

# A Case Report of Aggressive Angiomyxoma of the Vagina

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## Case Report

This is a case report of a woman with a vaginal aggressive angiomyxoma(AAM) which is a rare benign tumor. The woman was 51-years old who had a previous cesarean section. On July 3 2006, she was admitted because of an increase in vaginal excretions accompanying micturition over a period of 1 month . She had limited activity of her left lower extremity from childhood because of inappropriate medication, and 5 years ago underwent an operation because of an abscess of her left femoral head. Post-operative stiffness of her left coxal articulation led to abduction inability of her left leg. For one year she had had menstrual disorders with a periodicity of 2~ to 3~ months, menstruating 2~ to 3~ days, without abnormal odor of the excretions. Gynecological examination: there was a solid-cystic vaginal mass which was smooth and movable, 7 cm in diameter. It seemed that there was a pedicle connected with the upper lip of the cervix. The boundary of the mass was clear and the cervix could not be viewed. The dimensions of the uterine body were normal. There was no abnormality of the uterine adnexa. B-mode ultrasound examination: there was a 67 mm ×49 mm cystic resonance in the vagina near to the cervical external aperture. The boundary was clear and lower intensive resonance could be seen inside. Both kidneys and ureters was normal. A magnetic resonance imaging (MRI) scan revealed a cystic lesion in the vagina. All other laboratory examinations were normal. The patient was operated on July 13. The mass was connected to the vaginal wall with a thin pedicle 0.3 cm in diameter. We extruded the mass through the vaginal orifice, cut off the pedicle and excised the mass.

## Discussion

AAM is a rare soft tissue tumor, occurring mostly in 30~ to 40-year-old females. It can involve the mons veneris, vagina, perineum, groin or pelvic wall. AAMs grow slowly, the volume is large, and they are mostly cystic. Steeper and Rosai published the first report on AAM in 1983<sup>[1]</sup>. According to the existing literature, AAMs mostly occur in women, a few cases having been reported in males, the female/male ratio being about 6:1<sup>[2,3]</sup>.

Pathological gross appearance: the tumors are polypoid or cystic, 3.0~14 cm in diameter, the boundary is unclear. There is no capsule, the cross-section is gray, and the texture is soft and mu-

a mucoïd matrix and collagen fibers. The tumor tissues contain affluent blood vessels, capillaries and arteries mainly of the pachyntic muscular layer. Nuclei are oval, chromatin thinner, containing 1~2 chromatospherites. There are no allotypes or no caryomitosis<sup>[4]</sup>(Fig.1).

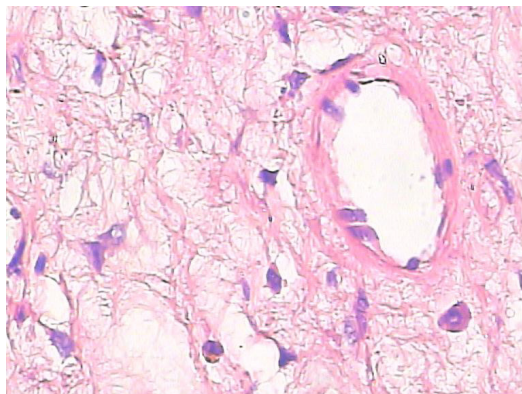


Fig.1. Section from the vaginal mass showing myxoid areas with stellate cells and blood vessels (H&E stained; magnification, ×400).

It is not possible to correctly diagnosis AAM pre-operatively. It may be misdiagnosed as a vaginal cyst, hernia, mucosal neurofibroma, low potential malignancy myxofibrosarcoma or mucosal liposarcoma and so on.

Operation is the principal treatment of AAM. It has high propensity for local recurrence, and post-operative long-term follow-up is needed. Thorough excision is the most effective method to prevent a recurrence. It has been reported<sup>[3]</sup> that some AAM tissues express estrogen and progesterone receptors, but whether or not the tumors are hormone dependent and whether they can be treated with normal therapy requires more investigation. Immunohistochemistry examinations of this patient tumor tissue showed that it was positive for estrogen and progesterone receptors (Figs.2~3).



Fig.2. Section from the vaginal mass showed that it was positive for estrogen receptors (×400).



Fig.3. Section from the vaginal mass showed that it was positive for progesterone receptors (×400).

## REFERENCES

- 1 Steeper TA, Rossai J. Aggressive angiomyxoma of the female pelvis and perineum; report of nine cases of a distinctive type of gynecology soft-tissue neoplasm. *Am J Surge Pathol* 1983;7:463-475.
- 2 Westcott CJ, Gardner R, Marks CJ. Aggressive angiomyxoma presenting as pelvic floor hernia. *Surgery* 1997;122:969.
- 3 Fetsch JF, Laskin WB, Lefkowitz M, et al. Aggressive angiomyxoma: a clinicopathologic study of 29 female patients. *Cancer* 1996;78:79-90.
- 4 Wu ZB, Yang GH, editor. *Chinese Surgical Pathology*. Beijing: The People's Health Publishing House. 2002,1210-1211 (Chinese).