

Near Miss: Angiomyxoma Presenting as a Bartholin's Cyst

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Introduction:

Aggressive angiomyxoma (AA) a rare, benign but locally infiltrative mesenchymal tumour that typically affects women of reproductive age. Due to its soft, gelatinous consistency and slow, insidious growth ,often misdiagnosed as more common benign conditions such as Bartholin's cysts. Misdiagnosis can lead to inadequate surgical management and recurrence. We highlight the importance of diagnostic vigilance and early MDT involvement in managing a large AAM.

Case Presentation:

37-year-old
Symptoms:

- Right-sided vulval swelling
- Progressive enlargement over several years
- Increasing pain and dyspareunia
- No systemic symptoms
- No fever, weight loss, or bowel/bladder symptoms

Assessment:

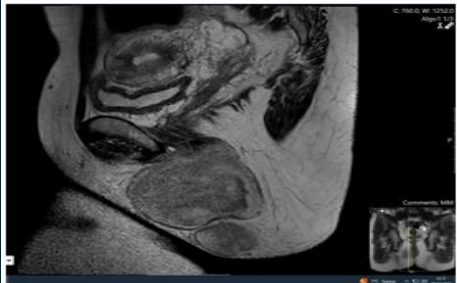
- Diagnosis: Presumed Bartholin's cyst based on external examination
- Plan: Marsupialisation under general anaesthesia

Preoperative day review by a different clinician:
Significantly larger than Bartholin's cyst, firm consistency and medial extension request for further imaging

Imaging

- Perianal MRI .**
- Large (10 × 7 cm) well-defined, lobulated mass
 - Location: Right ischiorectal and ischioanal fossa
 - Signal: Hyperintense on T2-weighted sequences with internal septations
 - Dumbbell-shaped with soft tissue extension
 - Displacing but not infiltrating anal sphincter
 - Features highly suggestive of angiomyxoma

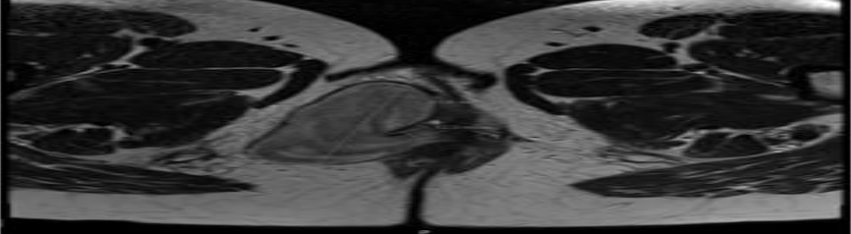
Perianal MRI



Transperineal USS



Perianal MRI



Surgical Management.

- Perineal approach
- Mass identified as gelatinous, vascular, with muscle involvement
- Blunt and sharp dissection performed to preserve anal sphincter
- Full resection achieved with clear margins
- Minimal blood loss; no intraoperative complications

Histopathology: Aggressive Angiomyxoma

Discussion

- AAM rare with fewer than 350 reported cases.
- MRI- gold standard for preoperative diagnosis
- Local recurrence rate 30-70% often due to incomplete resection.
- IHC critical to distinguish AAM from other soft tissue tumour
- Hormone responsiveness (E2 & Progesterone positive) may open avenue for GnRH analogues use.

Conclusion:
High index of suspicion, early MRI, and MDT involvement are key in surgical planning, reduced recurrence and improved patient outcome.

References:
Magro G. et al. The Wide Morphological Spectrum of Deep (Aggressive) Angiomyxoma of the Vulvo-Vaginal Region: A Clinicopathologic Study of 36 Cases, including Recurrent Tumors. *Diagnostics* 2021, 11, 1360.