Cavernous Hemangioma of the Uterus: Case Report

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Abstract
Cavernous hemangioma of the uterus is a very rare lesion. It's more common in pregnant women comparatively less in non-pregnant women. We are reporting a case of cavernous hemangioma in a 35 year old lady treated successfully.

Keywords: Cavernous hemangioma; Uterus; Pregnant; Hysterectomy; Uterine artery embolization

Introduction
Cavernous hemangiomas are found at all levels of uterine walls like serosa, myometrium and endometrium, usually myometrium are involved diffusely. This cavernous hemangioma is associated with obstetrics and gynecological complaints like heavy menstrual bleeding and intra-uterine death of fetus. A survey of the current literature identified fewer than 50 cases of hemangioma of the uterus.

Case Report
A 35 years old lady came to OPD with complains of heavy menstrual bleeding since two months with no other gynae problems. On examination pallor ++, pulse 100, BP was 110/70 mm/hg CVS/RS normal per abdomen soft perspeculum polyp measuring about 7cm arising from the cavity cervix is free from the polyp (Figure 1). Per vaginal examination uterus antverted and it was bulky 10cm fornices are free. Her HB was 6gm% blood group was O+ve, other investigation was normal. Patient was transfused with two bottles of blood. After correction of anemia, polypectomy and D&C was done under spinal anesthesia. Patient was discharged after two days. HPE reports show it is a cavernous hemangioma of the uterus. Section shows completely hemorrhagic and necrotic tumor mass composed of dilated thin walled blood vessels.

Discussion
A cavernous hemangioma of the uterus may occur as an isolated lesion of the uterus [1–6]. Salm R. [6] surveyed the literature for diffuse cavernous hemangioma of the uterus in the early part of the 20th century. He recorded two cases of isolated and localized cavernous hemangioma of the uterus in non-pregnant multiparous women, who presented with uncontrolled vaginal bleeding and underwent hysterectomy. Recent literature documents only three published cases of cavernous hemangioma in non-pregnant women. In non-pregnant women, uterine artery embolization or internal artery ligation is recommended. The appropriate treatment for endometrial hemangiomas remains unclear. The few cases in the literature describe conservative treatments, such as carbon dioxide laser excision, knife excision, cryotherapy, radiotherapy, electrocauterization, and uterine artery embolization.
Conclusion

This cavernous hemangioma of the uterus is usually asymptomatic and is found incidentally. Usually they are present with abnormal uterine bleeding. Hysterectomy will be the permanent treatment.

References