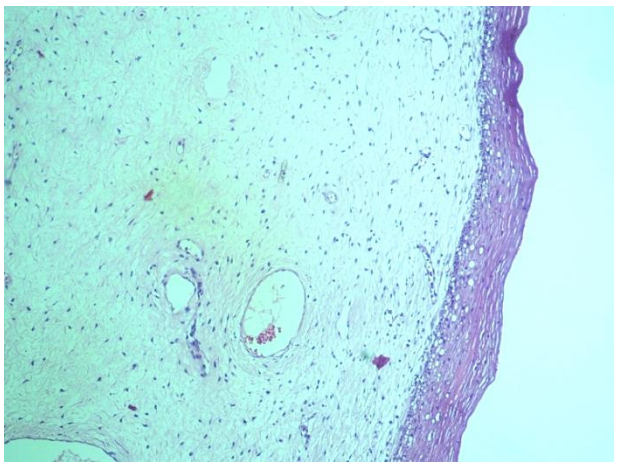

Fig.2: 10x photomicrograph

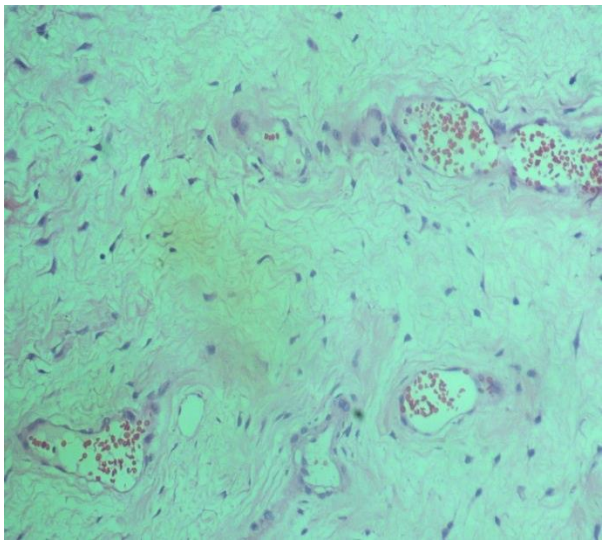

Fig.3: 20xphotomicrgraph

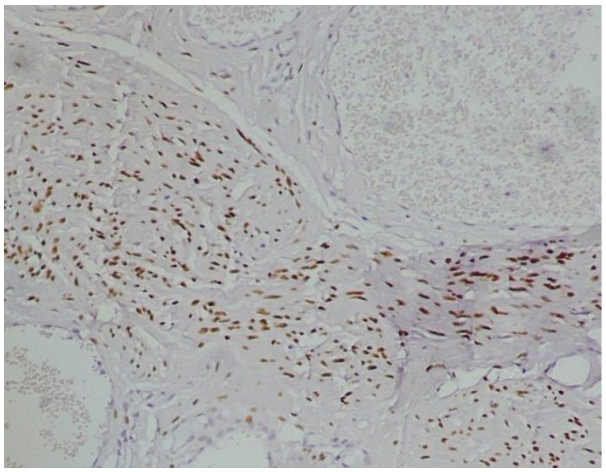

Fig.4: Estrogen receptor positivity(10x)

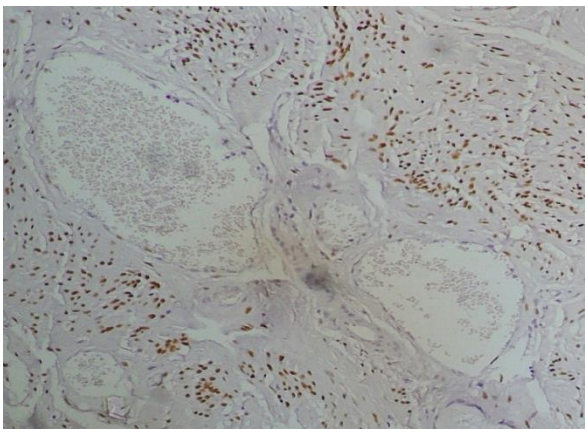

Fig.5: Progesterone receptor positivity(10x)

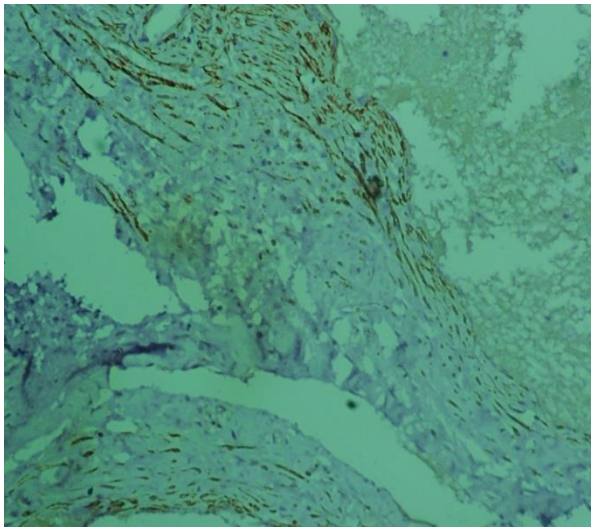

Fig.6: Smooth muscle actin positivity(20x)

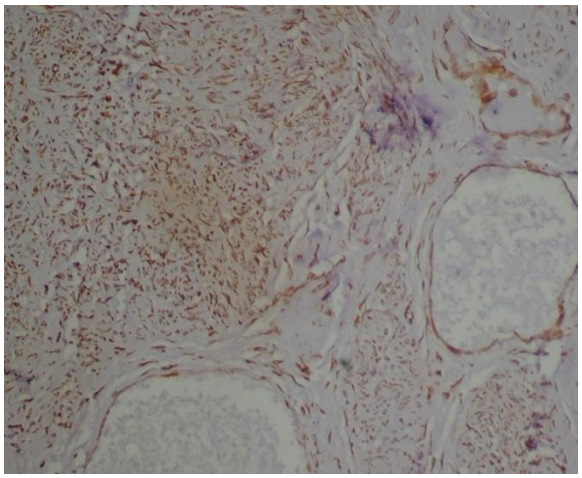

Fig.7: Vimentinpositivity(10x)

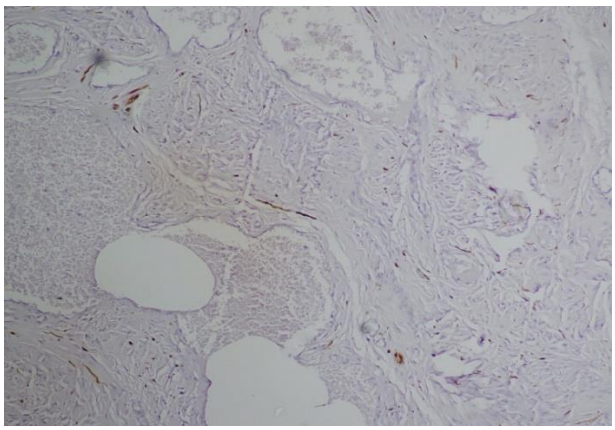

Fig.8: Desminnegative(10x)

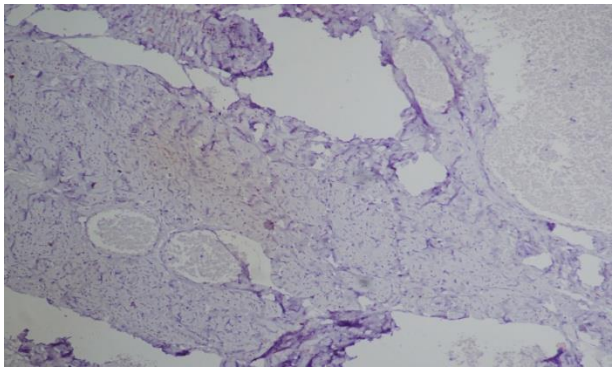

Fig.9: S100 negative(10x)

DIAGNOSIS

Aggressive Angiomyxoma of Cervix

CONCLUSION AND DISCUSSION

Aggressive angiomyxoma is slow growing and painless tumor.The presenting features are nonspecific such as a palpable mass with heaviness or discomfort in the lower abdomen.Cervix is an unusual site.In the reviewed literature, a rare case of aggressive angiomyxoma mimicking cervical polyp has been reported [7].In our case tumor was not presented in the form of cervical polyp and was appreciated only after serial sections of cervix. It's a rare presentation of a nonpolypoidal aggressive angiomyxoma in Cervix, diagnosed incidentally on hysterectomy specimen.

Cellular angiofibroma/spindle cell lipomas are small in size and are mixed with fat with mural hyalinization of blood vessels. Complete surgical excision is the gold standard, because of its tendency to recur locally. The recurrence rate varies from 36-70%.Most surgeons aim at complete resection (wide excision with tumour free margin), incomplete or partial resection is acceptable when high operative morbidity is anticipated and fertility is an issue [7]. Treatment options include use of hormonal manipulation such as tamoxifen, raloxifen or GnRH analogs, radiotherapy and arterial embolization [7, 8]. It is typically a benign, non-metastatising neoplasm. In two cases however multiple metastases have been reported [9, 10].So long term follow-up of patient is necessary. Recognition of Aggressive Angiomyxoma is important to avoid misdiagnosis of other common benign and malignant myxoidtumors.

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