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THE UNSEEN OBSTACLE: A RARE CASE OF CERVICAL FIBROID MIMICKING PELVIC PATHOLOGY

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ABSTRACT Cervical fibroids are an uncommon variant of uterine leiomyomas, representing only 1–2% of cases. Their atypical location often leads to pressure-related symptoms and diagnostic challenges. We report a case of a 40-year-old woman presenting with pelvic pressure, menorrhagia, and urinary symptoms, ultimately diagnosed with a cervical fibroid. Surgical management via myomectomy resulted in complete symptom resolution. This case highlights the importance of early diagnosis and individualized management of this rare entity.

KEYWORDS :

INTRODUCTION

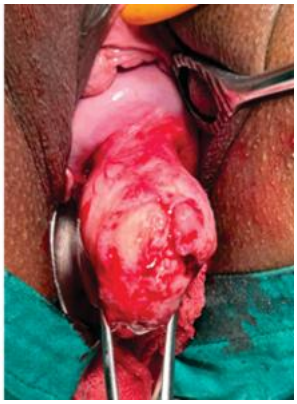
Uterine fibroids are the most common benign tumors of the female reproductive tract. In contrast, cervical fibroids are rare, accounting for a small fraction of cases (1). Owing to their anatomical position, they frequently produce compressive symptoms affecting adjacent pelvic organs, including the bladder and rectum (2). Their presentation may mimic other pelvic pathologies, making accurate diagnosis essential.

Case Presentation

A 40-year-old woman presented with a six-month history of progressive pelvic pressure and heavy menstrual bleeding. Her menstrual cycles had become prolonged, lasting up to 10 days, and were associated with passage of clots and significant pain . She also reported urinary urgency and frequency, along with occasional constipation and a persistent sensation of pelvic heaviness.

There was no history of prior pregnancies or family history of gynecological malignancies or fibroids.

On examination, the abdomen was soft and non-tender. Speculum examination revealed an enlarged cervix with a smooth, firm, protruding mass distorting the cervical contour. Bimanual examination confirmed a well-defined, non-tender cervical mass distinct from the uterine body, with no bleeding on contact.



Pelvic ultrasound demonstrated a well-circumscribed hypoechoic lesion measuring approximately 6 × 6.2 × 5 cm within the cervix, displacing the endocervical canal posteriorly. The uterus and adnexa appeared normal. Pelvic MRI confirmed a cervical fibroid of similar dimensions without evidence of malignancy or deep tissue invasion. The lesion was noted to compress the posterior bladder wall.

Laboratory investigations revealed mild anemia (hemoglobin 10.2 g/dL), consistent with chronic menorrhagia. Pap smear and HPV testing were negative for intraepithelial lesions or malignancy.

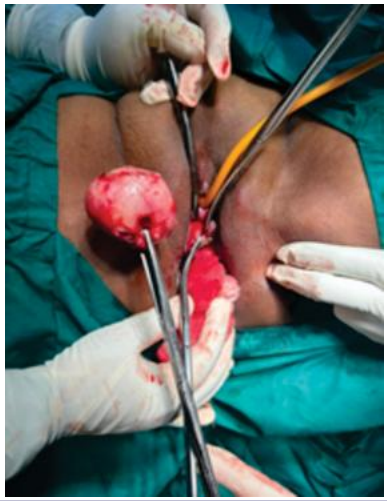
Given persistent symptoms, the patient underwent myomectomy. Intraoperatively, the fibroid was well-encapsulated and moderately vascular, without adhesions to surrounding structures. Complete excision was achieved with minimal blood loss. At three-month follow-up, the patient was asymptomatic, and imaging showed no recurrence.

DISCUSSION

Cervical fibroids are rare and can pose both diagnostic and surgical challenges. Unlike fibroids of the uterine corpus, they often present with symptoms related to mass effect, including urinary disturbances, constipation, and abnormal uterine bleeding (3).

Management depends on symptom severity, fibroid size, and reproductive goals. Conservative management may be appropriate for asymptomatic cases. Medical therapy, including tranexamic acid and GnRH analogs, may offer temporary relief but is not definitive.

Surgical intervention remains the treatment of choice for symptomatic cases. Myomectomy is preferred in women wishing to preserve fertility, whereas hysterectomy may be considered in selected patients with severe or refractory symptoms (4).



CONCLUSION

Although uncommon, cervical fibroids should be considered in women presenting with pelvic pressure and urinary symptoms. Timely diagnosis and appropriate surgical management can lead to excellent outcomes and significant improvement in quality of life.

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