

# Prolapsed Urinary Bladder Haemangioma: A Rare Presentation

## Abstract

Urinary bladder haemangiomas are rare benign mesenchymal tumors. They usually present with macroscopic haematuria. We report an unusual case of a 6 month old female child; she presented with a bleeding interlabial mass which turned out to be prolapsed urinary bladder haemangioma.

**Keywords:** Haemangioma; Prolapsed inter labial mass

## Case Report

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## Introduction

Haemangiomas are the most common benign vascular tumors of childhood; they can occur at any anatomic site cervicofacial, thoracoabdominal region, extremities, including solid and hollow viscera. Genitourinary tract haemangiomas are however a very rare entity. The most common mode of presentation for genitourinary tract haemangiomas is macroscopic haematuria; other less common presentations include lower abdominal pain and urinary retention. A written valid consent is taken from the parents for reporting this case.

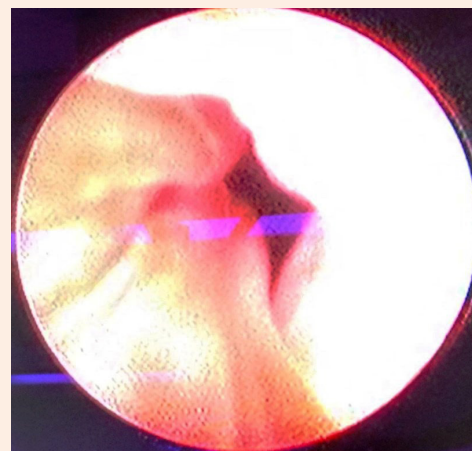
## Case Report

A six months old female patient, presented in the emergency department with a red fleshy actively bleeding introital mass. She was resuscitated and required blood and fresh frozen plasma transfusions. Systemic examination revealed microcephaly, bilateral genu valgus deformity, local examination revealed, a 5 cms x 3 cms reddish partly gangrenous mass prolapsing through the urethra, the urethral meatus was completely occluded with it and vaginal orifice was normal (Figure 1). Routine biochemical tests (Kidney Function Test) were normal; there was no evidence

of coagulation abnormalities or urinary tract infection. Patent foramen ovale was detected on echocardiography. Ultrasonogram of the KUB region showed mild hydroureteronephrosis on the right side, urinary bladder was normal. Cystourethrosopy showed the pedunculated mass to be arising in the region of trigone towards right side, right ureteric orifice could not be located, left ureteric orifice was normal and urinary bladder showed no other abnormality (Figure 2). A single prolapsed mass was resected cystoscopically, haemostasis achieved and no 8 Fr Foley's catheter was left indwelling for 2 days. Histopathology revealed tumor was composed of dilated vascular channels lined with endothelial cells suggesting cavernous haemangioma. She had an uneventful post-operative course, and the hydroureteronephrosis resolved on follow up.



**Figure 1:** Clinical Picture Showing Mass Prolapsing Peruretherally With Normal Vaginal Opening.



**Figure 2:** Cystoscopy Picture Demonstrating Pedical of Haemangioma In Urethra (Block arrow- Pedicle, line- bladder lumen).

## Discussion

Hemangiomas are benign vascular tumors arising from embryonic stem cells of an angioblastic lineage. They are classified as cavernous, capillary or arteriovenous [1]. Urinary bladder hemangiomas are very rare and account for 0.6% of all bladder tumors [2]. Cavernous bladder hemangiomas are most commonly solitary and usually located on bladder dome or ureterotrigoal region. They may also have co existent cutaneous haemangiomas or be associated with syndromes like Struge Weber, Proteus hence a detailed physical examination is a must. Isolated macroscopic haematuria is the usual presentation, but massive haematuria leading to shock has also been described [3]. We report an unusual presentation of cavernous haemangioma of urinary bladder with per-urethral prolapse and bleeding, presenting as an interlabial mass. There were no associated cutaneous or visceral haemangiomas.

The differential diagnosis of interlabial masses in pediatric age group includes urethral prolapse, cysts of paraurethral glands, urethral and vaginal fibroepithelial polyps, urethral haemangiomas, malignant vaginal masses and prolapsed ureterocele. Cavernous haemangiomas are mostly diagnosed during evaluation for gross haematuria. On radiological examination they appear as isoechoic polypoid intraluminal masses with mildly increased vascularity in the urinary bladder; usually there is no muscular involvement or perivesical extension. Hydronephrosis may be present due to ureteral obstruction.

Rhabdomyosarcoma is most common intraluminal bladder mass and the main differential and the diagnosis is confirmed histologically.

Various treatment options are available, small lesions can be managed endoscopically with laser ablation (YAG) or coagulation [4,5]. Large lesions require open surgical resection with partial cystectomy [6].

In conclusion cavernous haemangiomas of urinary bladder are a rare cause of intravesical mass with hematuria in children and should be kept in differential diagnosis, more so if there is well defined margin and lack of muscle infiltration on radiological studies.

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