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OLGU SUNUMU/CASE REPORT

Uterusun Kavernöz Hemanjiomatöz Polipi

Cavernous Hemangiomatous Polyp of Uterus

Gokhan Varli[1] **Orcid ID: 0000-0003-1978-9470**, **Ahmet Kılıçarslan**[2] **Orcid ID: 0000-0001-8193-8778**

[1]Karaman Şehir Hastanesi, Patoloji Kliniği, Karaman, Türkiye.
[2]Elazığ Fethi Sekin Şehir Hastanesi, Patoloji Kliniği, Elazığ, Türkiye.

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Yazışma Adresi/Address for Correspondence:
Uzm. Dr. Gökhan Varlı
Karaman Şehir Hastanesi,
Patoloji Kliniği,
Karaman, Türkiye.
e-mail: gokhanvarli2@hotmail.com

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ÖZ

Uterusun vasküler malformasyonları son derece nadir görülen benign lezyonlardır. Literatüre bakıldığında uterus yerleşimli hemanjiom vakası elliden daha az sayıda bildirilmiştir. Bizim olgumuz 36 yaşında, hamile olmayan, endometrial polipektomi materyalinde rastlantısal olarak bulunan uterusun kavernöz hemanjiomatöz polibidir. Uterus yerleşimli vasküler lezyonlar doğum ve gebelik sırasında klinik olarak sessiz, tespit edilmesi zor vakalardır. Bu nedenle geçmeyen pelvik ağrı ve tedaviye cevap vermeyen uterus kanamalarında ayırıcı tanıda akılda bulunmalıdır.

ABSTRACT

Vascular malformations of uterus are extremely rare, benign lesions. A survey of the literature identified fewer than 50 cases of hemangioma of the uterus. Here, we describe a rare case of a cavernous hemangiomatous polyp in 36 years old non-pregnant woman with endometrial polypectomy. A vascular lesion localized to a portion of the uterus may be clinically silent during pregnancy and throughout delivery thus making it difficult to detect. Though rarity, it may be an important differential diagnosis in any female patient who presents with uterine bleeding non-responsive to treatment and/or unremitting pelvic pain.

Introduction

Vascular anomalies in the uterus are benign and very rare lesions. Cavernous and capillary hemangiomas are the main vascular malformations. Cavernous hemangioma in the uterus consists of large dilated vascular channels. It remains uncertain due to less than 50 case reports from the last century (1-3).

We present a rare case of a cavernous hemangiomatous polyp with a history of prolonged menstrual bleeding and persistent pelvic pain in a non-pregnant women.

Case Report

A 36 year-old woman presented with a history of pelvic pain and prolonged bleeding. Abdominal cramps and pain accompanied with the last two menstrual bleeding. The pain radiated down her left leg and did not get over with nonsteroidal anti-inflammatory drugs. She used local hemostatic agents. General clinic and radiologic examination of heart, chest and abdomen showed no characteristic sign. The gynecological examination was normal. Transvaginal ultrasound was normal except for a slight enlargement of the junctional zone. Laboratory tests was also normal. Hysteroscopy was considered because of vaginal bleeding did not stop with local hemostatic agents. Hysteroscopy revealed a 3x2 cm polyp in uterine cavity. The remaining part of the uterus and thickness of the endometrium was normal. Hysteroscopic endometrial polypectomy was performed.

Pathologic findings; endometrial polypectomy specimens consisted of fragmented hemorrhagic tissue, measuring with 2.5x0.9x0.5 cm in size. Large dilated and irregulary shaped vascular spaces were consistent with a cavernous hemangiomatous polyp. The broad vascular channels are lined by flat endothelial cells and some are filled with blood. Celluar atypia has been observed in the focal areas of the gland endothelium (Figure 1). There was no problem in the postoperative period. Antibiotics were given twice a day for 5 days. A signed informed consent form was obtained from the patient.

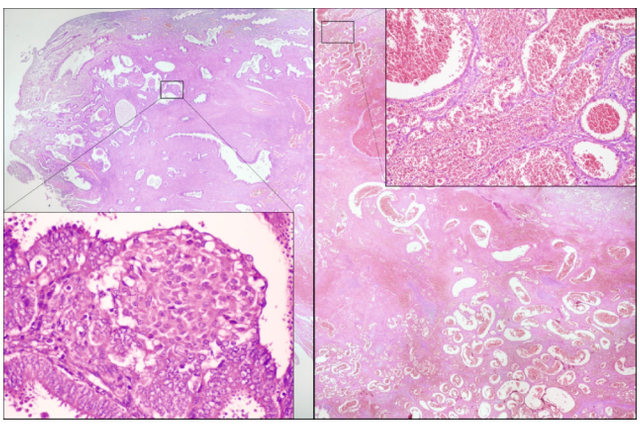

Figure 1: The large vascular spaces are walled by flat and bland endothelial cells and some are filled with blood. Atypia was seen endothelial cells (H&E).

Discussion

Vascular lesions of the uterus are very uncommon. The first case of diffuse uterine hemangiomas was found by chance at autopsy in a young woman who complained of dyspnea and anemia in 1897 and died after the birth of twins (4). Cavernous hemangioma in the uterus is a very infrequent lesion caused by the numerous venous and arterial vessels in which the uterine wall appears completely or partially as arterio-venous fistulas (5).

These vascular lesions are generally asymptomatic, and they may cause menstrual irregularities or life-threatening bleeding (6). All case of uterine cavernous hemangiomas and cavernous hemangiomatous polyp explained in the literature to date have been reported as vaginal bleeding that does not respond to conservative treatment (1-3). Most of these lesions are asymptomatic, but they can cause abnormal uterine bleeding and therefore it should be included in the differantial diagnosis of patients with uterine bleeding. Few patients complained with pelvic pain (7).

Based on a review of the literature and our own findings, cavernous hemangioma and cavernous hemangiomatous polyp are often found incidentally, so they should be considered in the differential diagnosis who presents with non-responsive vaginal bleeding and/or unremitting pelvic pain.

Differantial diagnosis of uterine cavernous hemangioma and cavernous hemangiomatous polyp includes lymphangioma, vascular dilation such as arteriovenous malformation and adenomatoid tumor (3). Uterine cavernous hemangiomatous polyp can be diagnosed by histological diagnosis which are characterized by irregular anastomosing vascular spaces filled with blood or thrombus, lined by endothelial cells.

Uterine hemangiomas may be congenital and acquired. The congenital hemangiomas associated with hereditary diseases such as, Tuberous Sclerosis, Maffucci syndrome, Klippel-trenaunay syndrome and Blue rubber bleb nevus syndrome, Kasabach-Merritt syndrome. Acquired hemangiomas is associated with both physical and hormonal changes. Indirect evidence suggests that estrogen causes an increase in angiogenesis and vasculogenesis through various angiogenetic factors leading to the formation of hemangiomas (8). As with some cases in the literature, we think that the the cavernous hemangioma in our patient is acquried and hormonal changes play a role (9).

The appropriate treatment for hemangioma or hemangiomatous polyp of the uterus is still unknown. Some authors have explained conservative treatments such as knife excision, carbon dioxide laser excision, local excision, electrocauterization, cryotherapy, radiotherapy, internal artery ligation, conization, uterine artery embolisation and laser ablation. Usually needs hysterectomy (1,10,11).

We wanted to share our experience that a cavernous hemangiomatous polyp of the uterus can be a reason of pelvic pain and menorrhagia, can be treated with polypectomy without the need of hysterectomy.

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