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Unusual Presentation of Cervical Fibroid

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Abstract

Cervical fibroids constitute only 1-2% of all fibroid. Large massive submucous cervical fibroid may pose a surgical difficulty due to distorted anatomy. Upword displacement of uterus leads to impaction of fibroid. Combined vaginal and abdominal approach may be required in such cases.

Keywords: Cervical fibroid; Hysterectomy.

Introduction

Leiomyoma is the commonest of all uterine and pelvic tumours, with an incidence of almost 20% in woman of reproductive age group. Most leiomyomas are situated in the body of uterus but in 1-2% of cases they are confined to cervix[1]. Cervical leiomyoma is commonly single and is either interstitial or subserous. Rarely does it becomes submucous or polypoidal [1]. These tumours present frequently with retention of urine, constipation, sensation of something coming out or foul smelling discharge per vaginum [2].

Case report

A 40year nulliparous women not living with husband, presented with history of fullness of vagina since 1 year & mass coming out of introitus since 4-5 months associated with foul smelling discharge, on and off pervaginal bleeding since 1 month and difficulty in walking.

Past menstrual history revealed normal regular cycles.

Patient's general and systemic examination were within normal limits. Abdominal examination revealed no abnormality.

On L/E a large irregular mass about 12 cm x 10 cm was seen outside the introitus which was covered with shaggy dirty white membrane that bleeds on touch.

On p/s examination- Mass was coming from the cervix. Finger could not be negotiated by the side of the mass.

On Bimaual examination: Uterus was bulky about 6 to 8 weeks GA size, Cervix moved with movement of tumour.

Per rectal examination: rectal mucosa and parametrium free.

Differential diagnoses of cervical fibroid, ca vagina, ca vulva, ca cervix were considered.

BIOPSY: confirmed cervical fibroid.

Abdomino-Vaginal Hysterectomy was planned.

On Operation table, under anaesthesia the pedicle of fibroid was pulled and tourniquette with Foleys catheter as near to cervix as possible and the mass was chopped distally, the raw area was cauterised. And then routine abdominal hysterectomy was proceeded. Difficulty was encountered

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at Mackendrot's ligament as we come across during surgery of elongated cervix.

The mass weighed 950 gm.

Post operative recovery was uneventful

Histopathological Report-confirmed Cervical Fibroid.

Conclusion

In case of cervical fibroid or submucosal pedunculated fibroid, it is imperative to have thorough pre operative evaluation, anticipate operative challenges and strike a judicious and rational approach about deciding the route of hysterectomy.

Discussion

Cervical fibroids constitute only 1-2% of all fibroids and this kind of massive cervical fibroid is even rarer. Mostly they are situated

Photo 1: On inspection- fibroid with shaggy dirty white

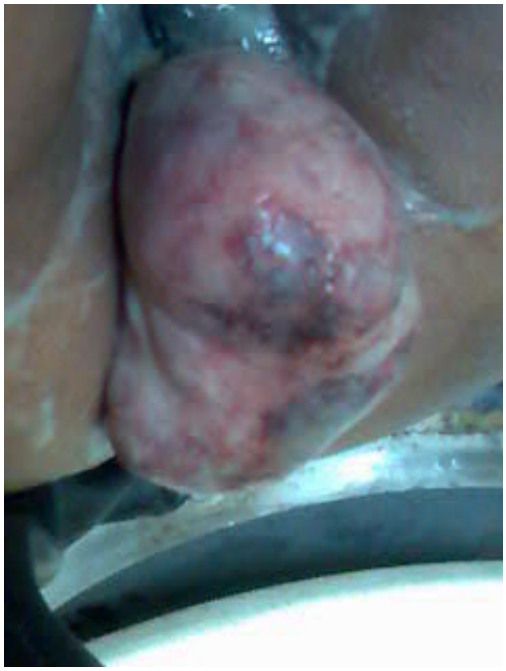


Photo 2: Pedunculated cervical fibroid (→) & anterior lip of cervix (→)

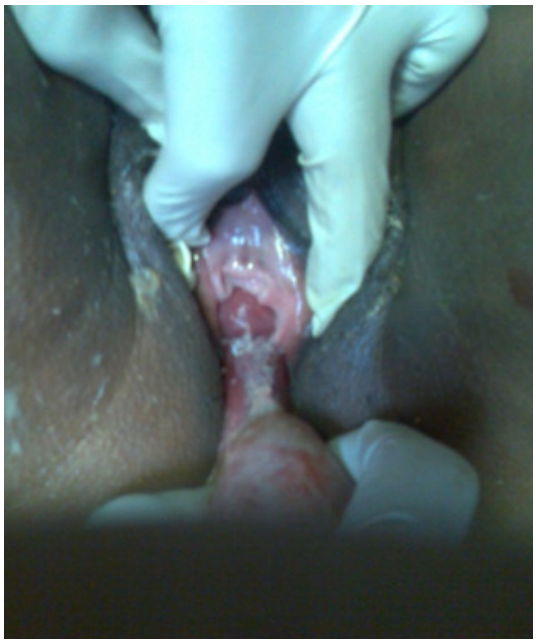
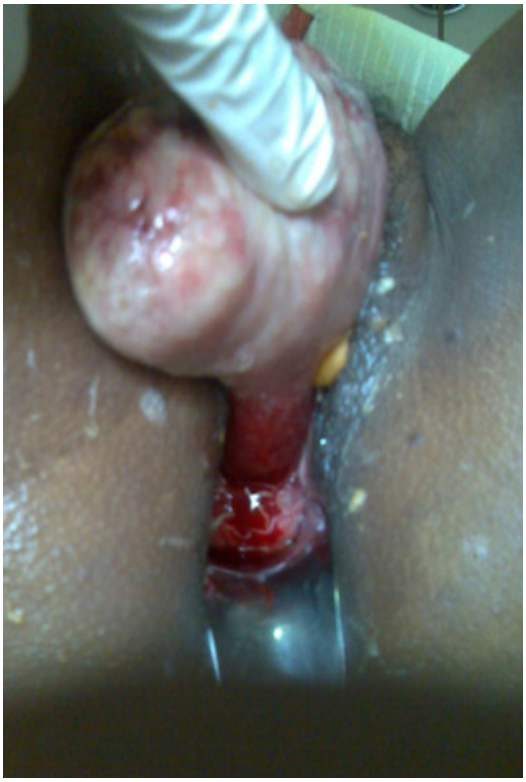


Photo 3: Posterior lip of cervix & Pedunculated cervical fibroid that bleeds



in the supravaginal portion of the cervix. They are grossly and histologicallyidentical to those found in the corpus. Large cervical fibroids pose a surgical difficulty due to their distorted anatomy and close relationship to ureter and bladder [3]. Enlargement causes upward displacement of the uterus and the fibroid may become impacted in the pelvis, causing urinary retention and ureteric obstruction [4]. In such cases USG can show number & site of fibroids & ureteric obstruction. MRI is indicated in presence of hydroureter to know the exact site, size & number of fibroids. Also relation of fibroid with ureter & major pelvic vessels can be visualised to anticipate & prevent intraoperative injuries. In case of cervical fibroid or submucosal pedunculated fibroid, it is imperative to have thorough pre operative evaluation ,anticipate operative challenges and strike a judicious and rational approach about deciding the route of hysterectomy. Large central cervical fibroid are very difficult to handle and needs an expert hand to operate as in the present case.

Refereces

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