

cases of uterine AL revealed organizing thrombi.^{1,6} AL can undergo degenerative changes with large cavernous deformation of the vascular spaces.⁹ An epithelioid variant of this entity mimicking glomangiomyoma has also been described by Sakai Yu.⁶ Histologic examination of the tumor showed rounded epithelioid cells, some arranged in cords and tubule-like structures around the dilated vessels mimicking a glomus tumor. These epithelioid cells showed gradual transition to spindle smooth muscle cells. On immunohistochemistry, the spindle cells show diffuse and strong positivity for SMA, desmin and caldesmon and a low Ki-67 labelling index. The microscopic differential diagnoses include endometrial stromal nodule, angiomyofibroblastoma and PECOMA. Though each one of these has characteristic morphologic features, at times overlapping histologic features may warrant the use of immunohistochemistry to arrive at the correct diagnosis (Table 1). If extensive nuclear atypia is present in the tumor, extensive sampling should be done to look for increased or atypical mitosis, border of the tumor and necrosis in order to exclude a leiomyosarcoma.

As AL is a benign tumor, complete excision of the lesion remains the main stay of the treatment. In all the cases, except one where the patient underwent myomectomy, total hysterectomy with or without salpingo-oophorectomy was the treatment of choice. All the patients had an uneventful postoperative course with clinical improvement in the symptoms. No recurrence was reported in any case. Thus, if completely excised these tumors have an excellent prognosis. Our case depicted similar clinicopathologic features as all the cases reported in the literature with an indolent postoperative course on follow up so far. In conclusion, angioleiomyoma is a unique variant of uterine smooth muscle neoplasm that exhibit characteristic morphology and immunophenotypic features. Angioleiomyoma has no specific imaging findings, so pre-operative differential diagnosis from other tumors is extremely difficult. Therefore, it is important for surgical pathologist to recognize this rare entity and differentiate it from its mimickers by thorough sampling and when required utilizing a proper immunohistochemistry panel.

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