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Angiomyofibroblastoma of vulva

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ABSTRACT

Angiomyofibroblastoma is a rare kind of soft tissue tumour; occurs usually in the vulva. It is usually confused with bartholin's cyst because of its location. The other differentiating tumours arising in the vulval region is aggressive –angiomyxoma(AAM) and cellular angiofibroma.

Introduction

Angiomyofibroblastoma is a rare benign mesenchymal tumour usually occurs inperi-menopausal women around vulvar and vaginal areas. In 1992, Fletcher and his colleagues first described angiomyofibroblastoma[1].Clinically ,these tumours are slowly growing, painless masses, confused as a bartholin's cyst and aggressive angiomyxoma. Histology shows spindle-shaped cells with production of collagen fibres with hyper cellular areas, usually around the vessels. Immunohistology is helpful in excluding other differential diagnosis [2]

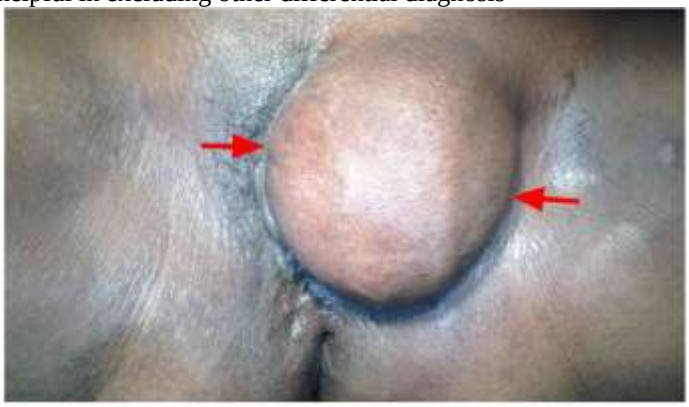

Fig 1. Soft mass arising from left labia

Case Report:

A 35 years with obstetric score P2L2 and tubectomised ;came with a history of swelling in the labia major left side since 6 months. She had regular menstrual cycle. Initially the swelling was small in size and it gradually increased to reach the present size. Local examination revealed a soft, non tender mass in anterior aspect of left labia major, which was mobile, measuring about 10x8cm.(Fig-1) Skin over the swelling appeared normal. No palpable inguinal lymph node was seen. Her past medical and family history were not significant. General and systematic examination was unremarkable. The patient underwent complete surgical excision of the tumor. Macroscopically, tumour looks reddish in colour measuring about 7.5x6.5x5.5cm, and was soft in consistency(Fig-2). The sample was sent for Histopathological examination(Fig-3).

Discussion:

Normally the AMF is found in vulval region; but it can be also found in vagina, cervix or retroperitoneum. This tumour may vary in size between 2cm to15cm. [3] AMF is misdiagnosed as Bartholin's cyst or lipoma. The tumour is always asymptomatic and normally patient complains of pelvic discomfort. The treatment of AMF is surgical excision, which is usually complete because the tumor is well capsulated. Where as AAM is borderline and aggressive tumor.

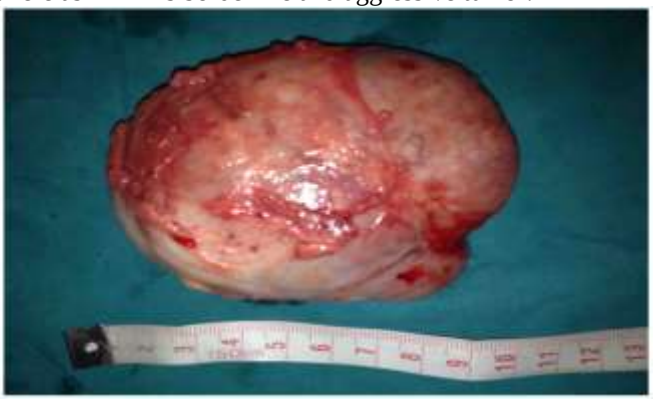

Fig 2. Tumor looks reddish in color

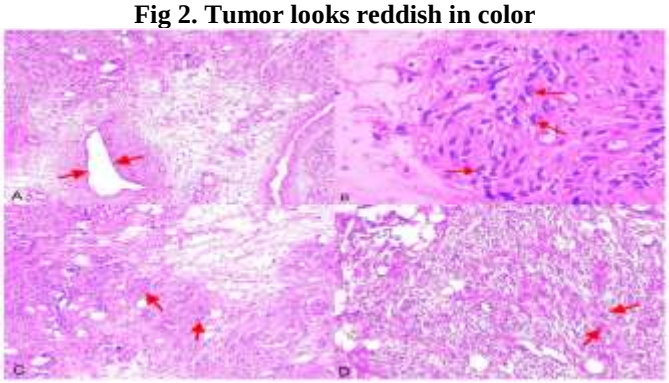

Fig-3 A-Low power view showing thickened vascular channels present in myxoid stroma. B- High power view showing the epitheloid like cells in small groups. C-Low power view showing the epitheloid like cells in small groups around the vascular channels. D-Low power view showing hyper cellular area with spindle cells

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This tumor is associated with local infiltration, which results in entrapment of nerves and mucosal glands, which makes excision incomplete. So adjunctive therapy like GnRH agonist can be used after incomplete excision or in case of recurrence[4.] Histological findings shows alternating hyper cellular stromal area and hypo cellular edematous area. Stromal cells are spindle or epitheloid shaped, gathered around abundant vessels.(fig-3)Immunohistochemistry will be positive for Vimentin & desmin. Oestrogen and Progestrone receptors shows hormone dependent of the tumour.AMF and AAM are originated from myofibroblastic or fibroblastic cells[5] The differential diagnosis of AMF includes smoth muscle tumors,peripheral nerve sheath tumor, myxoid malignant fibrous histiocytoma and myxoid liposarcoma[6].In this case Immunohistochemistry was not done.

Conclusion:

AMF is benign mesenchymal tumor both pathologically and clinically. AAM must be ruled out before surgery and requires resection with tumor free margins to prevent recurrence.

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