

A Case of Cavernous Hemangioma of the Cervix and Vagina

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I. Introduction

Hemangiomas are usually present at birth or appear shortly thereafter, as red or purple patches varying in size and most often in the skin. Hemangiomas include the cervix in their ubiquitous distribution; the cervix itself is very vascular and many reported hemangiomas are nothing more than a conspicuous demonstration of local vascularity.¹⁾ The cervical hemangioma is a rare condition which usually presents as vaginal bleeding of unusual cause. Many of the capillary hemangiomas and some of the cavernous types frequently resolve spontaneously. However, some hemangiomas ulcerate and a severe hemorrhage results. We recently encountered a case of cervical hemangioma involving the vagina in a 56-year-old woman. This case is especially interesting in that the histologic type was a cavernous hemangioma with uncommon variety in the uterine cervix.

Key word : cavernous hemangioma, cervix and vagina

II. Case report

E. T., a 56-year-old married Japanese female, who had never experienced the pregnancy, visited the Department of Gynecology and Obstetrics of Kyushu University Hospital for the

examination of the cervical cancer in September 1990. Her menarche occurred at age 16, and menstruation ceased four years ago. She had the menstrual history such as irregular interval, dysmenorrhea and hypermenorrhea, and denied any vaginal bleeding since menopause. She has been suffered from hypertension from age 48, and the remainder of the past history was nonspecific. She visited the private gynecologic clinic for the routine check of the cervical carcinoma in September 18, 1990. At that time, pelvic examination revealed abnormal colored lesions in the area of the cervix and vagina, and she was then referred to Kyushu University Hospital for further evaluation in september 25, 1990. She did not complain the abnormal discharge, pain, and postcoital spotting in the past. A complete pelvic examination was performed. Macroscopically the purple-colored lesion was seen diffusely on the whole cervix, and extended to the vaginal introitus. The uterus and bilateral adnexae in size and shape were normal. A colposcopic examination revealed hypervascularity of the cervix and vagina, and the abnormal finding was not noted colposcopically(Fig.1). The cervical and endometrial cytology were normal. One cervical and two vaginal specimens were taken with punch biopsy forceps without serious subsequent bleeding. Histologic study of the specimen revealed a cavernous hemangioma involving the uterine cervix and vagina. There were many widely dilated vascular channels in the cervix and vagina(Fig. 2).

Fig. 1. Colposcopic examination shows hypervascularity of the cervix and vagina, and the abnormal finding is not noted colposcopically.

The vessels lined by flattened endothelial cells were surrounded by only thin layers of intervening fibrous connective tissue(Fig. 3, 4).

III. Discussion

Although hemangiomas are fairly common and are rather widely distributed throughout the body, those are relatively rare in the uterus. In 1965 Gusdon¹⁾ has reviewed the largest series of hemangioma of the uterine cervix in the literature. A diagnosis of most hemangiomas takes place unexpectedly in the laboratory.^{2,3)} It is most likely that more careful study of pathologic specimen would demonstrate more cases of vascular tumors of the uterus. Benign vascular tumors of the uterus bear no relationship to parity, but age does

have some influence. Although they occur at any age, the incidence is highest in the fourth and fifth decades of life.³⁾ Hemangiomas occur more frequently in females than in males. Although hemangioma of the uterus is often entirely asymptomatic, vaginal bleeding occurs with a considerable degree of frequency and may be postcoital, menorrhagic, or menopausal. Occasionally it may be severe to produce shock. Postcoital bleeding is most commonly noted with hemangioma of the cervix, and the most frequent diagnosis suspected is carcinoma. However the purple-colored appearance of the neoplasm is very typical of hemangioma. And blanching is easily produced by pressure with return of the portwine color when the pressure is released. The treatment of hemangioma is controversial. Although hysterectomy has been a common mode of therapy in the previously reported cases,²⁾ the effectiveness of conservative treatment such as local excision, cauterization, and laser therapy has been apparent in the literature.^{4,9,10)} In 1980 Bellina et al.⁵⁾ reported the first case of capillary hemangioma of the cervix successfully treated with the carbon dioxide laser. Conservative therapy is particularly important in young patients desiring to preserve childbearing. Lesions suspected the hemangioma should be investigated in a hospital setting with adequate blood replacement immediately available. Fatal hemorrhage can occur during the biopsy procedure. The exact etiology of newly formed hemangiomas in adult fem-

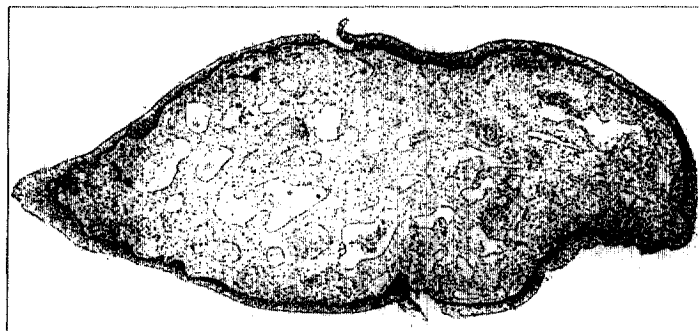


Fig. 2. Photomicrograph of biopsy of vagina(H & E, $\times 33$). There are many widely dilated vascular channels.

Fig. 3. High-power views of cavernous hemangioma of cervix(H & E, $\times 110$). The vessels lined by flattened endothelial cells are surrounded by only thin layers of intervening fibrous connective tissue.

Fig. 4. High-power views of cavernous hemangioma of vagina(H & E, $\times 110$)

ales is unknown. Some authors believe that a congenital origin for all of these tumors in females is not tenable. Particularly many hemangiomas first become evident in pregnancy, and it is believed that this may be the result of : (a) various hormonal alteration ; (b) changes in blood volume ; and(c) a combination of each of the foregoing.⁸⁾ The likelihood of actual blood vessel growth in preexisting vascular anomalies must also be considered.^{6,7)} A new case of cervical hemangioma involving the vagina is presented in a postmenopausal woman.

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