Case Report

Prolapsed giant cervical fibroid polyp mimicking procidentia - A case report

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Abstract

Leiomyomas are the most common uterine and pelvic tumors. Giant cervical fibroids are rare and only few cases have been reported in literature. Here we report a case of giant cervical fibroid polyp masquerading as uterine procidentia in a 50 year old multiparous menopausal woman. She presented to the emergency with a huge infected mass protruding through the introitus with features of sepsis. After examination and investigations it was labelled as a case of cervical fibroid polyp. Polypectomy along with total abdominal hysterectomy with bilateral salpingoo-ophorectomy was done and the patient had an uneventful recovery.

Keywords: Giant Cervical fibroid polyp, procidentia

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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 leiomyoma is commonly single and is either interstitial or subserous. Rarely does it become submucous or polypoidal. Giant cervical fibroids and that too isolated with no other uterine fibroid are very difficult to find. These tumours are more common in Africans and are 4 times more prevalent compared to Caucasians.[2] Large cervical fibroids are difficult to handle and need an expert hand to operate these cases[3] Huge cervical fibroid-polyp causing diagnostic dilemma is rarely encountered in gynaecological practice and only handful of cases has been reported in literature.[4,5]

CASE REPORT

A 50 years old Para 2+0 Menopausal female presented to the emergency unit of the department of obstetric and gynaecology with the history of something coming out of the introitus since 5 days. She had a 5 year history of a lower abdominal mass which had gradually been increasing in size.There was increased frequency of micturition since 1 year. 5 days back she developed fever with cough. She felt something coming out of the vagina and the mass in the lower abdomen disappeared. Her two deliveries were uncomplicated spontaneous vaginal home deliveries and she was not having any menstrual complaints. At presentation she was in severe pains over the mass, febrile (temperature 39.8°C) with an foul smelling odour about her. She was pale and her abdomen was flat, soft and nontender. Pelvic examination revealed a huge fleshy mass of size 20*15*14 cm with marked degeneration and necrosis, hanging from the introitus (Figure 1). Earlier it was thought to be a case of procidentia with cervical hypertrophy but on careful vaginal examination it was found to be a giant cervical fibroid polyp arising from the cervix. Ultrasonographic examination confirmed that the uterus measured 6*4*3.5cm with the mass originating from the lateral wall of the cervix and all other findings were normal. Endometrial curettage was not possible as the large stalk of the polyp was well fitted to the cervix. Biopsy showed leiomyoma with surface degeneration. She was started on broad spectrum antibiotics, analgesics and frequent vulval

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toileting with antiseptics and saline irrigation of the mass. She was transfused with four units of blood preoperatively and was taken up for surgery. Total abdominal hysterectomy with bilateral salpingo oophorectomy was done after removing the fibroid vaginally (Figure 2). Histopathological examination confirmed the mass to be a leiomyoma and there were no malignant changes. Patient had an uneventful post-operative recovery.

DISCUSSION

Leiomyomas arises from a single neoplastic cell within the smooth muscle of the uterine myometrium.[6] Cervical fibroids originate from smooth muscle cells of cervical wall and have similar histopathology as that of rest of uterus. Although cervical polyps can be seen at any age, they occur most frequently in multiparous women in their fifth decade of life. These are considered to be oestrogen and progesterone dependent. They can distort the uterine cavity. Anterior fibroids may present with urinary symptoms, posterior may present with difficulty passing stools, lateral would extend to broad ligament and central fibroid pushes the uterus upwards.[7] Giant cervical polyps are described as polyps greater than 4 cm in size and are rarely seen in clinical practice. Till date the largest tumour weighing 65 kg has been reported by Hunt in 1888.[8] Cervical polyps can be described as great masqueraders as they have been mistaken for many things they are not, especially when they present as protruding introital masses. A huge infected mass at the introitus as seen in our patient could be easily mistaken as a procidentia with a hypertrophied cervix or a uterine inversion. From previous reports, such huge introital lesions have been diagnosed as cervical malignancy,[9, 10] uterine rhabdomyosarcoma,[11] inevitable abortion,[12] uterine inversion etc. USG has been considered the primary diagnostic tool. MRI increases the precision to which number, size, and location of myomas are identified and has more sensitivity than ultrasound.[13] CT scan has limited role in these cases. Cervical fibroids are difficult to manage, mostly because of inaccessibility, distortion of anatomical structures and hence increased risk of damaging uterine vessels, ureter and bladder.[14] Preoperative evaluation is important in deciding the route and procedure of choice. Cervical fibroid inside the cervical canal and with major part towards the body of uterus can be approached abdominally, and the one growing outside the cervical canal can be operated vaginally.[15] In our case the patient was symptomatic since 5years but she did not seek any medical help and presented in emergency with a huge infected cervical fibroid polyp protruding at introitus with features of sepsis and anaemia. If our patient would have taken medical help earlier such complications could have been prevented. The treatment for cervical polyp is polypectomy , however in our case it was combined with total abdominal hysterectomy as the patient had completed family size.

CONCLUSION

Thus we conclude that cervical fibroids can have variable presentations, it can grow upwards towards the body of uterus and present as an abdominal mass, stay inside the cervical canal as a pelvic mass or although rare can come out through cervical canal to become pedunculated cervical fibroid as in our case, so this possibility should also be kept in mind when patient presents with a mass coming out of introitus. This case has been reported to highlight the dangers inherent in long term neglect of a fibroid polyp and the need to educate women especially in developing countries on the importance of seeking medical help early.

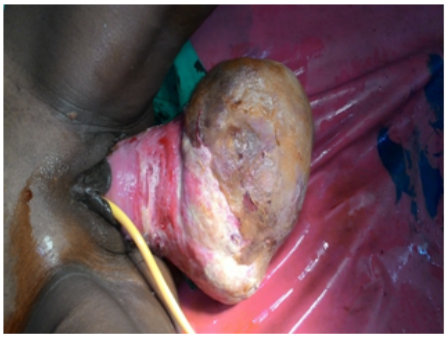

Figure 1

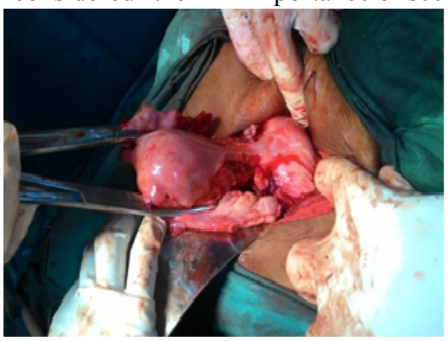

Figure 2

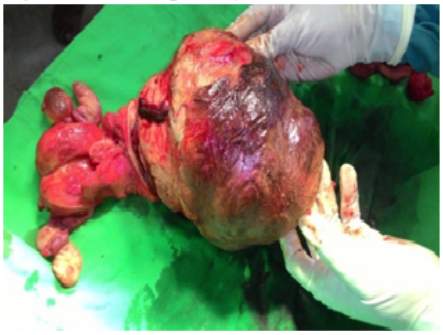

Figure 3

Legend

Figure 1: A giant cervical fibroid at introitus

Figure 2: Intra operative picture of total abdominal hysterectomy

Figure 3: Hysterectomised spec imen of giant cervical fibroid polyp

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