



## Incomplete Abortion With Cervical Fibroid – Case Report

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### ABSTRACT

occurrence of cervical fibroid poses difficulty in obstetric management . this is a rare case of cervical fibroid with incomplete abortion. In view of retained products of conception and severe anaemia , patient had to undergo in situ hysterectomy.

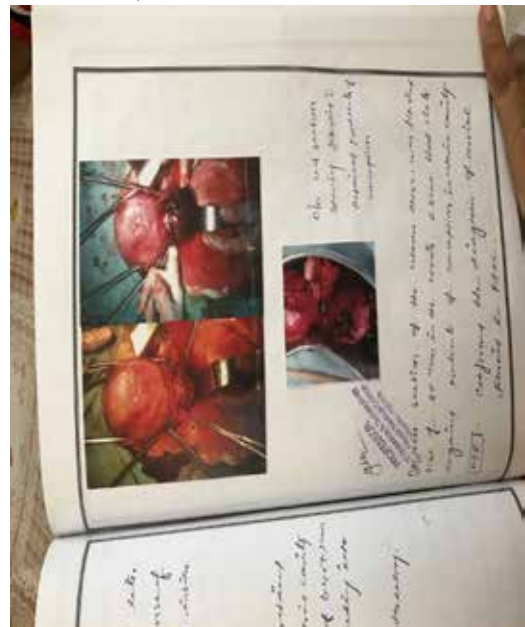
**KEYWORDS :** cervical fibroid , incomplete abortion , in situ hysterectomy.

**INTRODUCTION** – cervical fibroid is rare occurring site for fibroid. Common age of occurrence being around 35 years<sup>[1]</sup>. only few reported cases are there in literature It's occurrence in pregnancy poses difficulties like preterm delivery , atonic PPH , puerperal sepsis , retained products of conception . Identification of cervical fibroid is of prime importance<sup>[2-5]</sup>. We are reporting a case of incomplete abortion who had attempted a medical termination and referred for incomplete abortion.

**CASE REPORT** –40 years,G4P3L3, with 3 months amenorrhea came with complaints of excessive bleeding P/V and giddiness. Patient gave history of taking tablets for medical termination of pregnancy 2 weeks ago. No baseline scan reports were available. .she had previous 3 full term normal vaginal deliveries. Last child birth was 14 years ago. On examination she was noted to be severely pale and tachycardia was noted. Vaginal examination revealed uterine size of 18 weeks size with a firm mass palpable in the area of cervix. Ultra sound pelvis revealed a well circumscribed lesion in the cervical region .mixed echogenic foci inside the uterine cavity suggestive of retained products noted. Patient was posted for emergency suction and evacuation. Products couldn't be removed in toto in view of hindrance by the cervical fibroid. Procedure differed and MRI pelvis taken. It revealed a bulky uterus 17.3\*9.1 cms size with retained products of conception inside cavity. Patient had continuous bleeding P/V, hence anaemia was corrected and proceeded with in situ hysterectomy. Cut section of the specimen showed fibroid in the cervix of size 8\*9 cms with blot clots and tissues in the cavity. [ figure 1] Histopathology confirmed the diagnosis of retained products and cervical fibroid. 3 units blood transfusion was required. Post-operative period was insignificant.

**DISCUSSION** –cervical fibroids are divided into 2 types 1. Intracervical 2.extra cervical<sup>[3]</sup>. They have a very rare occurrence rate of 5 % of the total uterine myomas<sup>[2]</sup>. Diagnosis is made by MRI pelvis. Sonographic appearance of leiomyoma is of a hyperechoic mass partially enclosed by hypoechoic mass. Pressure symptoms occluding the bladder neck is possible in bigger fibroid size, other complaints include menstrual complainths frequentmicturition,dysparunia<sup>[6]</sup>. Complications in pregnancy is high with abnormal presentation, atonic pph, incomplete abortion, red degeneration. Management protocol depends on the time period of presentation<sup>[7]</sup>. Per op com-

plication includes ureter injury mainly when in it is not differentiable from broad ligament fibroid, where in ureter gets dissected .features of hydronephrosis is suggestive of ureter compression. Uterine artery embolization is shown to be giving promising results with less complications. Intervention for the fibroid during pregnancy is to avoided unless manatory.



**figure 1 – shows the cut section of the UTERUS with fibroid.**

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