Cervical Angiomyxoma- A case report
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Abstract: A 50 year old post menopausal patient presented with intra vaginal elongation and a polypoid mass arising from the posterior lip of cervix. Clinically it was thought to be a cervical polyp. On histopathological examination of the excised specimen it was diagnosed as Cervical angiomyxoma. Angiomyxomas most commonly arises in the vulva and very rarely in the cervix. It is crucial to make a diagnosis of angiomyxomas as they are aggressive neoplasms which has high chances of recurrence.

Keywords: angiomyxoma, cervix, vagina, polyp, aggressive, recurrence.

INTRODUCTION
Angiomyxoma is a slow growing, locally aggressive, myxoid neoplasm that occurs chiefly in the genital, perianal and pelvic regions of the adult women with vulva being the most common site. It is rarely seen in the cervix.

CASE REPORT
A 50 year old female, who is P2L2, sterilized, presented with intra vaginal elongation and yellowish discharge from the vagina since 3 months. P/S examination revealed a 5cm polypoid non tender mass arising from the posterior lip of the cervix. She underwent total hysterectomy and the specimen was sent for HPE

GROSS
We received a hysterectomy specimen measuring 12X5X2cm with a soft tissue mass attached to the cervix measuring 5.5X3.5X3cm. Cut section of the mass was pinkish and gelatinous consistency.

MICROSCOPY
Section from the soft tissue mass attached to the cervix showed a polypoidal lesion covered by stratified squamous epithelium, enclosing dilated blood vessels, some showing thickened wall in a background of myxoid stroma.
Stromal cells were elongated and stellate. Some of them showing dark staining nuclei. No mitosis or necroses were seen.

Uterus showed adenomyosis with chronic cervicitis.

From the above findings, the picture was that of cervical angiomyxoma.

**DISCUSSION**

Angiomyxoma was first described in female pelvis by Steeper and Rosai in 1983 [2, 4]. This mesenchymal tumor arises from the connective tissue of lower pelvis or perineum and has a propensity to recur locally. Female:Male ratio is 6:1 [1, 2]. It occurs due to the deregulation of HMGA2 gene [3]. Grossly, angiomyxomas are soft, polypoidal lesions with a gelatinous appearance on cross section and size ranging from few centimetres to 20cm or more [3, 4].

Microscopically, it is a bland appearing myofibroblastic tumor composed of scanty spindled and stellate cells in a loose stromal matrix and thick walled blood vessels [1, 3]. Stains positive for angiomyxoma include vimentin, desmin, muscle specific actin, keratin and S-100 [4].

**CONCLUSION**

This case is reported because of its rarity and its atypical site of occurrence. Aggressive angiomyxomas must be differentiated from other benign tumors because of its propensity to recur locally. The following can be considered as the differential diagnosis:

i. Angiomyofibroblastoma- immunoreactive for vimentin, desmin but not for actin or keratin

ii. Cellular angiofibroma- It is more cellular and is mitotically active.
REFERENCES