CASE REPORT

Angiomyxofibroma of Vulva: The Bouncing Tumour with Social Stigma

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Abstract:

Angiomyxofibroma of vulva is rare and unique, known for local recurrence. It is a mesenchymal tumour. It is common in women with reproductive age group. Its occurrence in the genital region is a cause for delayed consultation and social stigma. Clinically examination showed it was arising from vulva. Fine Needle Aspiration Cytology (FNAC) showed it to be a benign tumour. Wide local excision was done and confirmation with Histopathological examination done, which revealed Angiomyxofibroma.

Keywords: Benign tumour, Vulva, Recurrence,

Introduction:

Angiomyxofibroma of vulva is a benign tumour arising from myxoid tissue [1]. It is mostly seen in women. It is situated in pelvis and perineum [2]. It is known to recur after excision, if there are positive margins [3].

Case Report:

A 30-year-old lady presented with a history of swelling in the right side of perineum and dyspareunia for 1 year. Swelling was insidious in onset and progressive in nature. No history of discharge from swelling and no history of fever. No history of urinary complaints. A differential diagnosis of Bartholin's gland cyst, inguinal hernia or vulval filariasis was made based on history. Clinical examination showed it was arising from vulva (Fig.1). It was solitary swelling measuring 10×18 cms arising from right vulva, with irregular surface and excoriation of skin. Swelling had indistinct margins with varied consistency and no lymph nodes enlargement. A differential diagnosis of Bartholin's gland cyst, fibrolipoma or vulval filariasis was made based on clinical examination. Fine Needle Aspiration Cytology (FNAC) was done from both the vulva, showed scanty cellularity with benign looking spindle cells without specific diagnosis. Clinically she had small swelling on opposite side also but she wanted to get treatment only on right side. Patient had wished for treatment only on one side. Ultrasonography (USG) showed an ill-defined swelling with occasional vascularity and heterogenecity, probably a soft tissue mass and advised to get Magnetic Resonance Imaging (MRI) scan. However patient did not afford and hence MRI was not done. Surgical excision was planned and wide local excision was done and sent for Histopathological examination (Figs. 2a and 2b). Wound was primarily sutured (Fig.3). Tumour weighed 1.2 kg. Gross specimen revealed skin covered mass 16×12.5 cms. External surface showed multiple skin excoriations. The cut surface was myxoid yellow. Microscopy showed a hypo cellular tumor with occasional, scattered spindle and stellate-shaped cells having ill-defined cytoplasm and abundant myxoid stroma with no nuclear atypia or mitotic figures were noted. It had no evidence of filarial worm, granuloma or

malignancy and was reported as angiomyxo-fibroma. Patient recovered well. Sutures removal was done on day 14 and patient is on follow up since 7 months (Fig. 4).

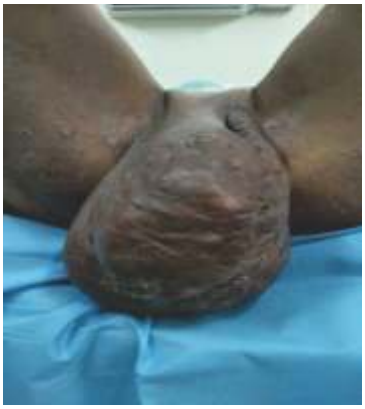

Fig. 1: Preoperative (Perineal View)

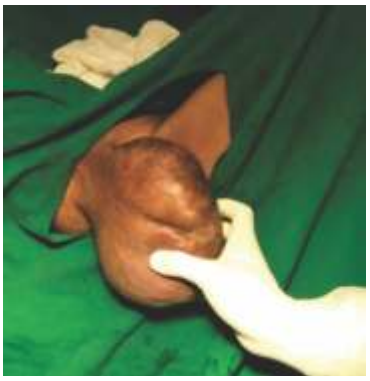

Fig. 2a: Intraoperative

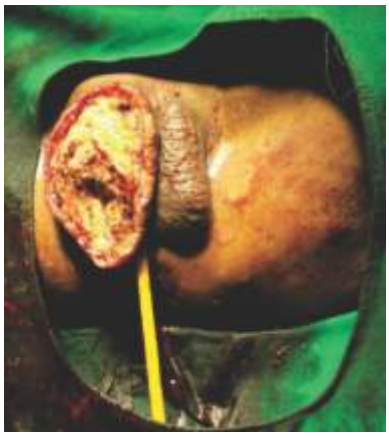

Fig. 2b: Intraoperative

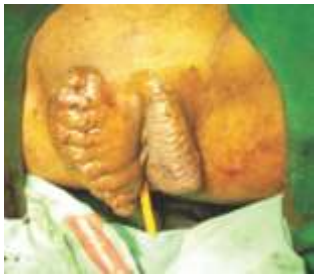

Fig. 3: Post-operative after Wound Closure

Fig. 4: Follow up

Discussion:

Angiomyxofibroma is a slow growing mesenchymal lesions, occuring exclusively in the perineal and pelvic regions of adult women in reproductive age group. Due to its rarity, prevalence is not known [4]. These tumours are site specific [5]. Different types have been described like Superficial and Aggressive [6]. Genetic alterations in chromosome 12 in the region 12q13-15 are known as to cause angiomyxofibroma [7]. Diagnosis is challenging and difficult, hence additional imaging studies such as USG, Computerized Tomography (CT), or MRI are done [8]. The traditional method of diagnosis has to be supplemented with newer diagnostic tools. The need for detailed investigation is required as angiomyxofibroma has therapeutic problem of recurrence. Surgery is the mainstay of treatment but difficult, because of the infiltrative nature of the

tumor. The aim should be to achieve tumor-free margins. Long-term follow up is essential due to local recurrence. There is a low risk of recurrence if completely removed [9]. Watchful waiting to assess growth may be appropriate course in most patients if it is recurrence [10].

Conclusion:

Angiomyxofibroma is a rare benign tumour with local reoccurrence. Adjuvant treatment modalities remain controversial. Patient should be advised for long term follow up.

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