

# OVARIAN HEMANGIOMA A RARE PATHOLOGIC FINDING

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*Abstract* - Hemangioma of the ovary is reported in a 66 years old woman. Vascular tumors of the female genital tract are rare, especially those of the ovary. Most cases are discovered incidentally. The case presented here was missed clinically. *Acta Medica Iranica* 36 (1): 44 - 46; 1998

*Key words* : Ovary hemangioma, vascular tumor

## INTRODUCTION

Hemangioma of the ovary is discovered incidentally (1). The number of well documented cases recorded in the medical literature do not exceed 50. Although some cases may not have been recognized or recorded, all investigators consider ovarian hemangioma as a rare pathological finding (2, 3, 4, 5, 6). The age of incidence varied between 4 months and 81 years (3, 7) without predominance in any age group. In most instances the lesions are small and discovered incidentally at operation or autopsy (3, 6). However a few lesions have been large (up to 24 cm) and have produced symptoms such as abdominal pain and swelling with ascites (1, 4, 9, 10), or acute abdominal pain due to torsion of tumor (11, 12, 13). The great majority have been unilateral and most were of cavernous type, consisting of multiple dilated, blood - filled vascular channels lined by a single layer of endothelium. Four cases were bilateral (14, 15, 16). One patient with bilateral ovarian hemangioma and diffuse abdominopelvic hemangiomatosis with thrombocytopenia (15) had been reported, in which resection of hemangioma was accompanied by normal platelet count.

We report a case of ovarian hemangioma presenting with chronic abdominal pain.

## CASE REPORT

A 66 years old woman, gravida 7, para 6, AbO, was admitted for abdominal pain of two years duration, which had exacerbated during past two months. Physical examination showed a pelvic mass in left adnexa. No other abnormal findings were noticed. Specifically, no cutaneous or mucosal hemangiomas were present. The medical history was non-contributing and she was not receiving any specific medications, including estrogens. Sonography and CT-Scan study showed a 63 mm left adnexal mass. A total hysterectomy with bilateral salpingo-oophorectomy was performed and the patient was discharged after an uneventful post-operative course.

### Operation Note

The tumor was confined to the left ovary and was totally resected. All other pelvic and abdominal organs appeared normal.

### Pathological Findings

The left ovary measured 7 × 5 × 4 cm. Cut surfaces showed cystic spaces containing blood clots. Microscopically, most of the ovary was replaced by numerous dilated thin-walled vascular channels separated by connective tissue septa (cavernous hemangioma) (Fig. 1). All of these vessels were lined by a single layer of flattened



Fig. 1. Vascular channels filled with blood. Normal ovarian tissue is seen at the upper half (H & E, X 50)

endothelium without atypical features. Thrombi were common but there was no necrosis. The contralateral ovary, both fallopian tubes, and uterus were unremarkable except for polypoid endocervicitis.

## DISCUSSION

Ovarian hemangioma is a very rare benign lesion of ovary. Most of them are small silent lesions of no complications, discovered incidentally, however, few cases show abdominal pain and/or signs and symptoms of pelvic mass. It should however be considered in differential diagnosis of pelvic and/or ovarian mass, especially in patients without involvement of the other organs and/or patients with features of hemangiomatosis.

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