Research Paper Medical Science

Cervical Fibroid - A Rare Case Report

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ABSTRACT

Leiomyomas are most common benign gynaecological tumour. Most of the fibroids are situated in the body of the uterus, but only in 1-2% cases, they are confined to cervix. We report a case of a 40-year old female with huge cervical fibroid and managed successfully by TAH with BSO.

KEYWORDS Leiomyomas, Cervical Fibroids, Benign tumours, Hysterectomy.

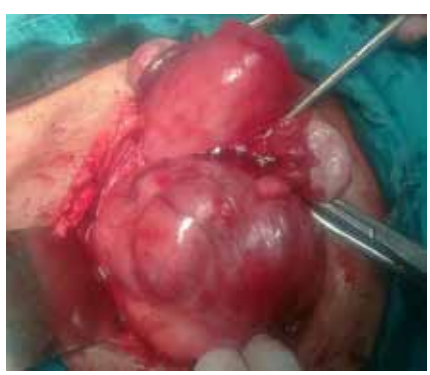
Introduction:
Leiomyoma is the most common of all uterine and pelvic tumors. The incidence of leiomyoma is 20% in the reproductive age group, and only 1-2% are confined to the cervix (1). Cervical fibroid develops in the wall of the cervix,(2) usually in its supra vaginal portion. Huge cervical fibroid may push the uterus upwards. These tumors can frequently present with retention of urine, menstrual abnormalities, constipation, and sometimes can present only as an abdominal mass without any other symptoms. Mostly cervical leiomyoma is single.

Case Report:-
A 40 year old Para 4 patient presented with the history of off and on the frequency of urine and burning micturition for the last 7 years. Gradual distension of abdomen and pain in the abdomen for the last 7 days. She had no history of menstrual disturbances or constipation. She had a normal vaginal delivery 10 years back. Patient general and systemic examination was normal. Abdominal examination revealed a mass of about 20 weeks size, which was non-tender, firm in consistency with restricted mobility and lower margin of mass is not reachable. There were no ascites clinically. On per speculum examination, cervix was deviated to left and visualized with difficulty. On bimanual examination, there was a large solid mass which was filling the pelvic cavity and extending into the abdomen up to the umbilicus.

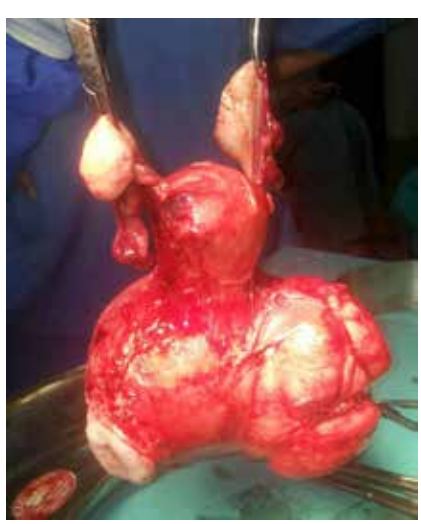
On investigation hemoglobin was 11.2 g/dl, liver and renal function tests were normal. Ultrasound report showed that uterus is enlarged (14x10.8x7.7 cm). A mixed echogenic , predominantly hypoechoic lesion of size 08x09x06 cm in anterior wall of uterus.

Exploratory laparotomy revealed large cervical fibroid. Uterus was bulky with thickened and edematous tubes. Bilateral ovaries were slightly enlarged and cystic. Fibroid was anterior to cervix and lower uterine segment. Cervix was elongated.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy was done. Patient received one units of blood intra-operatively. Histopathological examination confirmed a cervical fibroid



(Intra-operative picture)



(Specimen showing Bilateral ovaries with fallopian tubes, uterus and cervical fibroid)

Discussion:-
Cervical fibroids may be classified as anterior, posterior, lateral, central and lastly multiple.Anterior fibroids bulges forward and undermines the bladder while posterior fibroids flattens the pouch of douglas backwards, compressing rectum against sacrum.

Cervical fibroid can arise from supra-vaginal or vaginal portion of cervix. Supra-vaginal fibroids can be curved, surrounding the entire cervical canal and lying centrally in pelvisdisplacing the ureters superiorly. Pedunculated fibroids arises from endo-cervical canal or from uterine cavity and protruded through the cervix.

Huge cervical fibroids are rare. They are histopathologically identical to those found in the body of the uterus. The case of huge cervical fibroid presented with complaints of a gradual distension of abdomen, pain in abdomen, frequency of urine, and burning micturition.

These fibroids pose a significant risk to ureters and bladder during surgery (3). Enlargement of cervical fibroid pushes the uterus upward, and fibroid may become impacted in the pelvis leading to urinary retention and ureteric obstruction.

Sharma et al. from Sri Lanka reported a case of cervical fibroid that clinically resembles an ovarian tumor (4). Patient presented with abdominal distention and loss of weight. During surgery, left ureter was injured, and ureteric anastomosis was done.

Basnet et al. in Nepal also reported a case of huge cervical fibroid (5) with an unusual presentation. Scanty and irregular menstruation and no bowel and bladder complaints. During surgery bladder injury occurred that was repaired.

Conclusion:-
In our patient, ultrasound report showed that uterus is enlarged and a large echogenic SOL in fundus and body and extending up to cervix measuring 08 cm × 09 cm × 06 cm. But despite the ultrasound report, on laparotomy, it was found to be cervical fibroid. This shows that though thnew diagnostic modalities such as ultrasound and MRI scan have improved the accuracy of pre-operative diagnosis, the final diagnosis can only be made at laparotomy.

Conflict of interests: None.

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