

Extensive Cavernous Hemangioma of the Cervix and Vagina Management With Carbon Dioxide Laser

SERVİKS VE VAJİNANIN YAYGIN KA VARNÖZ. HEMANJİOMASI KARBON DİOKSİT LAZER TEDAVİSİ

Dr.Haluk ÇAĞLAR, Dr.Mehmet ERK, Dr.Ahmet ERK,
Dr.Myroslav M. HRESHCHYSHYN

Department of Gynecology-Obstetrics Division of Gynecologic Oncology University at
Buffalo (SUNY) School of Medicine and Biomedical Sciences Buffalo, New York, USA

SUMMARY

A 65-year old woman with extensive vaginal and cervical hemangioma was successfully treated with carbon dioxide (CO₂) laser. After the third laser treatment complete vaginal fusion observed. A survey of the literature discloses 38 cases of cervical and/or vaginal hemangiomas. This is the third case in the literature that was treated with CO₂ laser and the first case with vaginal occlusion as a complication of this new treatment modality.

Key Words: Cavernous hemangioma, Carbon dioxide laser

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ÖZET

Yaygın servikal ve vajinal hemangioması olan 65 yaşındaki bir hasta karbon dioksit laserle başarılı şekilde tedavi edilmiştir. Üçüncü lazer tedavisinin sonunda hastada komplet vajinal füzyon gözlemlendi. Literatür taramasında sadece 38 vakada servikal ve vajinal hemanjioma bildirildiği tespit edildi. Bizim vakamız literatürde karbon dioksit lazer tedavisi yapılan üçüncü vakadır ve bu yeni tedavinin bir komplikasyonu olarak vajinal oklüzyon gelişen ilk vakadır.

Anahtar Kelimeler: Kavernöz Hemangioma, Karbon Dioksit lazer

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Hemangioma of the cervix and vagina is a rare condition which is usually asymptomatic, and often are an incidental finding in pathology specimens, and these patients present with vaginal bleeding of unknown etiology when ulcerated and traumatized. In review of the literature most of the patients were treated with excision, cauterization, trachelectomy, radiation or hysterectomy. Recently a new surgical approach using the CO₂ laser has been described by Bellina(1) and Davis (2).

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Yazışma Adresi: Dr. Haluk ÇAĞLAR
Department of Gynecology-Obstetrics
University at Buffalo, New York-USA

CASE REPORT

A 65-year old white, hypertensive and diabetic, nulliparous female was admitted to the general surgery service on 8/5/84 for excision of a soft purple spongy vaginal mass which was protruding from the introitus. It was thought this might be the cause of her sporadic episodes of vaginal bleeding of undetermined origin for the last 14 years which recently became heavier. She also gave a history of a bleeding episode at the age of one year. She had been sexually inactive for the last 20 years. On her previous gynecologic examinations she was repeatedly told that she had extensive vaginal varicosities.

On 8/6/84 a protruding mass could only be partially resected. Surgery had to be abandoned and the bleeding could only be controlled with heavy

A0300 CO₂ laser system attached to a Karl-Zeiss OPML-I colposcope. No packing was required. Postoperatively she was placed on vaginal estrogen cream, however she developed fusion of the vaginal walls resulting in complete obliteration of the entire vagina. This required reconstruction with an "H" type incision followed by dilation and vaginal mold afflication in August of 1985. Currently she is completely free of the hemangioma and has been taught to do daily vaginal dilations until she becomes sexually active again.

DISCUSSION

At the time of Ahern's review (3), 35 cases of cervical hemangioma had been reported in the literature. Ages ranged from 9 to 71 years, and were almost equally present in the menstrual, perimenopausal and postmenopausal periods. The majority of them were incidental findings at the time of hysterectomy. When recognized primarily, the recommended therapy was conization or observation. Although not used in the past, cryotherapy was suggested as a conservative alternative therapeutic modality.

In children, large perineal hemangiomas were commonly treated by surgical excision but severe hemorrhage occurred.

In 1980 Belline (3) combined CO₂ laser with cold knife conization in removing a 5x7 cm exophytic cervical hemangioma in a 16-year old female with only 150 ml blood loss. On admission this patient had another 4 units at the time of biopsy

10 days later. In 1983 Davis (2) successfully treated a hemangioma of the anterior cervix with extension to the upper one-third of the vagina with CO₂ laser alone in a 30-year old white female with the history of DES exposure in utero. No scarring occurred in either of these patients following CO₂ laser therapy.

The hemangioma in our patient was an extensive cauliflower-like exophytic spongy growth occupying the entire cervix and all four vaginal walls, up to the hymenal ring and protruding from the introitus. In this case CO₂ laser proved to be a unique conservative therapy for advanced hemangioma of the cervix and the vagina. The only alternative therapy would have been a surgical approach such as hysterectomy with total vaginectomy. Although the CO₂ laser therapy resulted in vaginal obliteration, a complication not previously reported, the vaginal reconstruction was a simple procedure and the outcome was far better from what would be expected had she undergone a radical surgical procedure.

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