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ABSTRACT	Endometriosis of vagina is a rare entity. Endometriosis can present as multiple vaginal polyps.43 year old lady presented with irregular bleeding and dysmenorrhoea of three years duration. She was pale with mass per abdomen & multiple vaginal polyps seen on speculum examination and rectal wall thickening was present. Biopsy of polyp reported as endometriosis. Staging laprotomy along with total abdominal hysterectomy &bilateral salpingo oophorectomy done in view of possible malignancy after CT evaluation. Histopathology of specimen revealed endometriosis of ovaries,cervix, vagina & involvement of rectovaginal septum.
KEYWORDS	Endometriosis, Vaginal polyps, Irregular bleeding.

INTRODUCTION

Vagina is an uncommon location of endometriosis . Limited awareness on this may be a cause for decreased incidence of diagnosed cases. The presentation of vaginal endometriosis may vary from completely asymptomatic to profuse vaginal bleeding . Although cervical endometriosis presenting as polypoid mass has been reported in literature ,here we have a case with multiple vaginal polyps, mass per abdomen and hydroureteronephrosis simulating malignancy.

CASE REPORT

43 year old para 2 ,living 2,previous 2 full term normal deliveries presented with complaints of irregular bleeding per vagina and progressive congestive dysmenorrhoea since last 3 years. Previously her cycles were regular with normal flow .She was on irregular treatment & follow up for the same.

On admission her vitals were stable,pallor ++,no lymphadenopathy.Per abdomen a midline cystic mass of 14-16 week size with restricted mobility was felt.Per speculum examination showed multiple fleshy polyps completely filling vagina.Cervix not visualized properly due to the same. On pervaginal examination uterine size could not be made out & parametrium was thick.Posterior fornix was obliterated & was firm to hard in consistency.Cervix couldnot be assessed.

Digital rectal examination showed rectal wall thickening . Her lab reports were normal except for low Hb of 5.8gm/dl & corrected with blood transfusion.USG abdomen showed a cystic mass(15x7x13cm) arising from pelvis. CECT abdomen report showed a multiloculated cystic lesion 19x16x9 cm in pelvis,supero-lateral to uterus and bladder dome.Cyst wall shows adhesion to uterus,proximal rectum,ileal loop and pelvic wall.Ovaries not visualized . Associated right sided gross hydroureteronephrosis also present.

Examination under anesthesia with polypectomy done.Cervix was not properly seen even at EUA.Sigmoidoscopy guided rectal biopsy taken.

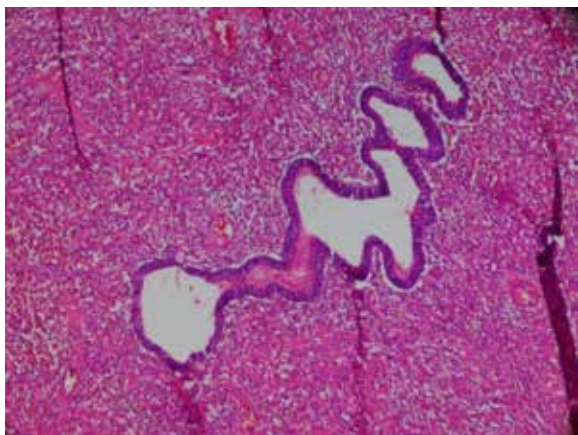
Histopathology report came as endometriosis,and rectal mucosal biopsy showed normal study.



Planned for staging laparotomy.Preoperatively bilateral ureteric stenting done.Uterus was bulky and was firm.Multiloculated cyst containing clear serous fluid ,arising from right ovary seen ,left ovary also showed small cyst of 5x3 cm with clear fluid..Gastrosurgeon was called during surgery due to dense bowel adhesion to ovaries & posterior surface of uterus.Proceeded with total abdominal hysterectomy with bilateral salpingo-oophorectomy.Cervix was free of polyp& vaginal polyps removed completely.

Post op period was uneventful and discharged on 7th post operative day.

Histopathology report was,endometriosis of ovaries,cervix, vagina with involvement of rectovaginal septum.



Only few case reports⁽⁴⁾ are available about vaginal endometriosis presenting as polyps. No literature review is available about the same.

CONCLUSION

Awareness on endometriosis can minimize misinterpretation, misdiagnosis and unnecessary operative procedures. Cervical and vaginal polyps can occur in endometriosis which may mimic malignancy.

DISCUSSION

Endometriosis is one of the most commonly observed gynecologic pathology among reproductive age group. Although most commonly affected sites are pelvic organs & peritoneum, it is also observed in bowel, bladder, lung, cervix & vagina. The incidence of cervical endometriosis was reported to be between 0.11-2.4%⁽¹⁾. Incidence of vaginal endometriosis is not known. Literature reviews are available on cervical endometriosis presenting as polyp⁽²⁾ which causes profuse bleeding. In the presence of cervical endometriosis, pap smear report may be inconclusive & often misleading as endometriosis undergoes cytomorphological changes during menstrual cycle due to hormonal influence⁽³⁾.

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