

EP01.21. Angioleiomyoma with myxoid and hyaline degeneration: a challenge for preoperative diagnosis

Eduardo Luna Ramírez¹, José Humberto Ocampo Mazariegos².

1. MIGS & ROBOTICS , ENDO-LUNA, México City, México. 2. MIGS, Hospital Militar de Especialidades de la Mujer y Neonatología, México City, México

Introduction

Angioleiomyoma is a rare form of uterine smooth muscle tumor that can undergo degenerative changes, like a classic myoma, with cavernous deformation of the vascular spaces. This soft tissue neoplasm is uncommon in the uterus (fewer than 40 cases reported in the literature), usually presenting in the dermal or subcutaneous tissues of the extremities, head, neck, or trunk..

Materials and methods:

We present the case of a 49-year-old female who attended the outpatient clinic of the Hospital Militar de Especialidades de la Mujer y Neonatología (HMEMyN) in August 2019 with abnormal uterine bleeding of three months' duration. Gynecological examination revealed a 15 cm uterus with non-palpable adnexa and mild tenderness on bimanual palpation of the uterus. Preoperative transvaginal and transabdominal ultrasound reported an anteflexed uterus with a regular external contour, mobile, measuring: L: 12.4 cm AP: 7.45 cm T: 9.3 cm, with a volume of 448.3 cm³, The myometrium appeared heterogeneous due to an intraparietal, posterior myoma located in the uterine fundus, with a heterogeneous echotexture and areas of lower echogenicity, suggestive of cystic degeneration (Figure 1). The lesion measured 56 × 91 × 74 mm, with a volume of 197.45 cm³ and a color score of 2. The endometrium was visible, 9.7 mm thick, synchronous with the menstrual period, and showed a regular endometrial-myometrial junction. The right ovary was not visible; the left ovary had normal morphology, measuring 38.2 × 18.2 × 27.5 mm. No free fluid was observed. Findings were compatible with FIGO type 4 uterine myomatosis with cystic degeneration.

Results

The patient was scheduled for a laparoscopic hysterectomy (LH). During surgery, the diagnosis of angioleiomyoma was not suspected, and a hysterectomy including bilateral salpingectomy was performed. There were no intraoperative or postoperative complications.

The uterus was sent for histopathological examination (Figure 2). The reported findings described a benign tumor of the uterine corpus composed of smooth muscle bundles. Upon closer examination, the cells were spindle-shaped, with blunt edges and elongated, basophilic nuclei, homogeneous chromatin, and no evidence of mitosis. The stroma consisted of fibrocollagenous tissue, featuring numerous thin-walled vessels and some thick-walled ones. These vessels were lined by uniform endothelial cells, without hyperplasia or mitosis, consistent with uterine angioleiomyoma (AL) with myxoid and hyaline degeneration (Figure 3).

Conclusion

Uterine angioleiomyoma is a very rare and benign entity, with a complex differential diagnosis. Due to its close similarity to leiomyoma on ultrasound imaging, preoperative distinction is uncommon. Angioleiomyomas may appear on ultrasound as large, heterogeneous masses with hypoechoic areas, or as well-demarcated lesions. Therefore, suspicion of this entity is difficult, and diagnosis is often confirmed through histopathological examination.

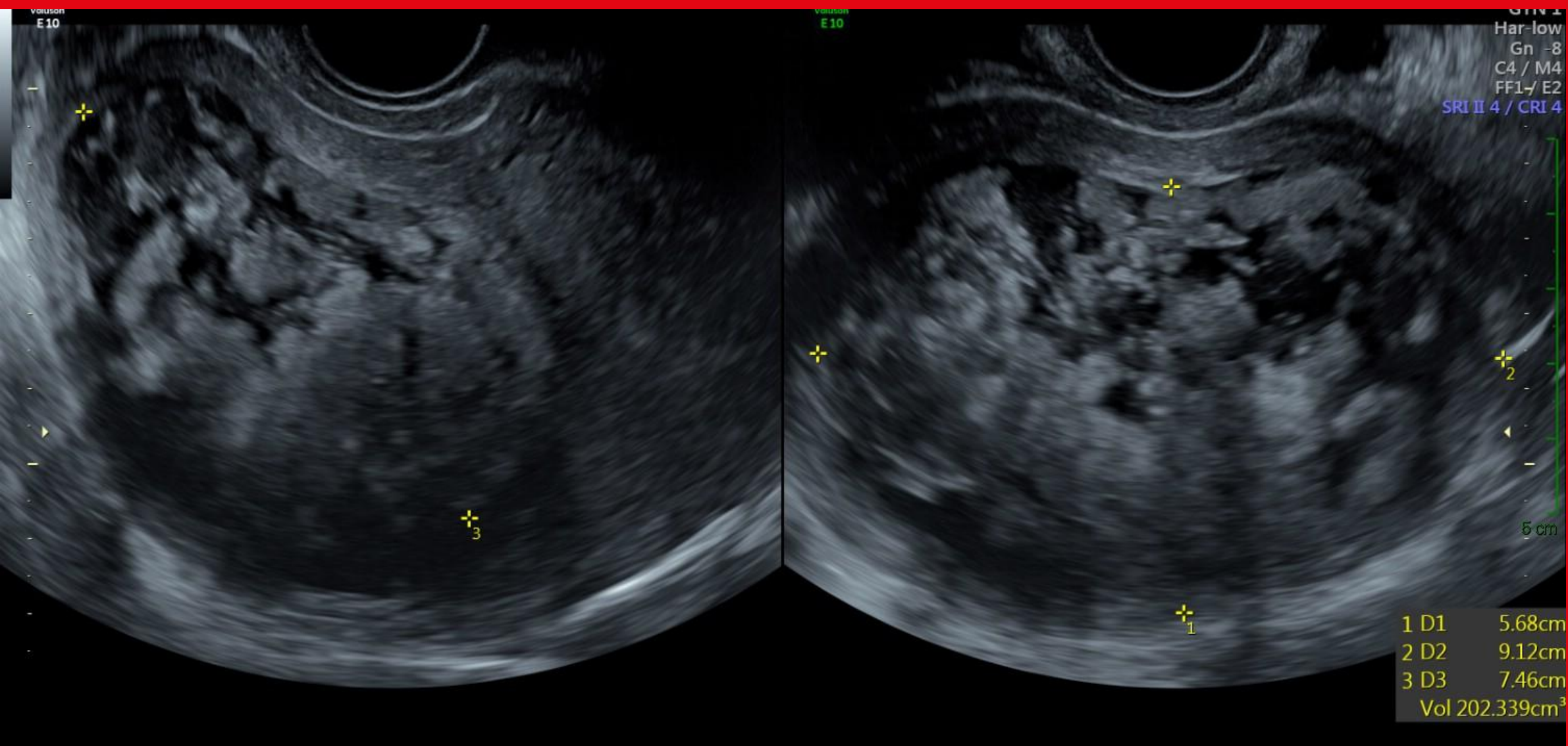


Figure 1. Transvaginal ultrasound showing a heterogeneous image with areas of decreased echogenicity, consistent with cystic degeneration.

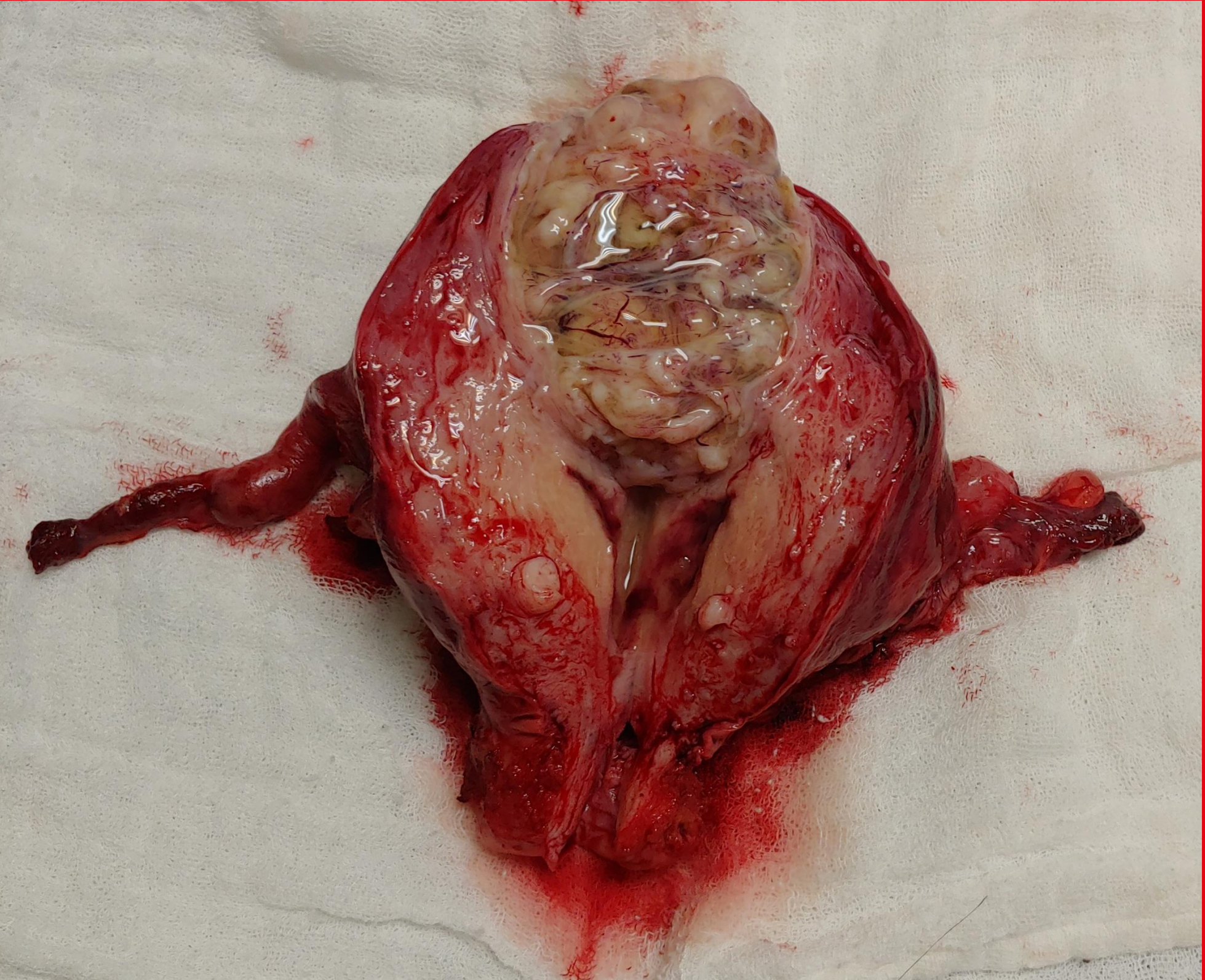


Figure 2. Resected surgical specimen.

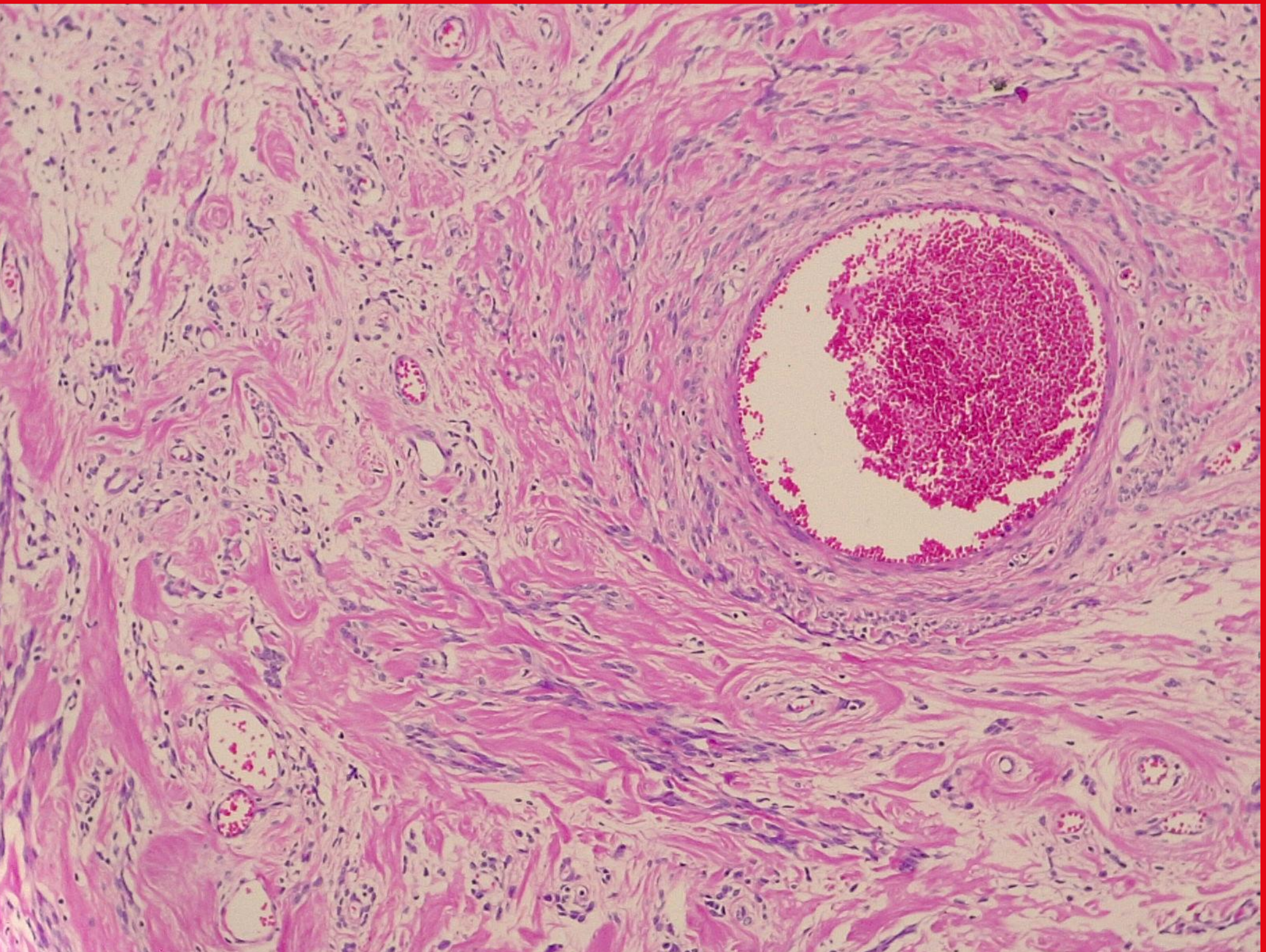


Figure 3. Histological section (10x) stained with hematoxylin and eosin (H&E).