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FOGSI celebrates 75 years - Diamond Jubliee

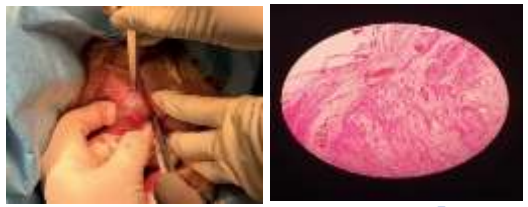
Poster Number: EP 042 **Title:** Angiomyxofibroma of the Vulva - An Uncommon Entity

Name: Dr Prashanta Vijaya Tumbagi (1), Dr Rekha N (2), Dr Anju A (3)

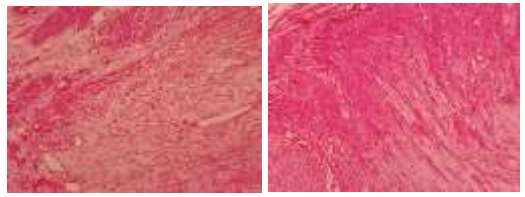
(1) Post Graduate (OBG), (2) Professor & HOD (OBG), (3) Professor (OBG)

Introduction:

Angiomyofibroblastoma (AMF) is a benign soft tissue tumor and a form of genital stromal mesenchymal tumor that primarily affects the vulva.[1] It frequently appears as a benign, painless enlargement (< 5cms; range up to 23 cms)[2] and can affect the fallopian tube, ischiorectal fossa, cervix, and bladder it is often misdiagnosed as Bartholin cyst in women.[3]



Intraoperative and Histopathological images



Case Report:

A 42-year-old female patient reported to BGS GIMS hospital with a C/O swelling in the right vulval region for the last 4 months. The swelling was insidious in onset with initial size of a peanut & slowly progressed to the size of a lemon over 4 months. O/E a soft cystic mass of 3x4 cm was felt over the right labial region with regular borders, smooth surface, tenderness present over swelling, The swelling was provisionally diagnosed as a right-sided Labial cyst/Bartholin's Cyst. The patient was admitted and put on IV antibiotics, and the cyst was excised under SAB. The specimen was sent for HPE.

Histopathological Report :

Cells possessed oval to round small hyperchromatic nuclei. The stroma showed variable-sized thick and thin blood vessels. There was no evidence of malignancy. The histomorphological features were suggestive of benign genital stromal tumor deep angiomyxofibroma – Lesion

Discussion:

Vulvar AMF is an uncommon, painless, and benign mesenchymal neoplasm with a great prognosis. It affects women in the 3rd to 5th decade of life and clinicians should be on the lookout for AMF among women in child-bearing age.[4] Clinically, the swelling is usually painless and grows gradually which makes the patient aware prompting them to visit the clinician. Definitive diagnosis is usually done by histopathological examination. There are no sign of necrosis, mitosis, or malignancy in the section analyzed.[4]. The absence of invasive features are consistent with AMF and show a prominent vascular component. Currently, no drugs are available to treat AMF, and surgery is preferred.[5]

References :

1. Eckhardt S, et al. Vaginal Angiomyofibroblastoma: a case report and review of diagnostic imaging. Case rep. Obstet Gynecol. 2018:1-8.

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3. Roncati L et al. Undetermined cervical smear due to angiomyo-fibroblastoma of the cervix uteri. J Obstet Gynaecol. 2017 Aug;37(6):829-830.

4. Shetty D, et al. Angiomyofibroblastoma of vulva: a case report with histomorphological differential diagnosis and review of literature. J Obstet Gynecol Cancer Res. 2023;8(2):181-18.

5.Wolf B et al. Ultrasound plays a key role in imaging & management of genital Angiomyofibroblastoma: a case report. J Med Case Reports. 2015 Dec;9:1-5.