Kathmandu University Medical Journal (2005) Vol. 3, No. 2, Issue 10, 173-174

Case Note

An unusual presentation of huge cervical fibroid

Basnet N, Banerjee B, Badani U, Tiwari A, Raina A, Pokharel H, Yadav P, Agrawal A, Chhetri S
B. P. Koirala Institute of Health Sciences

Fibroids are most common uterine tumours. Cervical fibroids involved with excessive growth, may cause pressure symptoms.[1] The treatment of the symptomatic fibroid is either myomectomy or hysterectomy. In the present case, cervical fibroid mimicking an ovarian tumour, caused clinical dilemma.

Case Report

A 35 year old women, residing in Morang, attended B. P. Koirala Institute of Health Sciences, Gynae OPD with a 1 ½ yr history of gradual abdominal swelling, scanty and irregular menstruation. Surprisingly there was no other relevant history such as urinary retention or constipation.

She was Para 3 with 3 living issues and her last child birth was 10 yrs back
On examination she was pale.

Other general, cardiovascular and respiratory systemic examinations revealed no abnormalities.

Abdominal examination: About 40X30cm, firm, smooth, non tender mass with restricted mobility was felt. There was no ascitis clinically. Around umblicus, about 8X6cm firm protruding mass mimicking uterus was felt.
PS: Minimal blood discharge and a pale mass in vagina was seen.

PV: 8X6cm protruding mass continuous with the abdominal mass was felt. A thin rim if cervix was felt around the mass.

On investigations: Hb was 7.5g/dl, blood urea was 16mm/dl, & blood count 6800. The platelet count was 1.50 lack/cc and blood film showed normocytic normochromic anaemia. CA 125 was 40.

Ultrasound and CT scan suggested bilateral hydronephrosis with ovarian tumour and a normal sized uterine cavity. Ovaries were not seen.

Exploratory laparotomy under GA revealed a 5 kg. single cervical fibroid of size 45X35cm, with a normal size uterus and bilateral ovaries. There was bilateral hydroureteric changes. Total abdominal hysterectomy with bilateral salpingo-opheractomy was done. As bladder was adhered to the anterior wall of the mass, bladder injury occurred during separation, which was repaired. Bilateral internal iliac arteries were ligated on both sides to secure haemostasis .

Patient received 3 units of blood transfusion intra-operatively and 3 units post operatively and her recovery was uneventful. Sutures were removed of day 10 and patient was discharged on day 14. Histopathological report confirmed fibroid of cervical origin.

Discussion

Cervical fibroid with excessive growth are uncommon. They are grossly and histologically identical to those found in the corpus. They give rise to greater surgical difficulty by virtue of their relative inaccessibility and close proximity to the bladder and uterus.[2] Enlargement causes upward displacement of the uterus and the fibroid may become impacted in the pelvis, causing urinary retention and ureteric obstruction.[3]

The present patient had a cervical fibroid which grew, not only to occupy the pelvic cavity, but became a huge abdominal mass pushing the uterus near umbilicus.

Correspondence
Nibedita Basnet
Dept of Obst & Gynae
B.P. Koirala Institute of Health Sciences

References

1. Jeffcoate N. Tumors of corpus uteri. In. Batla N (ed). Jeffcoate's Principles of Gynaecology, 6th edn. Delhi, Arnold Publication 2001, 466 - 497.
2. Huge cervical fibroid : Unsuual presentation, Kaur A.P. etal. The Journal of Obstetrics & Gynaecology of India 2002, Jan-Feb; 52(1) 164-
3. Incarcereted procedentia due to cervical fibroid: An Unusual presentation. Amita Suneja etal, Australian and New Zealand Journal of Obstetrics & Gynaecology 2003, 43; 252 - 253.