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RESEARCH ARTICLE

A HUGE PROLAPSED CERVICAL FIBROID: A CASE REPORT

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ABSTRACT

Pelvic leiomyomas are the most common benign smooth muscle tumors of the genital tract in women between 35 and 40 years old [3], [4]. Asymptomatic, slow-growing fibroids are seen in perimenopausal women constituting 30 % of the total. They can cause vaginal bleeding, pelvic pain, urinary disorders, pregnancy loss, dyspareunia, and in some cases infertility [3]. Such tumors are estrogen-dependent [1]. Cervical leiomyomas are occurs rarely, prevalence is considered to be less than 5 %, where they commonly presents with symptoms like abnormal vaginal bleeding, dyspareunia and constipation [2]. Cervical fibroid can pass through the cervical canal to the vaginaand it can cause necrosis which was seen in our present case [3]. Ultrasound, magnetic resonance imaging (MRI) and CT scan helps and plays an important role in the management of patients with cervical leiomyomas [7]by detecting their number, size, and location. The management of cervical fibroid is planned according to patients profile including eitherincludes either myomectomy or hysterectomy.The management of cervical fibroid proves to be a challenge to the surgeon in view of their close proximity to the vital pelvic structures and likelihood to cause surgical complications. This case report was prepared as per the SCARE Criteria [3]

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INTRODUCTION

A 36 year old female patient referred from Banswara, Rajasthan to Pannadhyay rajakiya chikitsalay, RNT medical college and group of hospitals, Udaipur Rajasthan on 17/08/2023 at 2:30 pm with complaint of some huge mass coming out of introitus.

Detailed history: Informant being patient herself

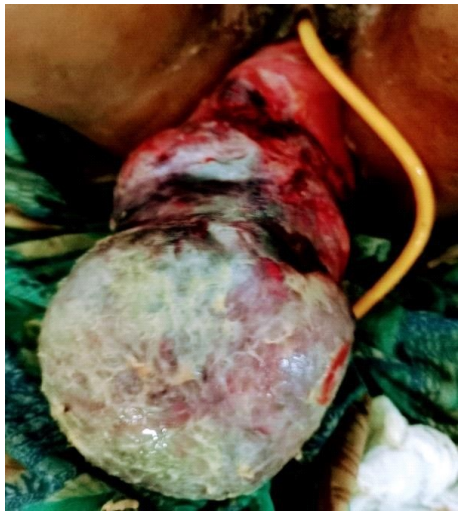
- complaint of something coming out introitus since a week with lower abdominal pain since 1 month
- Obstetric history→she is Para 5, with 2 Female child and 3 male child alive and healthy, with last last child birth 5 years back, with all the past pregnancies being uneventful.
- There is no history of AS and no Significant medical history in the past
- There is no significant family history in the past or at present
- No history of DM, HTN or any medical illness in the family.

ON Examination: Patient is conscious oriented to time place and person Thin built. Pallor present, There is no edema, icterus Others Systemic examination -within normal limits. Per abdominal examination-Soft, Non tender on palpation

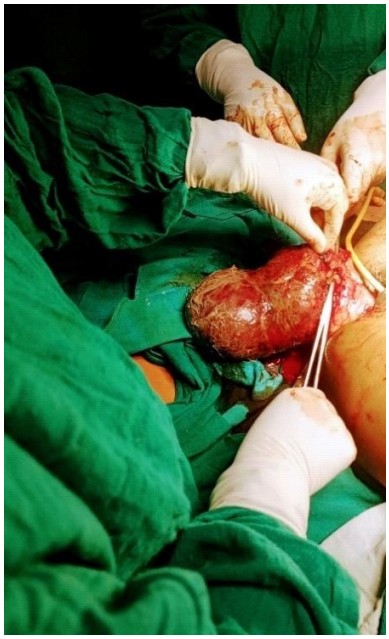
Local examination -There is huge globular mass approximately 25 *5*3 cm with degenerative changes which was foul smelling protruding from the introitus with cervical prolapse ,being both the cervical lip visible,mass arising from posterior cervical lip.

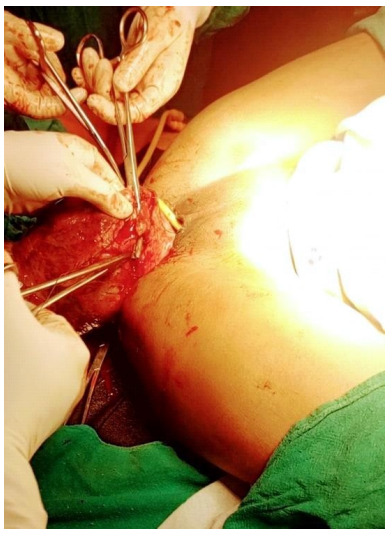
The complete blood count showed hemoglobin→7.9gm/dl
2 units of Packed cell volume transfused. The abdominopelvic CT scan showed-Well defined heterogenous hypodense peripherally enhancing lesion 202*84*84mm (CC*ANTEROPOSTERIOR*TRANSVERSE) is seen in pouch of douglas,presacral region and extending outside the pelvic cavity to skin surface.The lesion is in close relation with body of uterus anteriorly and rectum posteriorly ,possibility of rectum duplication cyst or Peripheral nerve tumour. After the preanesthetic evaluation and prior explained consent,patient planned for hysterectomy afte cervical fibroid removal as the patient has completed her family. Laparotomy to evaluate pelvic anatomy was done,it revealed the uterus of normal size,with bilateral adnexa normal ,→as the mass was arising from cervix with protrusion from introitus ,Patient kept in lithotomy position then after proper aseptic precautions ,enucleation of fibroid done followed by , clamping ,cutting and ligating the Base of fibroid.As a tissue of cervical lips was necrosed and friable, Abdominal approach for hysterectomy was decided.

After that patient kept in supine position, the total abdominal hysterectomy was performed. Both the fallopian tubes were removed Both the ovaries preserved. Intraoperative 1 unit packed cell was transfused. Patient withstood the procedure well.



Lateral ant posterior cervical lip.





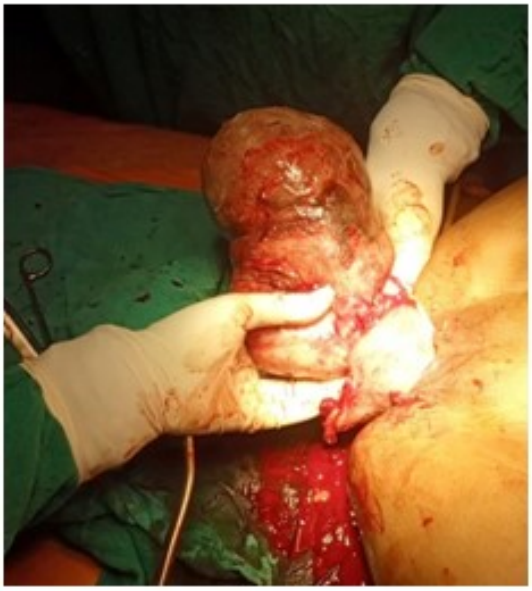


Figure 2,3,4. Showing Resection of mass by clamping, ligating and cutting the edges

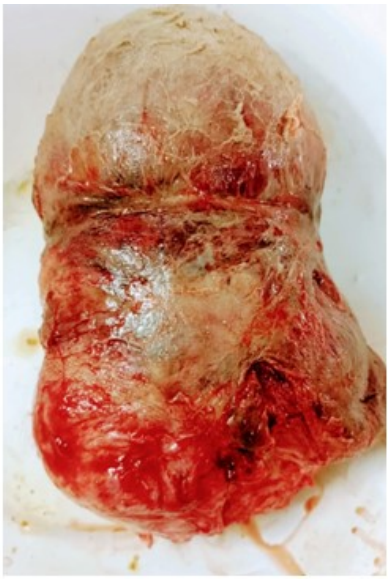


Figure 5. Gross section of Huge cervical fibroid after removal

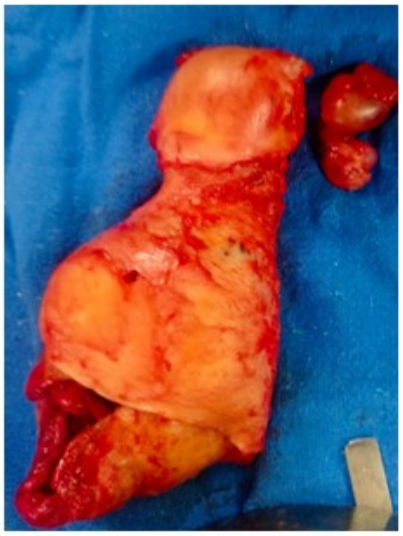


Figure 6. Gross section of uterus, after total abdominal hysterectomy showing normal uterus s

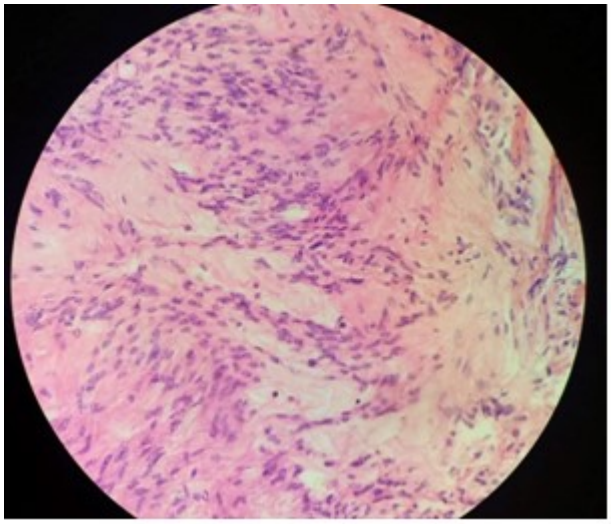


Figure 7. Histopathological Report revealed

Multiple section from different areas shows feature of leiomyoma with secondary changes.

DISCUSSION

Leiomyoma, being benign smooth muscle tumor of the uterus, which is the most common pelvic tumor which occurs in women of reproductive age group given that their growth is influenced by the hormones estrogen and progesterone[1].Localization of leiomyomas in Cervix is rare due to the paucity of smooth muscles in the cervix. Cervical fibroid represents 1–2 % of the total cases [4] and it presents as a challenge in both diagnosis and therapeutic management of the cases. Cervical fibroids are solitary in nature in contrast to uterine myomas [5]. They arise mainly from the cervix ,mostly from the supravaginal portion of cervix. Cervical fibroids may be classified as anterior, posterior, lateral or central according to their location in the cervix. Anterior fibroid bulges forward & undermines the bladder, which leads to urinary frequency and retention [7]. Posterior fibroid may flattens the pouch of Douglas and compresses rectum againstthe sacrumand causes constipation. In cases with Central cervical fibroid expands the cervix equally in all directions, pushing the uterus upwards to give the typical "Lantern of St Paul's dome" appearance.

Three types of cervical leiomyoma are known to be: interstitial, supra-vaginal, and polypoidal. The last one, observed in our case, which one of the the rarest type [4], [10]. Cervical leiomyoma can change the shape of the cervix and can cause lengthining of the cervix.The bladder to be drawn up when its size gets bigger which predisposes to urinary tract disorders and infections by pushing the uterus upward when its size get enlarged. When the cervical fibroid get prolapsed in the vagina, cervical leiomyoma can outgrow its blood supply and can become necrotic [10], [9], [8] which is in the case of our patient. Patients with cervical leiomyoma commonlyasymptomatic. However, they can present some debilitating, vague and non-specific symptoms due to mass effect on the surrounding pelvic organs. Common presenting complaints of patients include uterine bleeding, dyspareunia, lower abdominal pain, urinary frequency, tenesmus, pregnancy loss, and some cases of infertility [10], [13], [14], [11]. Menstrual-related complaints aremostly rare.

This fibroid differs from FIGO type 0–5 myomas where symptoms of abnormal uterine bleeding predominates[12]. Differentials for a large ang huge pelvic mass originating from the uterus in a premenopausal female patient will included are : 1. Pregnancy; 2. uterine corpus lesions: benign (leiomyomas, adenomyosis and polyps) or malignant (leiomyosarcoma, endometrial stromal sarcomas, carcinosarcoma and endometrial carcinoma); 3. uterine cervix lesions: benign (leiomyomas) or malignant (cervical carcinoma). Once the pregnancy is excluded ,although the Ultrasound is the initial investigation to be done ,MRI and CT scan helps in accurate diagnosis of the lesion by helping in localization ,size and shape of the mass in pre-operative planning .[17]. MRI helps in providing imaging planes which are not available on transabdominal or transvaginal ultrasound, a feature that permits better visualization of the more lateral and posterior area of pelvis. Myomas generally appear as sharply marginated areas of low to intermediate signal intensity on T1 and T2 weighted MRI scans [18]. Various approaches are available for the management of cervical leiomyomas. The approach choice depends on various factors such as the tumor size and localization, the extensions, and the desire for fertility [2], [15].

The surgical management of cervical myomas can be challenging and it requires a great experience ,skill and expertise of the surgeon. The presence of a cervical leiomyoma has been identified as an independent factor affecting operation time in minimally invasive surgery [11]. Since it can have close relations with pelvic structures, surgical management depends upon the position of the cervical leiomyoma, making difficult the identification of a correct cleavage plane for the surgeon; procedures can be further complicated by more restricted and inaccessible surgical spaces [16]. Voluminous cervical myomas can alter the position of these structures as mentioned before, difficulty in visualization of the anatomy of the pelvis, resulting in a high degree of difficulty in performing the surgery [20]. Vaginal and abdominal surgery can be performed for cervical fibroid[14]. Vaginal myomectomy is a conservative procedure that can be performed in small and or pedunculated cervical fibroid polyp when there is adequate vaginal access and mobility of the mass according to long pedicle. Central cervical fibroid is difficult to operate because uterine vessels are so elevated as they run parallel to ovarian vessels forming a vascular leash close to the uterus [7], [19]. Hysterectomy is considered as the definitive treatment for uterine fibroids, mostly in the case of huge and voluminous non-pedunculated mass localized to the cervix and in the case of old women with myomas more than 1 in number, but vaginal myomectomy presents a conservative way to treat small and or pedunculated fibroids for young patients who still want to maintain their reproductive function [19]. Although hysterectomy is the definitive treatment for fibroids, it shows the gold standard in locally extensive leiomyomas likein our case which was a technically challenging situation as the patient presented a huge infected gangrenous and prolapsed cervical leiomyoma with extension outward and inward the uterine cavity. We believe that this is one of the biggest prolapsed cervical leiomyoma reported in the literature. In addition with the surgical therapy, interventional radiology techniques for the treatment of cervical leiomyomas have reported promising but still with limited results. These techniques can be considered in women who desires to preserve the uterus or who have contraindications for the surgery [2], [17].

CONCLUSION

Cervical leiomyoma occurs rarely that can cause debilitating and worsening symptoms in young women. If fibroid get prolapsed into the vagina, they can cause necrosis. It has different manifestations which leads diffucltiesin diagnosis and therapeuticmanagement . Good anatomical and clinical judgment is must and essential for successful management of cervical fibroid in this case.

Consent for publication of this case report: Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request

Ethical approval for the study: This study was exempt from ethical approval in our institution.

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Guarantor of the case report

Registration number of research: Not applicable in this case reporet

Declaration of competing interest: The authors have declared that they have no conflicts of interest.

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