



Cervical Hemangioma. A Rare Source of Abnormal Uterine Bleeding: A Case Report

Walcott Q^{1*}, Stevens T² and Beale S³

¹School of Medicine, University of Kansas Health System, USA

²Department of Pathology, University of Kansas Health System, USA

³Department of Obstetrics and Gynecology, University of Kansas Health Systems, USA

Abstract

Abnormal Uterine Bleeding (AUB) is one of the most common gynecologic conditions. Cavernal hemangiomas of the uterine cervix are extremely rare lesions associated with AUB. A 26-year-old G2P2002 female presented to the office for workup of AUB. The patient described her menstrual cycles as extremely irregular and associated with severe dysmenorrhea and heavy bleeding. Previous work-up failed to reveal a source of the AUB. As the patient continued to have heavy, painful menses, she opted to undergo a Total Laparoscopic Hysterectomy with Bilateral Salpingectomy (TLH BS). A TLH BS was performed under general anesthesia without complications with all specimens sent to pathology for further analysis. The surgical pathology report revealed a cavernous hemangioma of the cervix as the probable cause of the patient's AUB. Although uncommon, cervical hemangiomas should be included in the differential diagnosis of patients with AUB.

Keywords: Hemangioma; Abnormal Uterine Bleeding; Cervix; Uterus; Hysterectomy

Introduction

Abnormal Uterine Bleeding (AUB) is one of the most common gynecologic conditions which is associated with a significant decrease in the quality of life of the patient [1]. AUB is defined as "any variation from normal bleeding patterns in nonpregnant, reproductive-aged women beyond menarche lasting for at least 6 months" [1]. Cavernal hemangiomas of the uterine cervix are extremely rare lesions associated with AUB; with only about 55 cases reported in the literature [2,3]. These benign neoplasms are small and usually asymptomatic in nature, with the majority of hemangiomas incidentally discovered upon pathologic examination [4]. However, they may be found to be an important source of AUB and menorrhagia in reproductive-aged patients [4]. This report summarizes a case of a 26-year-old female with chronic AUB from a cervical cavernous hemangioma.

Case Presentation

A 26-year-old G2P2002 female presented to the office for the workup of Abnormal Uterine Bleeding (AUB). The patient described the menstrual pattern as continuous bleeding for 1 month and then skipping 1 month of menses. These periods were associated with severe dysmenorrhea and heavy bleeding sometimes requiring the patient to wear 2 to 3 pads at once to manage her overnight bleeding.

A brief menstrual history revealed menarche at age 8-years-old with irregular cycles and duration varying from 2 to 14 days. Flow also varied from light to heavy and was intermittently associated with large blood clots. Obstetric history was significant for 2 full-term pregnancies both complicated by gestational diabetes, resulting in a spontaneous vaginal delivery and a low transverse cesarean delivery, respectively. Cesarean delivery was complicated by excessive blood loss, but she did not require a blood transfusion. She desired permanent tubal sterilization and subsequently underwent a laparoscopic bilateral tubal ligation with dilation and curettage in 2017. Pathology showed atrophic endometrium. After that surgery, she experienced 2 months of continuous uterine bleeding managed with Depo-Provera injections between February 2018 to February 2019. After discontinuation of the Depo-Provera, the patient did not have a return of menses for 2 years.

During the evaluation of secondary amenorrhea in 2021, pregnancy was ruled out and a progesterone withdrawal challenge was conducted which failed to result in appropriate withdrawal

OPEN ACCESS

*Correspondence:

Quinnlyn Walcott, School of Medicine,
University of Kansas Health Systems,
2060 W 39th Ave, Kansas City, Kansas
66103, USA,

E-mail: q165w768@kumc.edu

Received Date: 11 Apr 2023

Accepted Date: 24 Apr 2023

Published Date: 28 Apr 2023

Citation:

Walcott Q, Stevens T, Beale S. Cervical Hemangioma. A Rare Source of Abnormal Uterine Bleeding: A Case Report. *J Clin Obstet Gynecol Infertil.* 2023; 7(1): 1053.

Copyright © 2023 Walcott Q. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

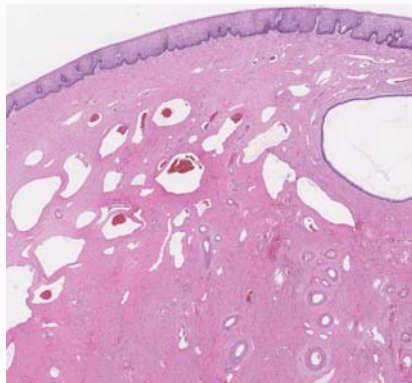


Figure 1a: Underneath the cervical squamous epithelium is numerous, gaping vascular channels extensively involving the cervical stroma.

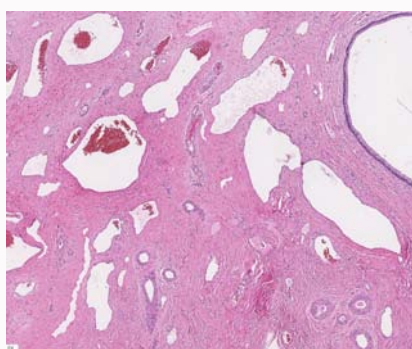


Figure 1b: Medium power exam shows the vascular spaces are filled with red blood cells and lined by a thin, bland endothelial cell lining. A benign endocervical gland is seen on upper right.

bleeding for 3 months. Laboratory results were significant for low follicle stimulating hormone; however, estrogen was normal. Further workup for a hypothalamic or pituitary cause was negative. When the bleeding did resume it was heavy, painful, and associated with extreme fatigue.

Past medical history was significant for mental health disorders and was otherwise non-contributory. The patient had no family history of any bleeding or menstrual disorders.

When the patient followed up in 2022, the pelvic examination was unremarkable. A Transvaginal Ultrasound (TVUS) revealed a normal endometrial stripe of 10 mm with no discrete masses, normal uterus and ovaries, and no adnexal masses or free fluid noted. Similar findings were documented for a TVUS in 2017.

Medical and surgical management options were discussed with the patient. Given that she had already undergone a previous sterilization procedure and does not desire more children, she opted to undergo definitive management with Total Laparoscopic Hysterectomy with Bilateral Salpingectomy (TLH BS). She declined interim medical management prior to surgery.

Management and Outcome

A TLH BS was performed under general anesthesia without complications. All specimens were removed intact through the vagina and sent to pathology for further analysis. The patient was later discharged home that day.

Histopathological examination revealed numerous gaping vascular channels extensively involving the cervical stroma (Figure 1a). The number and distribution of these vascular channels was beyond a reactive, vascular congestive process. The vascular channels were lined by a bland, thin, nonatypical endothelial cell lining and were filled with red blood cells (Figure 1b). A diagnosis of cavernous hemangioma of uterine cervix was made.

The patient followed up for a 6-week postoperative visit. She was healing well with no bleeding or pain. She returned at 14 weeks post-op for a vaginal cuff check due to her partner feeling sutures during deep penetration. She continued to do well and was happy with the decision for definitive treatment and that she now had a diagnosis.

Discussion

The identification of the cause of AUB is not always clear and not always found. However, this case demonstrates a rare yet documented cavernous hemangioma as an etiology of AUB which was resolved with surgical intervention via hysterectomy. Although uncommon, cavernous hemangioma should be included in the differential diagnosis of patients with abnormal vaginal bleeding unresponsive to conservative therapy and where other causes have been ruled out [2]. Because these lesions are known to express estrogen and progesterone hormonal receptors, hemangiomas should be considered in patients of reproductive age with no other clinical or radiologic findings that would explain the patient's presenting symptoms [2].

References

1. Marnach ML, Laughlin-Tommaso SK. Evaluation and management of abnormal uterine bleeding. *Mayo Clin Proc.* 2019;94(2):326-35.
2. Busca A, Parra-Herran C. Hemangiomas of the uterine cervix: Association with abnormal bleeding and pain in young women and hormone receptor expression. Report of four cases and review of the literature. *Pathol Res Pract.* 2016;212(6):532-8.
3. Benjamin MA, Yaakub HR, Telesinghe P, Kafeel G. A rare case of abnormal uterine bleeding caused by cavernous hemangioma: A case report. *J Med Case Rep.* 2010;4:136.
4. Aka KE, Horo GA, Fomba M, Kouyate S, Koffi AK, Konan S, et al. A rare case of important and recurrent abnormal uterine bleeding in a postpartum woman caused by cavernous hemangioma: A case report and review of literature. *Pan Afr Med J.* 2017;28:130.