

Case Report

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Endophytic Vulvar Hemangioma in an Adult: A Case Report

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Abstract

Hemangioma is a benign neoplasm that may affect the vulva, and it can cause functional or emotional disability. This article reports the case of a 57-year-old female patient with a history of labia major swelling for the past 18 months. The lesion has excised and diagnosed with vulvar hemangioma.

Introduction

Hemangiomas are proliferative soft-tumor lesions marked by increased cell turnover [1]. They are the product of a derangement in angiogenesis that allows for the unsuppressed proliferation of vascular elements. These tumors usually appear after birth, grow rapidly and involute over the years [2]. A total of 60% of hemangiomas are situated in the cervicofacial region [3-5]. The remaining section can occur at various locations in the body, including the vulva. However, vascular tumors are rarely found in the female genital tract. Therefore, there are very few reports on the condition on the literature we report here a rare case of a vulvar hemangioma that presented as a genital swelling.

Case Report

A 57-year-old postmenopausal woman was admitted due to a painful swelling of right labia major. She also complained of dysuria. The swelling on labia major was painful without discoloration since 18 months ago. On her medical history we noticed hypertension and ischemic heart disease controlled with medication. The gynecologic exam revealed a swelling in right labia majora appeared compressible, non-expansile, and non-pulsatile without tenderness. No abnormalities were present in the routine blood tests and examinations of the patient. We decided to do a wide excision under general anesthesia, and the whole lesion was removed (Figure 1). The specimen was then sent for histopathological examination. On the follow-up appointment, one month later, the scar was well healed and the patient had no complaints. The histopathological features ruled out vulvar neoplasia and were consistent with hemangioma. The sections show fibrovascular tissue with an area of hemorrhagic neoplastic growth of vascular structures lined by monolayer of normal endothelial cells and filled with RBCs. (Figure 2)

Figure: 1

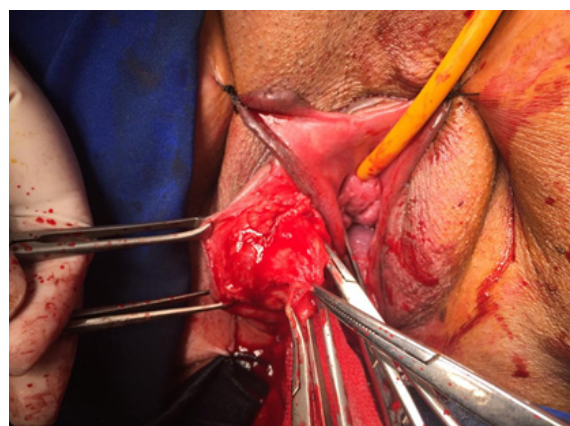
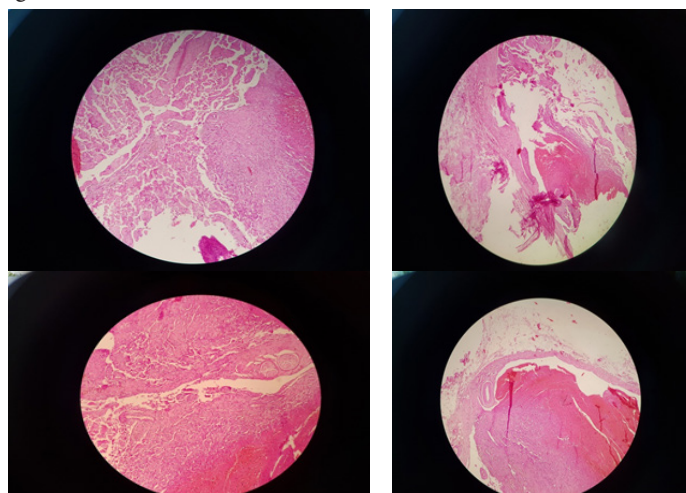
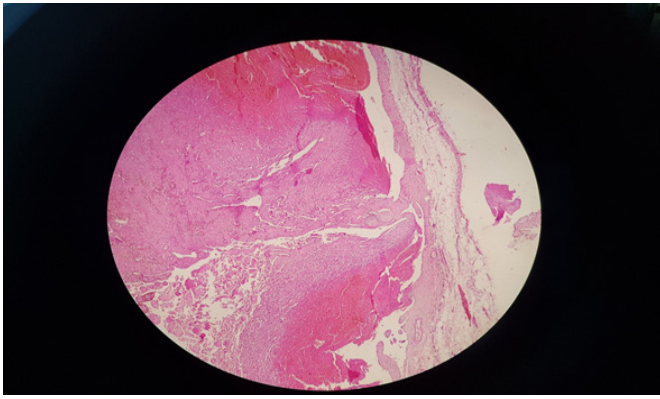


Figure: 2





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Discussion

The more common benign swellings of the vulva encountered are: Bartholin's cyst, fibroma, lipoma, leiomyoma, and hemangioma. In this case, the swelling was initially thought to be a Bartholin's cyst, but in the excision process the lesion had an excessive bleeding and the pathology showed hemangioma. Superficial hemangioma malformations show a bluish discoloration, while deeper ones have the appearance of normal skin. No pulsation or thrill is palpable, and no bruit is present on auscultation [6]. Most lesions are not tender, except when complicated by thrombosis within the venous spaces. The histological features of hemangiomas include lobular proliferated vessels with hypercellularity and endothelial cell multiplication. Surgical excision and primary closure are associated with low recurrence rates among surgical treatments, being the most advised one [7]. Besides that, it has some additional advantages, considering it is a single step treatment and the lesion can be sent to pathological evaluation. Janine Medeiros da Silva et al presented a case of a 52-year-old female patient with a history of a genital ulcer for the past 3 years and who had undergone various treatments with creams and ointments. The patient was biopsied and diagnosed with vulvar hemangioma and was subsequently submitted to surgical excision of the lesion. F. Abreu-dos-Santos et al presented a case of a 51-year-old female patient with an abnormal lesion on the vulvar surface. The lesion had excised and the histopathological features ruled out vulvar neoplasia and were consistent with ulcerated lobular capillary hemangioma.

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