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Aggressive angiomyxoma of ischioanal fossa misdiagnosed as perianal abscess-rare case report and literature review

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Abstract
Aims and Objectives: To report a rare case of ischioanal mass presented clinically as perianal abscess.
Method: 42 years old man presented to outpatient with pain over right perianal region. Based on local examination finding it was misdiagnosed as perianal abscess and hence incision put, but no pus noted. Next day a large mass protruded out through the incision site. Patient was referred to tertiary care. On evaluation the mass was extending into right ishchioanal fossa abutting anal spinchter.
Results: Mass was excised intoto through perianal approach without damaging external spinchter. Post-operative events were uneventfull. Passed feces on third post-operative day. Biopsy report showed as Aggressive Angiomyxoma.
Conclusion: Aggressive angiomyxoma is a rare case presents with large mass in pelvic region diagnosed by histopathological examination can be excised through perianal approach if localised to ischioanal fossa even though it abuts anal spinchter. Therefore anal spinchter activity can be preserved.

Keywords: Angiomyxoma, ischioanal fossa, perianal region, anal spinchter

Introduction
Aggressive Angiomyxoma is a rare case diagnosed by histopathological examination. It's features are as follows vascular appearance of tumour
hypocellular mesenchymal lesion, spindled and stellate cells with an ill-defined cytoplasm, cells loosely scattered in a myxoid stroma no evidence of nuclear atypia and mitosis, numerous, thin-to-thick wall vessels of different sizes myxoid, hypocellular background, bland cytological appearance of spindle cell [1].

Case presentation-material and method
A previously healthy and fit 42 year old man presented to the out patient department with Pain over the right Perianal Region since 15days. Aggravated since 1 day. On local examination induration and tenderness noted over the site of pain. As all the above feature suggests most commonly of perianal abscess planned incising the site. But after incision no pus detected. Dressing given, antibiotics, analgesics started and sent home. Next day morning when the patient was defecating he noticed a large mass protruded out of previous incision site (Fig 1).
Patient was referred to tertiary health centre. Local examination of mass was as follows, there was a large mass of protruding out of perianal incision site 10*6*4cm size reddish blue in colour, variable consistency, lobulated. On evaluation of mass with MRI it suggested that the protruding mass communicating inside the right ischioanal fossa and its extension is about 16.8*7.4*4.6cm (CC*TR*AP) Medially abutting lower rectum and anal spinchter, laterally extending upto obturator externus muscle, posterio superiorly upto levtor ani muscle and inferiority perineal skin without loss of fat plane (Fig 2a, 2b).
Outside protruding mass excised and sent for histopathological examination. Reported as Aggressive Angiomyxoma (Fig 3). As the lesion was benign the tumour was excised through ischioanal fossa approach by putting the patient in prone position (Fig 4).
Post operatively patient was shifted to ICU put on nil per oral, intravenous fluids, antibiotics, analgesics. Strict vitals monitoring done. On third Post operative day patient passed stools, oral fluids started. No vomiting, tolerated orals feeds well, no fecal incontinence or constipation. Hence on 5th post operative day patient was discharge.

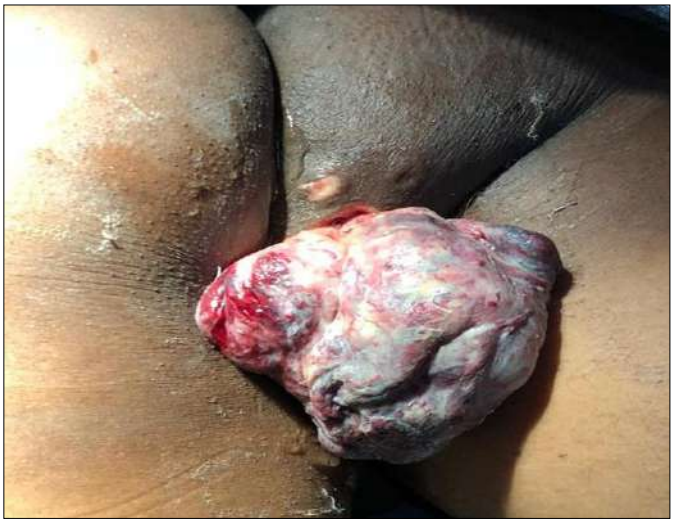

Fig 1: Mass protruding out through previous incision site

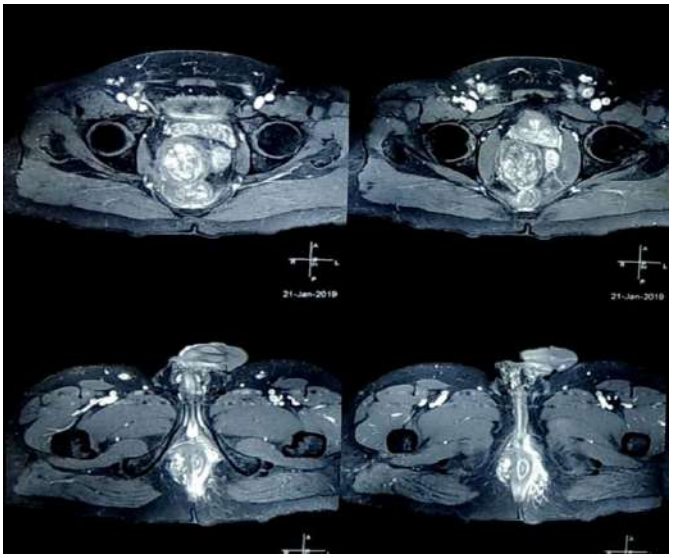

Fig 2a: Anteroposterior extension of mass shown in MRI

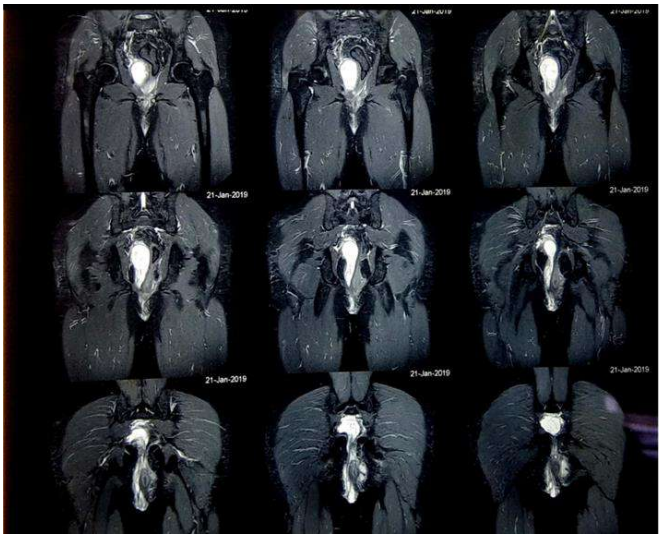

Fig 2b: Craniocaudal extension of tumour in MRI pelvis

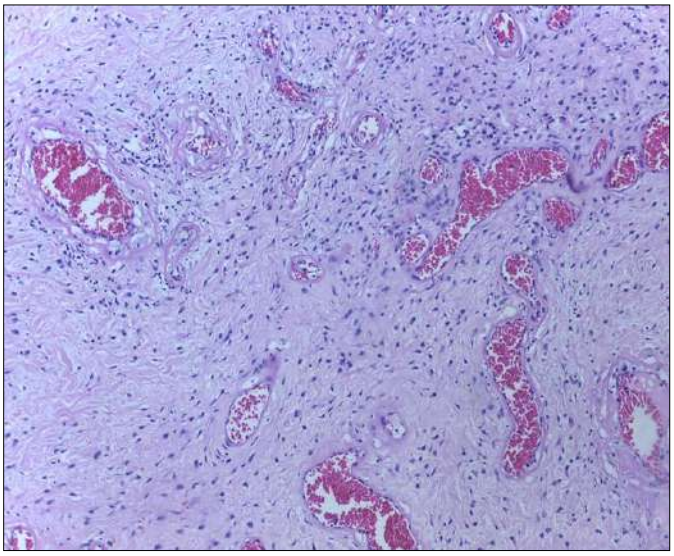

Fig 3: Histopathological slide of tumour mass

Fig 4a: Patient was put on Prone Position

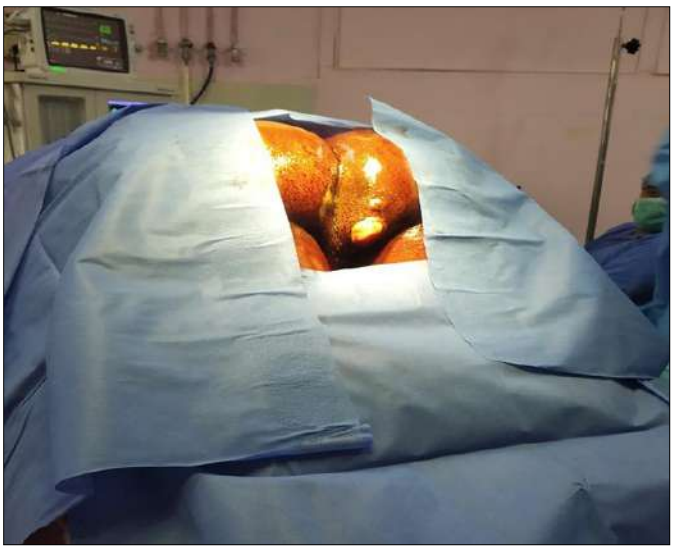

Fig 4b: Painting and Draping done

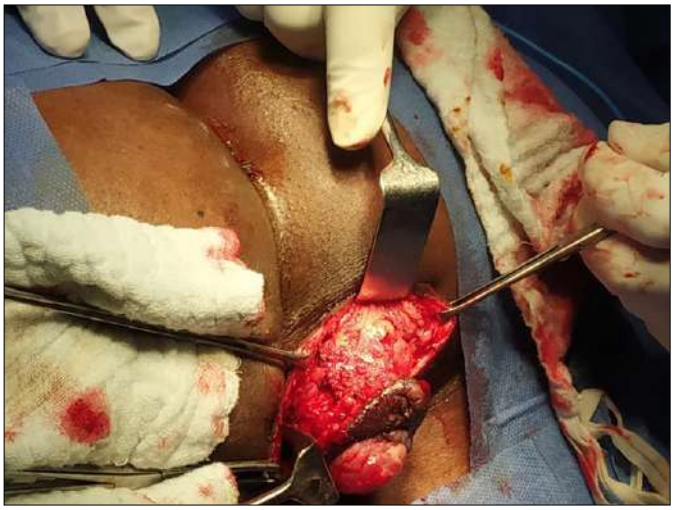

Fig 4C: Proceeded with excision of tumour in perianal approach

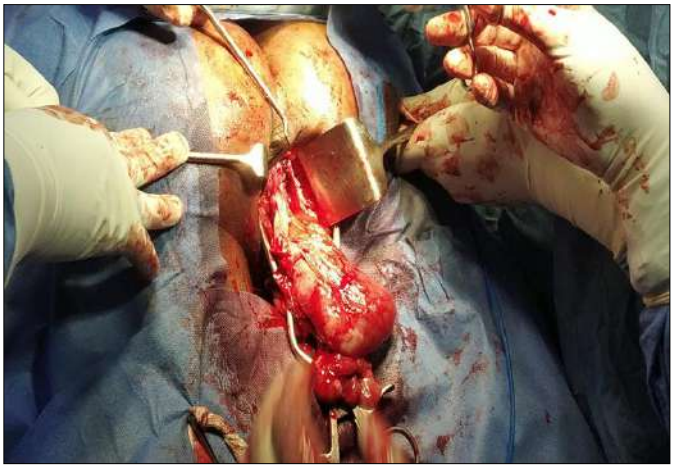

Fig 4d: Lobulated mass lesion in right ischioanal fossa excising

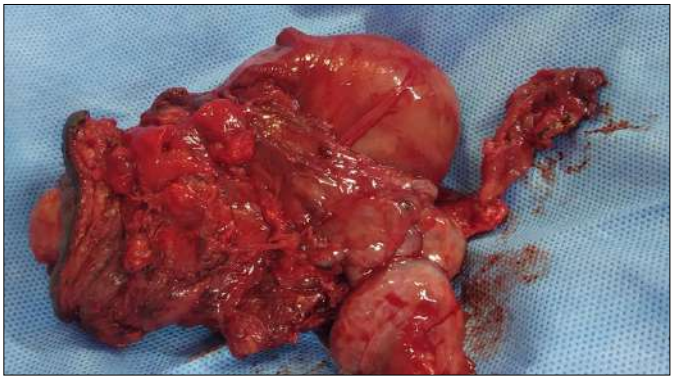

Fig 4e: Excised specimen from ischioanal fossa

Discussion

Aggressive angiomyxoma is a rare tumour found predominantly in pelvic region. It grows slowly and is often large at the time of diagnosis (usually larger than 10 cm). Surgical resection is the main treatment modality. However, because of infiltrative behaviour, the local recurrence rate is 36 to 72% and 70% recurrence within a two year period. As a result, the widest excision technically possible is warranted. To ensure this, accurate preoperative diagnosis via imaging is important. The characteristic MR imaging appearance of angiomyxoma may aid in the differential diagnosis [2].

The differential diagnosis of a pelvic or perineal soft tissue mass in an adult patient includes angiomyofibroblastoma, myxoma, infiltrating angiolipoma, and myxoid lipoma. Aggressive angiomyxoma involves deep tissue planes and is often large at the time of diagnosis [3]. Aggressive angiomyxoma may about the pelvic or perineal musculature, but does not invade it. In our case mass involving ischioanal fossa completely excised through ischioanal fossa preserving anal spinchter [4].

Conclusion

Aggressive angiomyxoma can be misdiagnosed because of its rarity and radiologists' lack of familiarity with its imaging findings. However, it has characteristic appearances on MR imaging in both primary and recurrent cases. Knowledge of these features may help to achieve correct diagnosis of perineal masses, and lead to proper treatment. Even though tumour shows abutting anal spinchter as angiomyxoma is benign it can be excised through perianal approach to ischioanal fossa [5].

Anal continence maintained, patient followed up for 3months no evidence of recurrence noted in MRI.

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