



Cervical Fibroid

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KEYWORDS :

Introduction

Uterine fibroids (also known as leiomyomas or myomas) are the commonest benign uterine tumors, with an estimated incidence of 20%–40% in women during their reproductive years^{1,2}. In one study, the prevalence of ultrasound-identified tumors ranged from 4 percent in women 20 to 30 years of age to 11 to 18 percent in women 30 to 40 years of age and 33 percent in women 40 to 60 years of age. Studies report that 5.4 to 77 percent of women have uterine fibroid tumors, depending on the population studied and the diagnostic method used^{3,4}. Cervical myomas accounts for 2% of all uterine fibroids⁵. They are classified depending on the location into anterior, posterior, lateral and central cervical myomas. A central cervical fibroid is usually either interstitial or submucous in origin and arises from supravaginal portion of the cervix so that it expands the cervix equally in all directions. Rarely a submucous fibroid arising from the fundus of the uterus may burrow downwards to lie in the position of the cervix and simulates to form a pseudocervical fibroid

CASE REPORT

A 40 year old, Para2 Live2, tubectomized 12 years ago, came with complains of menorrhagia since 3 months and pain in abdomen since 1-2 months, with no pelvic pressure symptoms, not relieved by medical management. On examination, she was severely pale but vitally stable. Per abdomen, a firm mass of 18 weeks size, with restricted mobility was palpable. Per speculum examination revealed, a pulled up cervix with healthy vaginal walls. On per vaginal examination, a firm mass was felt arising anteriorly from the cervix, expanding and filling all fornices. Uterus was not felt separately from the mass USG showed a large mass of 8.4 x 7.5 cm, with normal endometrial echoes surrounding it suggestive of intramural fibroid in a bulky uterus (16 x 10 x 8.5 cm) with no other gross abnormality detected on USG.

Owing to the patient's symptoms, a decision of Total Abdominal Hysterectomy was made after correcting the patient's anemia, pre anesthetic checkup and investigations. Patient was posted for Total abdominal Hysterectomy under Spinal and Epidural anesthesia. A horizontal incision was made on the lower abdominal. In situ, a large mass was filling the pelvis, appeared to be arising from the cervix with normal sized uterus perched on top (lantern on top of St. Paul's). The mass was 16 x 10 x 8.5 cm large with restricted mobility. As the mass seemed large and plastered to the posterior peritoneum and probably bilateral ureters, an urologist was called for dissection of the same and the incision was extended to make it an inverted T shaped one for better visualisation. Total abdominal hysterectomy was achieved with no intra operative complications. Another unit of whole blood was transfused intra operatively. The total blood loss during surgery was approximately 500ml.

Specimen was sent for histopathology examination. The mass on gross examination was well circumscribed, obliterating the uterine cavity, sub mucosal, with a pseudocapsule. Microscopy confirmed

the diagnosis of cervical leiomyoma.

Post Operatively patient was stable. A USG pelvis was done post operatively to look for any evidence of injury to the surrounding structures, which revealed no abnormality. Patient was later discharged after suture removal, with no further complications

DISCUSSION

Uterine Leiomyomas are the most common pelvic masses in the women consulting the gynecology clinics. Cumulative incidence (based both on ultrasonographic detection of fibroids in women with an intact uterus and evidence of prior fibroids among women who have had hysterectomies) increases with age, but the rate of increase slows at older ages. This suggests that the older premenopausal uterus is less susceptible to fibroid development.⁶ Other factors contributing to development of fibroids include, genetic⁷, black race⁸, early menarche⁹, decreased or nulliparity¹⁰ etc. Large cervical fibroids are a rare entity amongst these commonly occurring benign masses. Clinical presentation may vary from menstrual complains, pressure complaints, abdominal pain to uncommon ones like abdominal distension and loss of weight^{11,12}. In our case the patient had presented with the usual symptom, and was treated with surgery for the same.

Also as described in the case of Sharma S et al¹¹, Large cervical fibroid could be aided at diagnosis by the radiological investigations of CT and USG scan, however the confirmation of diagnosis is at Laprotomy. In the previous case the radiological investigation had suggested the diagnosis of Ovarian Carcinoma. However in our case the final established diagnosis was in accordance to radiological reporting. Thus radiology could help in assessment of the mass, but the confirmation is at Laprotomy.

Cervical Fibroid at laparotomy was seen to be "lantern on top of St. Paul's", confirmed at laparotomy, histopathology Fig 1. Though the treatment was not met with any immediate surgical complications like significant bleeding, dissection of the ureters had to be done. Significant blood loss and pre operative anemic status of the patient, necessitated intra operative blood transfusions.

This case was similar to the one presented as A rare case of central cervical fibroid with characteristic "LANERN ON TOP OF ST.PAUL" appearance by B. Kavitha et al, with classical central placed fibroid. However unlike the other study, the mass was smaller and surgery was not met with any urological injury¹³. As described, injury to urological structures is a complication and hence the expertise of an Urologist must be sought.

As described in the Case of Basnet et al, hemeostasis is difficult to achieve and can be done with B/L Ligation of internal Iliac arteries, which was not needed in our case, though there was intra operative bleeding necessitating intraoperative transfusion.

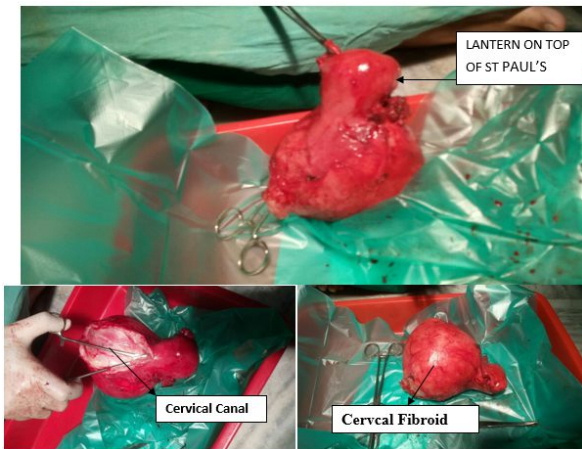


Fig 2- Cut section showing cervical canal

Fig 3 – Cervical Fibroid measuring 16x 10x8.5 cm

CONCLUSION

Cervical Fibroids are a rare disease entity, diagnosed easily on Ultrasonography, despite varying presentation. Treatment of the same is met with frequent complications and thus the need for expert hands for the same.

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