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# Double trouble combo – aggressive cervical angiomyxoma with leiomyoma: A rare entity

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**ABSTRACT**

**Introduction:** Aggressive angiomyxoma is a locally invasive neoplasm that commonly affects the perineum of a reproductive age female. It is a rare condition, with only 350 cases documented in literature worldwide. The diagnosis is clinched on histopathology assessment. Although typically benign, the recurrence rate is high. We report a case of aggressive cervical angiomyxoma. **Case Description:** A 48-year-old nulliparous presented with a two-week history of a rapidly enlarged mass per vagina associated with abnormal bleeding and sexual dysfunction. Physical examination revealed a well-circumscribed mass occupying the vagina measuring 8 x 8 cm with a stalk attached to the endocervix while ultrasound assessment showed an enlarged uterus with a subserosal fibroid at the fundus measuring 5 x 6 cm. She underwent an abdominal hysterectomy and bilateral salpingo-oophorectomy, which subsequently resolved her symptoms. Histopathological examination revealed poorly circumscribed small, monotonous spindle cells with ovoid nuclei in the background of abundant myxoid oedematous stroma. She was seen multiple times in the last six months without any specific therapy, and no recurrence was demonstrated. **Discussion:** Aggressive angiomyxoma commonly arises from the perineal area, thus, the cervix is not a typical site. Symptoms are commonly proportionate to the size of the mass similar to a leiomyoma, hence, misdiagnosis is not uncommon. Surgical resection is recommended. Its high recurrence rate post-resection (around 70%) resulted in the term "aggressive". GnRH analogue is thought to be beneficial in preventing recurrence, thus histopathological assessment is paramount to diagnose the condition and subsequent commencement of appropriate recurrent prevention therapy.

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# Intrauterine death with placenta praevia major: A case series

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**ABSTRACT**

**Introduction:** Placenta praevia (PP) is associated with high maternal and neonatal morbidity and mortality. It is a condition where the placenta is implanted near or covering the internal os. In the event of intrauterine death (IUD) in a patient with PP, there is a dilemma in the decision for mode of delivery. Here we report two cases of intrauterine death in patients with PP major, who managed to achieve vaginal delivery. **Case Description:** (Case 1) A 33-year-old, primigravida with IVF pregnancy, had an intrauterine death at 29 weeks of gestation. The placenta was identified as a placenta praevia major. The couple was counselled for conservative management with weekly monitoring. At 32 weeks, she was induced and subsequently delivered vaginally. (Case 2) A 40-year-old primigravida had multiple episodes of antepartum haemorrhage (APH) due to PP major since 27 weeks which was self-limiting. At 34 weeks of gestation, she was diagnosed with an IUD. The couple was counselled for conservative management before inducing the labour. However, at 35 weeks, she came with another episode of APH. In view of no active bleeding during the assessment, the labour was induced and augmented. She delivered vaginally after two hours of augmentation. **Discussion:** PP poses the risk of massive haemorrhage; hence the timing of induction plays an important role to reduce the risk of bleeding. However, delaying delivery imposes other issues like infection, sudden onset of bleeding, and mental stress on the couple. Proper case selection and good counselling enable the successful management of vaginal delivery in patients with IUD with major PP.