A HUGE CERVICAL FIBROID POLYP MIMIKING CANCER CERVIX IN YOUNG PATIENT - A CASE REPORT

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INTRODUCTION

Leiomyoma is the commonest of all pelvic tumor being present in 20% of women in reproductive age group out of which 1-2% are cervical fibroids. Leomyoma are composed mainly of smooth muscle tissues. Each leomyoma is monoclonal and arises from somatic mutation in a progenitor myocyte. Although these are rare before 20 years and commonest between 35 and 45 years of age but now a days many cases are being seen in younger age. Cervical fibroid is usually single and supra vaginal. Cervical fibroid may be anterior, posterior lateral or central one. They are asymptomatic when small and when grow very big have clinical presentation due to pressure on adjacent organs. Huge central cervical fibroid may give typical Lantern on St. Paul’s Catheradal appearance. Management of huge symptomatic cervical fibroid is hysterectomy or myomectomy.

CASE REPORT

A 22 years old unmarried woman came for an emergency visit to our hospital. She had extreme weakness and marked breathlessness. She had continuous vaginal bleeding from last four months. She had a history of irregular and excessive menses from last 3years. Because of social inhibitions she concealed her problems till it became intolerable. She had palpitation and dyspnoea on exertion.

On examination she was stable with marked pallor tachypnoea and tachycardia. No palpable mass per abdomen felt. Local examination revealed a bosselated mass approx 12x10x8cm coming out of vagina. It has ulcerated surface with a firm to hard feel and bleeds on touch. It was freely mobile and was attached to posterior lip of cervix by a pedicle. Due to it’s size it was causing difficulty in micturation and defecation. There was foul smelling discharge.

Her hemoglobin was 4gm/ dl and blood group was o+ve. Ultrasonography of uterus and ovaries normal and no other associated mass. Uterus along with cervix was displaced downwards due to the weight of the polyp. After infusing four units of packed cells the patient was posted for vaginal myomectomy. Under general anesthesia step wise morcellation and polypectomy done. Histopathology of removed specimen confirmed the diagnosis of fibroid polyp with hyaline and cystic degenerations without malignant changes. The patient had an uneventful post operative period. Her general condition improved dramatically and was discharged on 8th post-op day.

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DISCUSSION

Leiomyoma are the commonest benign smooth muscle tumor arising in the pelvis. Although cervical polyp can be seen at any age they occur most frequently in multiparous women in their fifth decade of life. They are considered to be estrogen and progesterone dependent. Cervical fibroid are more commonly supra vaginal which are usually interstitial or sub peritoneal and rarely polypoidal. Vaginal cervical fibroid is usually pedunculated and rarely sessile. It has specific clinical presentation depending upon its position. Cervical fibroid polyp may be confused with chronic inversion or uterovaginal prolapse, cervical malignancy or uterine rhabdomyosarcoma.

Cervical fibroid is usually asymptomatic but when it grows in size it causes symptoms due to pressure on adjacent organs. Rarely it causes pain which is due to degeneration. When the fibroid outgrows its blood supply then cell death occurs leading to degeneration.

Hyaline degeneration is most common other are calcification cystic degeneration and red degeneration. A long pedicle can’t support fibroid polyp for long so ischemia and ulceration occur and exposure to vaginal flora leads to infections.

Malignant change is very rare in a fibroid only 0.2% undergo sarcomatous change. Management is surgery which is usually hysterectomy or myomectomy or polypectomy. Vaginal myomectomy or polypectomy is usually done in young patients as this requires surgical expertise and there is risk of trauma to adjacent organs.

References