Case Report

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An Unusual Presentation of a Huge Cervical Fibroid

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Abstract

Most of the leiomyomas are situated in the body of the uterus, but in 1-2% of the cases, they are confined to cervix and usually to the supra-vaginal portion. A cervical leiomyoma is commonly single and is either interstitial or sub-serous. Rarely it becomes sub-mucous and polypoidal. A case of cervical leiomyoma admitted with pressure symptoms is being presented. Cervical fibroid of size 15 X 8 cm was arising from the posterior lip of cervix, was sub-mucous, sessile with a normal size uterus and bilateral ovaries. Total abdominal hysterectomy was done and both ovaries were left intact considering young age of patient.

Keywords: Cervical fibroid; Pressure symptoms; Abdominal hysterectomy.

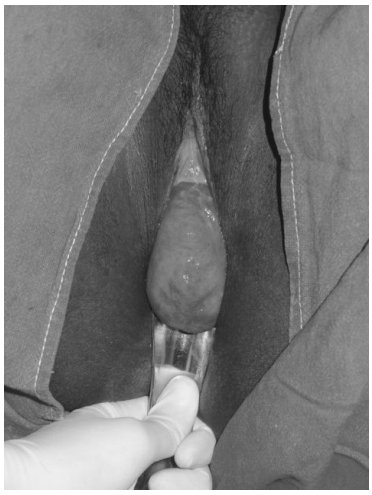
Introduction

Fibroids or leiomyomas are most common uterine tumours. Most of the leiomyomas are situated in the body of the uterus, but in 1-2% of the cases, they are confined to cervix and usually to the supravaginal portion. A cervical leiomyoma is commonly single and is either interstitial or sub serous. Cervical fibroids involved with excessive growth, may cause pressure symptoms.[1] The treatment of the symptomatic fibroid is either myomectomy or hysterectomy.

Case Report

A 30 year old woman, residing in Latur, attended Government Medical College & Hospital, Gynaecology OPD with a 1 ½ yr history of something coming out per vaginum, foul smelling vaginal discharge, scanty and irregular menstruation. Surprisingly there was no other relevant history such as urinary retention or constipation. She was Para 3 with 3 living issues and her last child birth was 6 months back and it was delivered by lower segment caesarean section done for mass in vaginum. On examination she was pale. Other general, cardiovascular and respiratory systemic examinations revealed no

Picture I: Cervical fibroid seen through introitus may confused with uv prolapse



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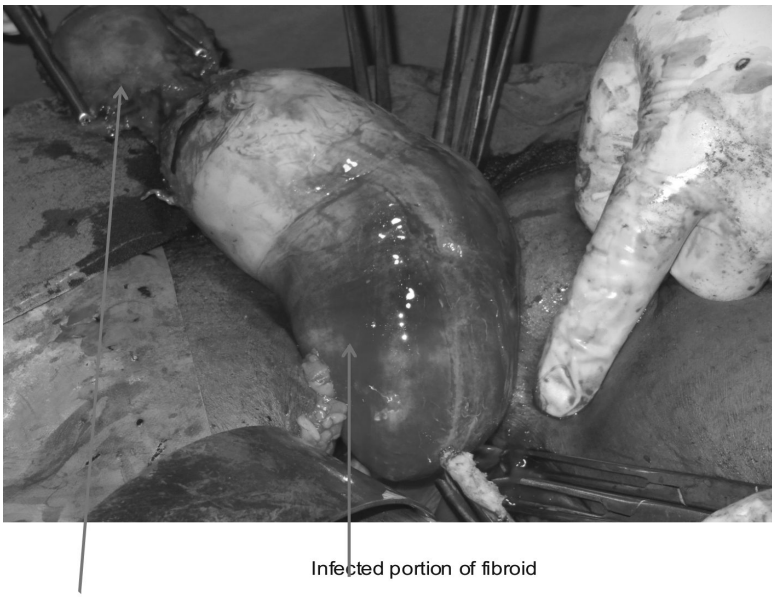
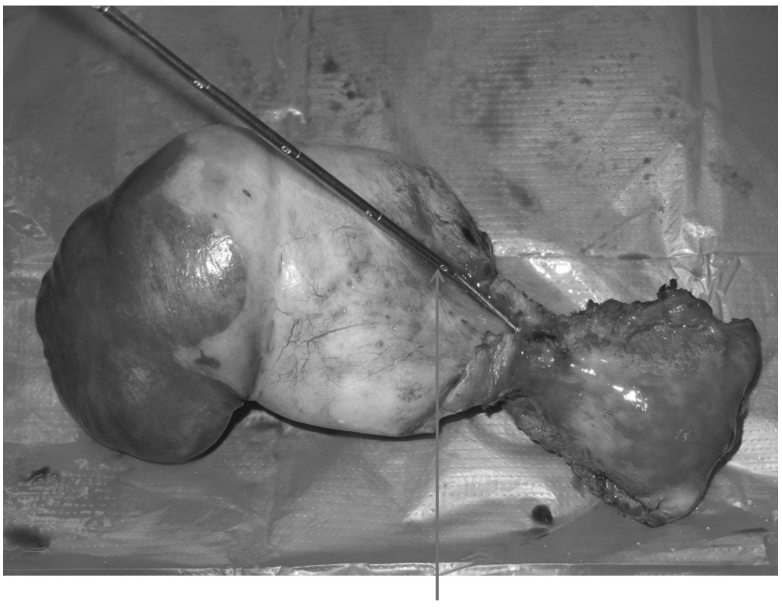
Picture II: Intra-operative picture



Picture III: Post-operative specimen



abnormalities.

Abdominal examination: About 4X4cm, firm, smooth, non-tender mass with restricted mobility was felt. There was no as cites clinically.

PS: Minimal blood discharge and a pale circumscribed mass in vagina was seen. There was also copious mucoid foul smelling discharge also.

PV: 10X6cm protruding mass continuous with the abdominal mass was felt. A thin rim of cervix was felt around the mass.

On investigations: Hb was 7.5g/dl; blood urea was 16mm/dl, & WBC count 6800. The platelet count was 1.50 lack/cc and blood film showed normocytic normochromic anaemia. Ultrasound showed a huge 10 cm x 8 cm sized cervical fibroid with normal uterus and ovaries. Exploratory laparotomy under GA revealed 2 kg single cervical fibroid of size 15 X 8 cm arising from the posterior lip of cervix, with a normal size uterus and bilateral ovaries. Total abdominal hysterectomy was done and both ovaries were left intact considering young age of patient. Patient received 2 units of blood transfusion pre-operatively, and 1 unit post operatively and her recovery was uneventful. Sutures were removed of day 10 and patient was discharged on day 14.

Histopathological report confirmed fibroid of cervical origin.

Discussion

Cervical fibroid with excessive growth are uncommon. They are grossly and histologically identical to those found in the corpus. They give rise to greater surgical difficulty by virtue of their relative inaccessibility and close proximity to the bladder and ureters.[2] Enlargement causes upward displacement of the uterus and the fibroid may become impacted in the pelvis, causing urinary retention and ureteric obstruction.[3] The present patient had a cervical fibroid which grew to occupy the pelvic cavity,

References

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