A RARE CASE OF HUGE CERVICAL FIBROID

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PRESENTATION OF CASE

Leiomyomas are the most common tumor of uterus and the female pelvis. It is impossible to determine true incidence, all though frequently quoted incidence of 50% seems reasonable at post mortem examination[1]. However only 1-2% of it are confined to cervix. Cervical leiomyomata are mostly single and are subserous or interstitial in origin. Generally these tumours presents with retention of urine, constipation, sensation of something coming out of vagina, & rarely at times present with abdominal mass which may mimic ovarian cancer.

47 year old unmarried nulligravida with complaints of severe dysmenorrhagia since one year and lump in abdomen which has grown over period of one year. There was no bowel and bladder complaints, On physical examination pallor present, on abdominal examination 26-28 week firm solid mass arising from pelvis with restricted mobility was present, Clinically no ascites, patient was investigated on OPD basis.

DIFFERENTIAL DIAGNOSIS

Cervical Fibroid, Ovarian Tumor.

CLINICAL DIAGNOSIS

Pelvic mass? Ovarian tumor? Fibroid Uterus.

Investigation-All preoperative investigations were done. Hb was 10.0 gm%, Ca 125 with in normal limits, USG showed a 20x13x15 cm solid heterogenous lesion s/o fibroid advice-Further evaluation by MRI, MRI Pelvis 13x20x15 cm large heterogenous mass lesion arising from cervix and lower uterine segment compressing body and fundus of uterus, Right ovary normal sized and left ovary thinned out and compressed by ovary.

PATHOLOGICAL DISCUSSION

Leiomyoma has a characteristic well circumscribed, dense, whorled, tan white, spherical mass. Leiomyosarcomas features ranges from leiomyoma to overtly malignant high grade sarcoma with infiltrative edges, necrosis, haemorrhage, variegated cut surface. Microscopically consists of fascicular arrangement of smooth muscles with infarct in between followed by hyaline degeneration, Leiomyosarcoma can be assessed by looking for mitotic activity, tumor cell necrosis and cytologic atypia.

MANAGEMENT

Patient was posted for myomectomy SOS total abdominal hysterectomy. Abdomen was opened by a vertical incision extending till umbilicus, Insitu findings were 20x15x13 cm degenerated soft cervical fibroid extending laterally in left broad ligament with normal sized uterus sitting at the and tubes were normal. Retroperitoneum opened to look at the course of ureter by sharp dissection, Right ureter was anatomically placed while left ureter was deviated entering the pelvic brim at much higher level. Transverse incision was placed on the anterior wall of myoma and through careful blunt and sharp dissection capsule of myoma opened and myoma dissected off which weighed around 3 kg, the remaining cervical flaps were cut and then refashioned, haemostasis achieved with blood loss of around 300 ml, Intra op one blood transfusion given, patient withstood the procedure well.

DISCUSSION OF MANAGEMENT

Large cervical fibroid is rare and only a handful of cases has been reported[2.] Diagnostic dilemma is usually there with such large cervical fibroid although in our case it was confirmed after MRI, in remote areas where such facilities are not available generally these fibroid are confused with ovarian mass. Although MRI & USG has improved preoperative diagnosis but final diagnosis is always at laparotomy[3.] Myomectomy in this case was technically difficult as there is increased risk of injury to ureters because of distorted pelvic anatomy, and hence it is always better to trace the course of ureter retroperitoneally before removing such huge fibroid or applying clamps while doing hysterectomy. e.g case reported by Sharma et al of Srilanka in which cervical fibroid resembled an ovarian tumour, during surgery left ureter was damaged and later ureteric anastomosis done.[4] Similar case has been reported by Basnet et al Nepal where intraoperative bladder injury was done which was repaired later.[5] Similar case was reported in the CAMA Hospital Mumbai where 30 year old female presented with menorrhagia and distention of abdomen, enucleation of large cervical fibroid along with total

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abdominal hysterectomy with right salpingoophorectomy was done.[6] Although blood loss was 300 ml in our case, there are numerous study suggesting severe blood loss intraoperatively leading to intraoperative internal iliac artery ligation.[7]

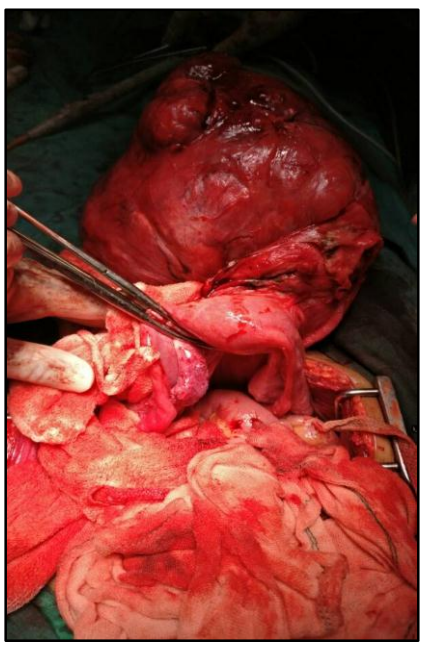

Figure 1. Normal Sized Uterus with Huge Cervical fibroid

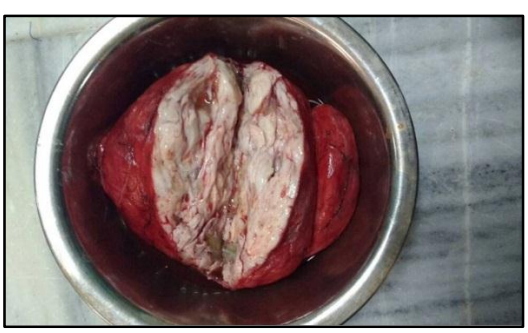

Figure 2. Cut Section Shows Degenerated Cervical Fibroid

FINAL DIAGNOSIS

Although Cervical fibroid presenting as such huge mass is rare. Awareness of entity and proper clinical examination leads to early diagnosis and treatment. MRI is the best modality for early diagnosis and with tracing course of ureter during surgery can prevent ureteric injury. With proper precautions these patients can be successfully managed.

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