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RESEARCH ARTICLE

LEIOMYOMAS

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Abstract

Leiomyomas are the most common pelvic tumors presenting in the reproductive Age group. Cervical fibroids are very rare contributing to 1 to 2 % of all uterine fibroids. We report a case of 40years nulliparous female presented with heavy menstrual bleeding Since 5 months. Bimanual examination revealed mass of size 7cm*6cms noted in the vagina and cervical os could not be felt. Ultrasound of pelvis revealed cervical fibroid of size 6.2 cm*6.1cm*6.6cms occupying lower part of uterus and cervix. On laparotomy showed a large Fibroid of size 8cm*7cms arising from cervical region. Enucleation followed by total abdominal hysterectomy done. Large cervical fibroids are rare and a challenge to gynaecologist due to close proximity to bladder and ureter. Carefull dissection by expert hands help in management of such cases.

Introduction:-

Leiomyomas are the most common benign tumors of the uterus. Its incidence in the reproductive age group is 20%. Of them, only 1 to 2% arise from cervix. Leiomyomas are usually estrogen dependent and they gradually regress after menopause.

Cervical fibroids arises from either supravaginal or vaginal portion of cervix. Based on the site of origin they are classified as anterior, posterior, central, lateral. They can be furthur classified as submucosal, subserosal, interstitial and polypoid.

Large cervical fibroids generally present with pressure symptoms like urinary retention, constipation. They also leads to menstrual irregularities, postcoital bleeding depending upon their location.

Laparotomy is the most common mode as cervical fibroids are difficult to handle and need an expert hand to operate these cases.

Case Report:

We report a case of 40 years female, nulliparous presented with complaints of irregular bleeding per vaginum since 5 months and shortness of breath since 5 months. Her previous cycles were regular with moderate flow for 5 days. There was no history of any chronic illness, drug intake , postcoital bleeding. On examination, she was grossly anaemic with haemoglobin 2 gram%.Per abdomen examination was normal. On per speculam examination a congested mass was seen in upper vagina but cervix was not visible. On gentle bimanual examination, revealed a soft to firm mass of around 7 cm* 6cm felt but cervic could not be defined.

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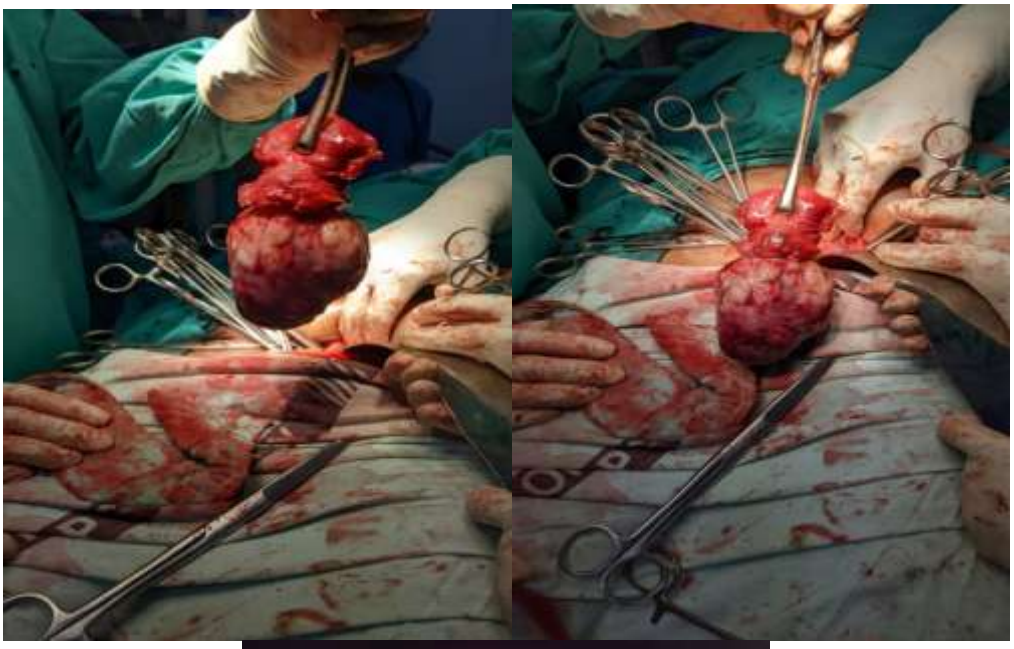
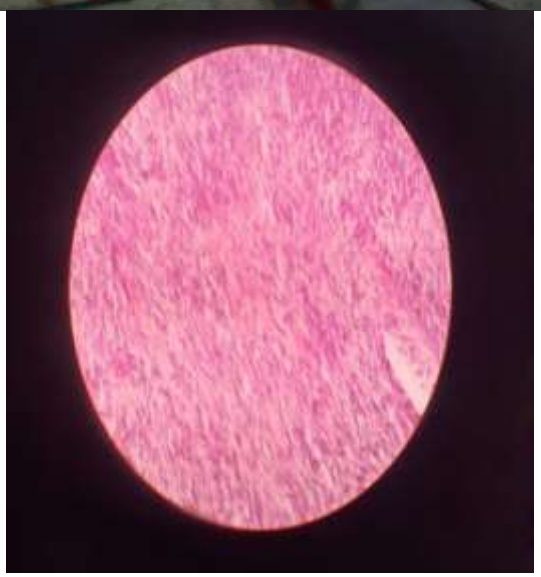
She was stabilized with multiple blood transfusions and was then worked up. USG showed 6.2cm*6.1cm*6.6cm of cervical fibroid. On laparotomy a cervical fibriod of about 8 cms *7cms noted with small uterus sitting on top. Total abdominal hysterectomy was done with no injury to bladder , ureter or adjacent structures.





Postoperative period was uneventful and was discharged in good condition. Histopathology confirms the diagnosis of cervical fibroid with endometrium in proliferative phase and both ovaries showed corpus albicans and cortical cysts.

Discussion:-

There are very few cases of cervical fibroids reported in literature. These cervical fibriods are grossly and histopathologically identical to those found in uterus.

Cervical fibroids are classified as anterior, posterior, central, lateral according to their position. Anterior fibroids can cause frequency and urinary retension. Posterior fibroids can cause compression on rectum leading to constipation. Lateral fibroids can burrow out in to broad ligament. Central cervical fibriods expands the cervix and produces bladder symptoms mainly. On laparotomy, they give a typical appearance of " LANTERN ON ST.PAUL'S DOME"

Treatent of cervical fibriods is either myomectomy or hysterectomy. They give rise to greater surgical difficulty due to its close proximity to bladder and ureter. Carefull dissection by the expert hands help in the management of these cases.

Conclusion:-

In our case, the patient had cervical fibroid with symptoms of menorrhagia with no urinary symptoms. Preoperative treatment with GnRH agonists can be tried to reduce blood loss during intraoperative period. In our case, she underwent total abdominal hysterectomy with no injury to the adjacent structures. Thus proper preoperative evaluation, preparation and knowledge of anatomical structures are important for performing hysterectomy for cervical fibroid.