

CERVICAL FIBROID POLYP IN ADOLESCENT- A CASE REPORT

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KEYWORDS :

INTRODUCTION

Fibroids are benign monoclonal tumors of smooth muscle cells of myometrium and contain large aggregations of extracellular matrix composed of collagen, elastin, fibronectin and proteoglycan¹. Incidence increases with age. Overall incidence of fibroid is 20% in women more than 30 years of age. Incidence of cervical fibroid is lower i.e. 1-2%². However, these benign tumors are extremely rare in women under the age of 20.

They arise either from portio vaginalis presenting as a fibroid polyp or from the supra vaginal cervix presenting either as interstitial, subserous or submucous fibroid polyp. Morbidity associate with cervical fibroid is high.

CASE REPORT

A 16 year old nulligravida presented to the OPD with complaints of heavy menstrual flow since 6 months and discharge per vagina since 3 months. She also complains of difficulty in micturition since 2 months. Patient presented with history of easy fatigability and fever since 8 days.

With consent, per speculum examination done, a large mass was found occupying the vagina with an ulcerating mass found on the anterior aspect of the mass with foul smelling discharge and slough. After consent Per vaginal examination revealed a mass of approximately 11*9*6cm felt occupying the vagina and the origin of the mass could not be made out.

On evaluation, patient was found to have severe anemia (5gm %) and total count at 22500cells/cumm with predominantly high neutrophils.

USG revealed –a mass of 15*8*6cm probably arising from the cervix. Uterus is of normal size with bilateral PCOS. No signs of hydroureteronephrosis. **Saline infusion sonography** by injecting 300ml of saline in the vagina revealed a mass of 13*8*6cm mass probably arising from the anterior part of the cervix.

MRI with contrast was done to identify the pedicle and it revealed cervical mass of 10*8*5cm arising probably from the mid portion of the anterior surface of the cervix with thick vascular pedicle . A lantern on the dome of St. Paul's Cathedral sign appreciated. No free fluid in POD. No signs of degeneration. Renal system appears to be normal.

Management

Patient was treated for sepsis with broad spectrum antibiotics and simultaneously anemia was corrected with blood transfusion.

With high risk and consent for hysterectomy patient was then taken up for surgery postmenstrual, hysteroscopic approach was tried was unsuccessful. The fibroid was then held and vasopressin was injected and removed vaginally by wedge resection followed by morcellation, the pedicle of the fibroid was found to be arising from mid the cervical canal and pedicle was cauterized. Confirmation hysteroscopy showed

oozing from the pedicle hence, balloon tamponade done using inflated 22fr foleys placed in the vagina for 24 hours post operatively.

Post operatively no complications. Patient was started on OC pills post operatively for 2 cycles. Histopathology reported as leiomyoma. Patient was discharged on day 3 post operatively. Post-operative assessment after 3 months showed normal cervix and normal ultrasound pelvis.



Fig 1- Intra Operative Picture Showing Cervical Fibroid Polyp.

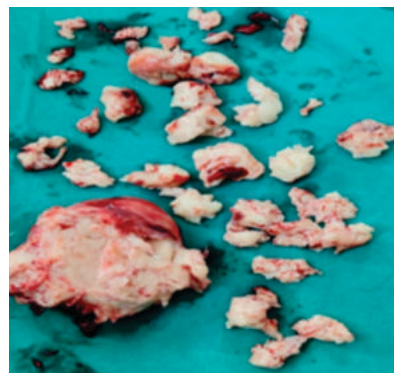


Fig 2- Post Operative Specimen Of Cervical Fibroid.



Fig 3- MRI Showing Sagittal Section Of Cervical Fibroid.



Fig 4: Picture Of Cervix After 2 Months Of Surgery

DISCUSSION

Cervical fibroids are rare in reproductive age group, but cervical fibroid polyp are even rare in adolescents . Only a few such cases are reported.

A similar case was also seen in a case reported by Roy P et al³. In their study with similar case scenario was delt by laparotomy whereas in our case a vaginal approach was used to reduce morbidity and to preserve fertility.

A systemic approach like ours could be used to reduce blood loss with the help of vasopressin, bipolar cautery and vaginal balloon tamponade and has shown good prognosis.

CONCLUSION

Fertility factor should always be kept in the mind before proceeding with surgery for such cases.

In a nulliparous woman, an extensive pre-operative workup, informed consent for probable hysterectomy, anticipation of blood loss and operative challenges are to be considered when faced with a cervical fibroid.

Our approach using transvaginal route with the help of vasopressin, hysteroscope, bipolar coagulation devices and post-operative balloon tamponade can successfully reduce morbidity and preserve fertility.

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