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Title: ANGIOMYOFIBROBLASTOMA





## INTRODUCTION

Angiomyofibroblastoma(AFMB) is a rare, benign mesenchymal tumor predominantly occuring in the vulvovaginal region of women during their reproductive years. Charecterised by its well circumscribed nature and distinctive histopathological features, AFMB must be differenciated from other vulvar neoplasms to avoid over treatment.

### **AIMS / OBJECTIVES**

We report a case of AFMB of the vulva in pregnancy.



# MATERIALS / METHODS

G2P1L1 with 38wks pog with a right vulval mass was referred to us. The mass was first noticed 4 months back and had gradually increased in size. Initially it was painless, since 15 days patient noticed pus discharge from the mass and pain significantly increased. On examination, the mass is 8\*9 cm, pedunculated, with a 4\*3 cm decubitus ulcer over the pedunculated area with granulation tissue. The mass was soft in consistency and mobile. Patient had no other complaints. The mass was completely removed by local excision. The postop period was uneventful. Pt underwent elective lscs 1 week later.





### **RESULTS**

The excised mass was sent for HPE. Alternating zones of cellularity comprising both small to medium sized thin walled blood vessels along with spindled to oval shaped cells with eccentric placed nuclei, prominent nucleoli and with moderate amount cytoplasm. Alternating hypocellular and hypercellular areas are seen. The stroma is edematous with focal myoid change. The mitotic activity is 1-2/10 HPF. Skin shows ulceration and is hyperkeratotic. No evidence of malignancy.

Pt came for regular followups for 1 yr. The pt was asymptomatic and no tumor recurrence was found.

#### DISCUSSION

The overlap of pregnancy related physiological changes and tumor charecteristics can complicate clinical evaluation.

Must be distinguised from other mesenchymal tumors especially angiomyxoma which is infilrative, non metastasizing & has high recurrence.

### **CONCLUSION**

Though rare, it is manageble. Early Recognition and appropriate diagnostic strategies are crucial. USG & MRI can be done.

Histopathological confirmation is Gold standard.

### REFERENCE

Hsu IH, Chang TC, Wu CT, Chen RJ, Chow SN. Angiomyofibroblastoma of the vulva. J Formos Med Assoc 2004;103:467–471.

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