

An Unusual Presentation of Cervical Fibroid

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ABSTRACT

Huge cervical fibroid causing diagnostic dilemma is rarely encountered in gynec oncological practice. The objective of this study is to document a case of huge cervical fibroid masquerading as cervical cancer seen and managed at Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry.

KEY WORDS: Cervical malignancy, Cervical fibroid,

Case Report

A 50-year-old female was referred to our hospital as case of Ca cervix IIB, evaluated elsewhere, with CT reported as large growth replacing the cervix and lower uterine segment measuring 7.2 x 6.8 x 6.7 cm with parametrial fat stranding and mild tethering of bladder and rectum – suggestive of ca cervix stage II b with endometrial cystoglandular hyperplasia; patient has also underwent biopsy of the lesion elsewhere reported as chronic cervicitis; per vaginal examination revealed a large smooth

surfaced growth arising from the cervix protruding into the vagina with intact mucosa and free fornices; parametrium were clinically uninvolved; Based on the clinical examination, a diagnosis of cervical fibroids was made per operative findings favoured cervical fibroid – She had total abdominal hysterectomy, and bilateral salpingo- ophorectomy done. She did well postoperatively and subsequently on follow-up[Fig 1 and 2]. Histology confirmed.

Discussion

Leiomyoma is the commonest of all pelvic tumors, being present in 20 per cent of women in the reproductive age group. Most leiomyomas are situated in the body of the uterus but in 1 to 2 percent of cases, they are confined to cervix and usually to its supravaginal portion. A cervical leiomyoma is commonly single and is either interstitial or subserous. Rarely does it become sub mucous and polypoidal[1]. These tumors can present with frequency or retention of urine, constipation, sensation of something coming down or foul smelling discharge per vaginum.

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USG report of abdomen and pelvis impression:

- ◆ Liver measures normal in size with normal parenchymal echo pattern
- ◆ No calculus seen in gall bladder.
- ◆ No evidence of renal lithiasis or hydronephrosis.
- ◆ Pancreas and spleen appear normally.
- ◆ Bulky uterus with thickened endometrium is observed.
- ◆ Right ovary is seen but left ovary not be visualized.
- ◆ Thickened anterior lip of cervix with increased blood flow and cervix growth is observed.

MRI report of abdomen and pelvis impression:

- ◆ There is a large growth replacing cervix and lower uterine segment measured 7.2 x 6.8 x 6.7 cms.
- ◆ Parametrial fat stranding seen.
- ◆ Enlarged lymphnodes involving internal iliac and external iliac groups are observed.
- ◆ Mild tethering of bladder and rectum seen without invasion.
- ◆ No evidence of uterine engulfment seen.
- ◆ No evidence of hydronephrosis seen.
- ◆ Endometrium is thickened measuring 2.3cms
- ◆ Right ovary appears normal measuring 2.6 x 2.3 cms
- ◆ Left ovary could not be visualised.

MRI report of abdomen and pelvis reveals possibility of Ca cervix stage II b with endometrial cysto-glandular hyperplasia more likely.

The tumor starts between the muscles then enlarge and become either of the following:

- A. Central fibroid: When it bulge into the cervical canal.
- B. Cervical polyp: When it bulge through ectocervix

Cervical fibroid with excessive growth are uncommon. They are grossly and histologically identical to those found in the corpus. They give rise to greater surgical difficulty by virtue of their relative inaccessibility and close proximity to the bladder and ureters[2]. Enlargement causes upward displacement of the uterus and the fibroid may become impacted in the pelvis, causing urinary retention and ureteric obstruction.[3]

These patients with large cervical fibroid protruding into the vaginal canal with ulcerative can masquerade cervical cancer, clinically, radiologically and biopsy will reveal only benign disease; hence a careful clinical examination and histopathological examination would guide the treating surgeon towards the diagnosis and avoid any radical procedures which could otherwise be carried on when misguide by imaging findings only[4].

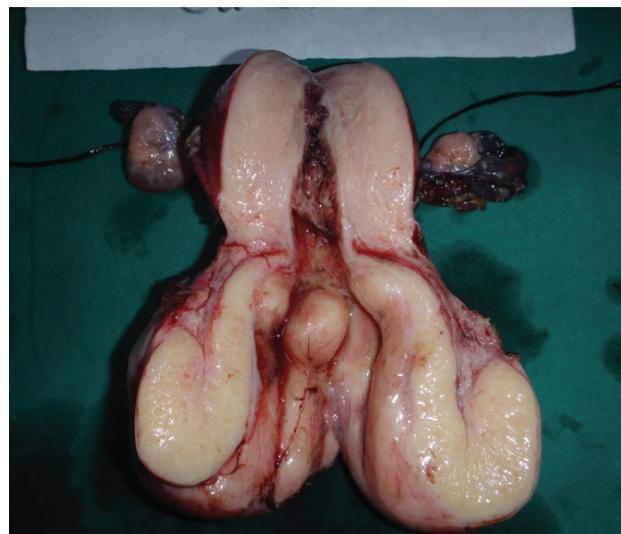


Fig 1 : Cut section of specimen shows benign lesion

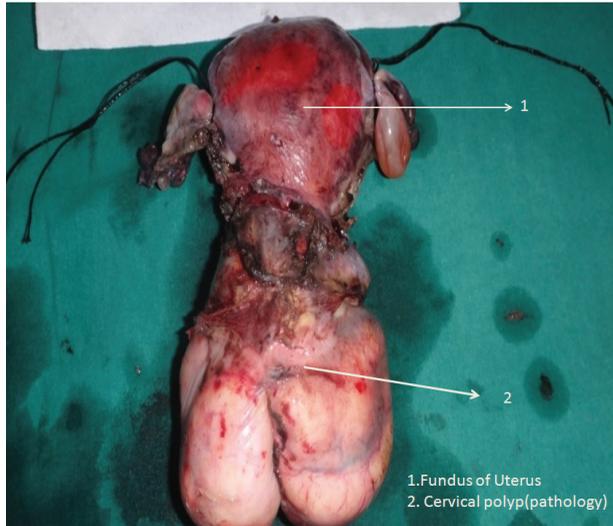


Fig 2 : Parts showing affected uterus

- 1). Fundus of uterus
- 2). Cervical Polyp (Pathology)

Conclusion

Although giant cervical fibroid is rare, it may masquerade as cervical malignancy; imaging techniques like CT are likely to falsely interpret

such large cervical benign lesion as malignant due to radiological superimposition of lesion into adjacent structures like parametrium, bladder or rectum; Proper clinical evaluation is needed to make an accurate diagnosis.

This is presented for its rarity and confusing for the diagnosis.

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