

## Cervical Angiomyxoma- A case report

Dr. Archana Rajan\*, Dr. Hemalatha Ganapathy

Affiliated to Bharath University, Sree Balaji Medical College and Hospital, No.7, Works Road, Chrompet-600044, Chennai, India

### \*Corresponding author

Dr. Archana Rajan

Email: [drarchie\\_86@yahoo.com](mailto:drarchie_86@yahoo.com)

**Abstract:** A 50 year old post menopausal patient presented with intra vaginal elongation and a polypoid mass arising from the posterior lip of cervix. Clinically it was thought to be a cervical polyp. On histo pathological examination of the excised specimen it was diagnosed as Cervical angiomyxoma. Angiomyxomas most commonly arises in the vulva and very rarely in the cervix. It is crucial to make a diagnosis of angiomyxomas as they are aggressive neoplasms which has high chances of recurrence.

**Keywords:** angiomyxoma, cervix, vagina, polyp, aggressive, recurrence.

### INTRODUCTION

Angiomyxoma is a slow growing, locally aggressive, myxoid neoplasm that occurs chiefly in the genital, perianal and pelvic regions of the adult women with vulva being the most common site. It is rarely seen in the cervix.

### CASE REPORT

A 50 year old female, who is P2L2,sterilized, presented with intra vaginal elongation and yellowish discharge from the vagina since 3 months. P/S examination revealed a 5cm polypoid non tender mass arising from the posterior lip of the cervix. She underwent total hysterectomy and the specimen was sent for HPE

### GROSS

We received a hysterectomy specimen measuring 12X5X2cm with a soft tissue mass attached to the cervix measuring 5.5X3.5X3cm. Cut section of the mass was pinkish and gelatinous consistency.



Fig-1: Hysterectomy specimen with soft tissue mass attached to the cervix



Fig-2: Cut section of the soft tissue mass with a gelatinous appearance



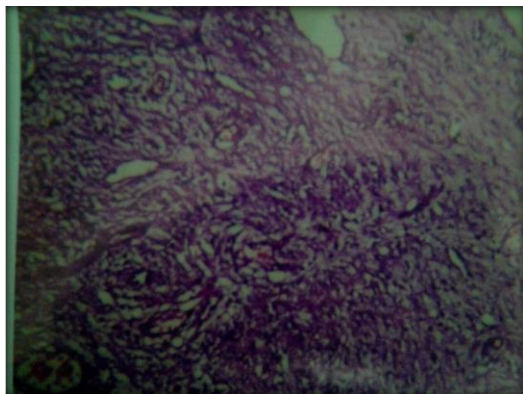
Fig-3: Cut section of the soft tissue mass is pinkish with soft consistency

### MICROSCOPY

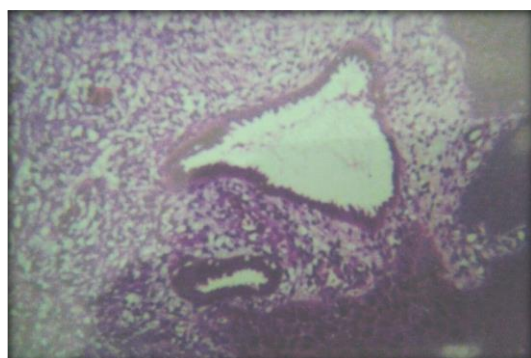
- Section from the soft tissue mass attached to the cervix showed a polypoidal lesion covered by stratified squamous epithelium, enclosing dilated blood vessels, some showing thickened wall in a background of myxoid stroma.

- Stromal cells were elongated and stellate. Some of them showing dark staining nuclei. No mitosis or necroses were seen.
- Uterus showed adenomyosis with chronic cervicitis.

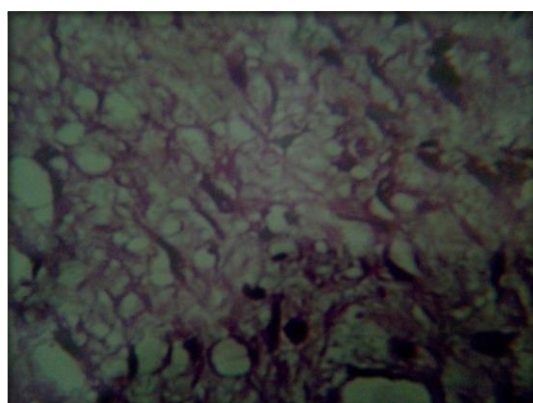
From the above findings, the picture was that of cervical angiomyxoma.



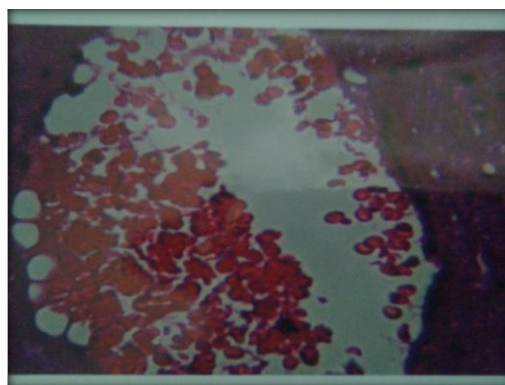
**Fig-4: 10X view showing thin and thick walled blood vessels in a myxoid stroma**



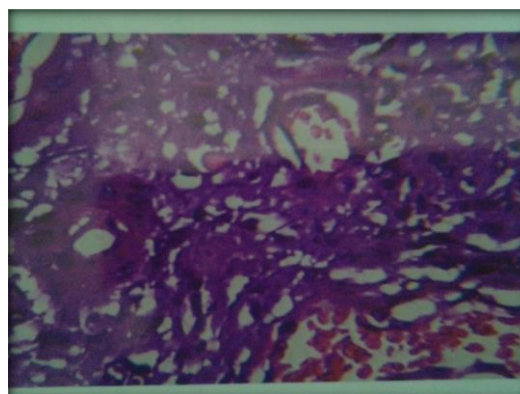
**Fig-5: 40X view showing endocervix**



**Fig-6: 40X view showing stellate cells**



**Fig-7: 40Xview showing thick walled blood vessel**



**Fig-8: 10X view showing thick walled blood vessel**

## DISCUSSION

Angiomyxoma was first described in female pelvis by Steeper and Rosai in 1983 [2, 4]. This mesenchymal tumor arises from the connective tissue of lower pelvis or perineum and has a propensity to recur locally. Female:Male ratio is 6:1 [1, 2]. It occurs due to the deregulation of HMG2 gene [3]. Grossly, angiomyxomas are soft, polypoidal lesions with a gelatinous appearance on cross section and size ranging from few centimetres to 20cm or more [3, 4].

Microscopically, it is a bland appearing myofibroblastic tumor composed of scanty spindled and stellate cells in a loose stromal matrix and thick walled blood vessels [1, 3]. Stains positive for angiomyxoma include vimentin, desmin, muscle specific actin, keratin and S-100 [4].

## CONCLUSION

This case is reported because of its rarity and its atypical site of occurrence. Aggressive angiomyxomas must be differentiated from other benign tumors because of its propensity to recur locally. The following can be considered as the differential diagnosis:

- Angiomyofibroblastoma- immunoreactive for vimentin, desmin but not for actin or keratin
- Cellular angiofibroma- It is more cellular and is mitotically active.

#### REFERENCES

1. Bothale KA, Mahore SD, Joshi AM; A rare presentation of aggressive Angiomyxoma as a cervical polyp. *Journal of Basic and Clinical Reproductive Sciences*, 2012; 1(1-2):65-7.
2. Bégin LR, Clement PB, Kirk ME, Jothy S, McCaughey WE, Ferenczy A; Aggressive angiomyxoma of pelvic soft parts: a clinicopathologic study of nine cases. *Human pathology*, 1985; 16(6):621-8.
3. Siwatch S, Kundu R, Takkar N; Aggressive Angiomyxoma of the Cervix: A Unique Entity. *Global Journal of Medical and Clinical Case Reports*, 2014; 1(1):010-2.
4. Martín-Cartes JA, Bustos-Jiménez M, Tamayo-López MJ, del Carmen Palacios-González M, de Vaca VG, Ortega AM; Aggressive angiomyxoma: an unusual female pelvic tumour. Report of three cases and review of the literature. *Surgical Science*, 2010; 1(2):40.