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A CASE REPORT ON UTERINE ANGIOLIPOLEIOMYOMA- AN UNUSUAL ENTITY

Obstetrics & Gynaecology

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ABSTRACT

Uterine angiolipoleiomyoma is an extremely rare benign mesenchymal tumor composed of variable proportion of blood vessels, smooth muscle cells and mature adipose tissue. There are only a limited number of cases documented in the literature1. We report a case of a case of 54 years old multiparous postmenopausal woman, presenting with a large abdominal mass, imaging study suggestive of a leiomyoma; however intraoperative findings revealed an enlarged uterus and a histopathological evaluation confirmed the diagnosis of angiolipoleiomyoma. Diagnosis was a challenge due to nonspecific imaging finding. Preoperative identification of this benign entity may be aided by ultrasound and MRI, but definitive diagnosis relies on histopathological analysis. Total abdominal hysterectomy remains the treatemnt of choice.

KEYWORDS

Angiolipoleiomyoma, benign uterine tumor, mixed mesenchymal tumor

INTRODUCTION

Angiolipoleiomyoma are rare benign tumor and is commonly found in the kidneys [1]. Their occurence in extra-renal sites, particularly the uterus, is extremely rare, with an incidence of approximately 0.06% [2]. These lesion often mimic more common uterine pathology such as fibroids, both clinically and and pathologically [3]. It is the variant of frequently diagnosed uterine fibroid [4]. It contains atypical components such as abnormal vasculature , smooth muscle and mature adipose tissue, leading to a diagnosis of mixed lesion known as Angiolipoleiomyoma [5]. It is commonly seen in perimenopausal women [6]. There are only a limited number of cases documented in the literature [7] .This report details a case of uterine angiolipoleiomyoma in 54 years old woman, emphasizing diagnostic challenges and importance of histopathology for the confirmation of diagnosis.

CASE REPORT

A 54 year old postmenopausal woman, para 3 living 3, with all previous vaginal deliveries, presented with complaints of progressive abdominal distension and discomfort for one year. She noticed a large abdominal mass that gradually increased in size. The patient was hemodynamically stable. Abdominal palpation revealed a large, soft to firm, uniformly enlarged mass approximately 36 weeks gravid uterus size, arising from the pelvis, mobile side to side, with the lower margin not palpable.

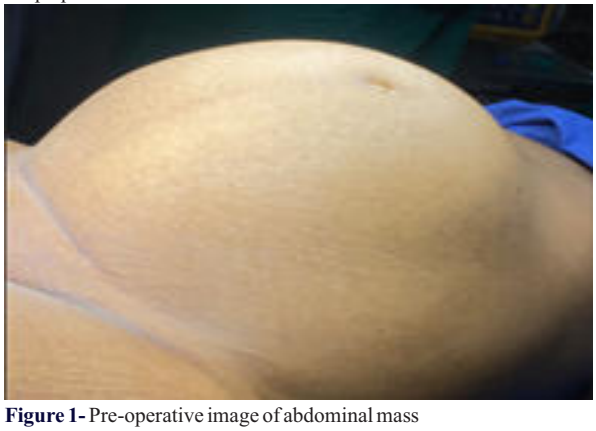

Figure 1- Pre-operative image of abdominal mass

Investigations

Patient investigated with routuine blood tests and tumor markers found to be within normal limits. Radiological investigations done and noted as follows: transvaginal sonography suggestive of large heterogenously echogenic mass measuring 22*20*29 cms, bilateral adnexa not visualised. MRI revealed a 24*22*20 cms globular fibroid with cystic degeneration and heterogenous enhancement; findings suggestive of degenerative uterine fibroid.

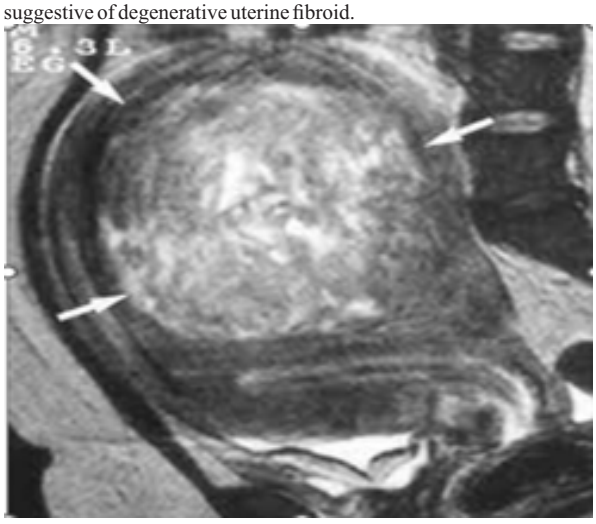

Figure 2- USG image of uterus s/o uterine fibroid.

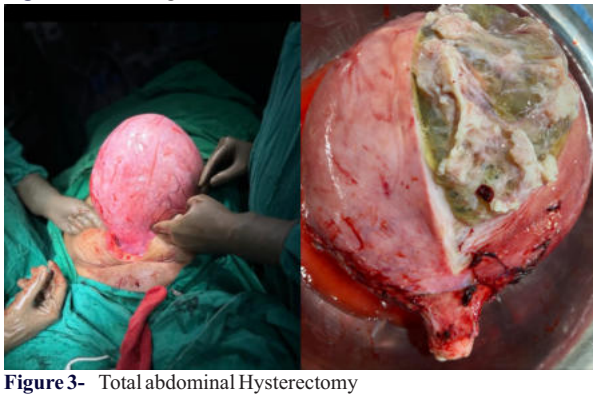

Figure 3- Total abdominal Hysterectomy

Treatment
Patient underwent exploratory laparotomy by midline vertical incision and total abdominal hysterectomy with bilateral salphingoopherectomy was done.

Intraoperative Findings:
The uterus was massively enlarged approximately 35*30*18 cms with regular borders with cystic consistency and degenerative changes were seen.

Histopathology :
Gross examination : Regular mass with a heterogenous cut surface displaying alternating yellow tan, white grey, and minimal pink areas.

Microscopy:
tumor composed of spindle cells with eosinpphilic cytoplasm and elongated nuclei (smooth muscle cells), blood vessels and mature adipose tissue in scattered fat vacuoles. Notable perivascular hyalinization and rare mitotic figures were observed. No evidence of necrosis or malignancy. Tumor was well encapsulated with regular margins.

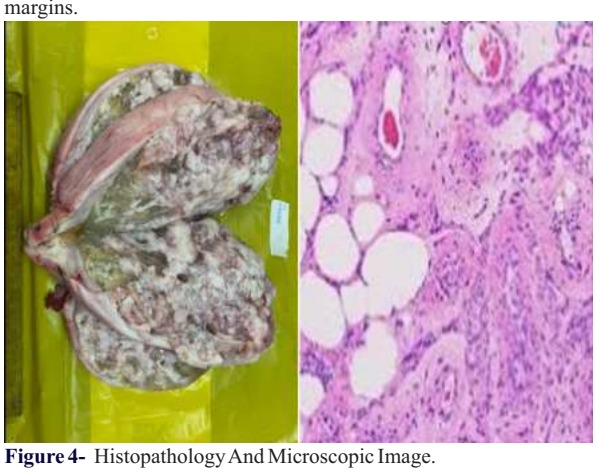

Figure 4- Histopathology And Microscopic Image.

DISCUSSION
Uterine angiolipoleiomyoma is a rare mesenchymal tumor with components of smooth muscle, adipose tissue and vasculature. Its clinical presentation is variable and imaging findings often mimic uterine fibroids, making preoperative diagnosis difficult. Definitive diagnosis is achieved only by histopathological examination. The world health organisation's histological classification of female genital tract tumors currently does not include this entity[2]. The tumor in this case measured significantly larger than the average reported size of 8 cms, posing further diagnostic complexity.

CONCLUSION
Uterine angiolipoleiomyoma, although benign, poses a diagnostic challenge due to its rarity and nonspecific presentation. A high index of suspicion and reliance on histopathological findings are essential for accurate diagnosis and appropriate management, potentially avoiding unneccessary radical surgeries.

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