

## Central cervical fibroid mimicking as chronic uterine inversion: a case report

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### ABSTRACT

Leiomyomas are most common benign gynaecological tumor. Most of the fibroids are situated in the body of the uterus, but only in 1-2% cases, they are confined to cervix. We report a case of 33 years old women, para 2 live 2 diagnosed as myomatous polyp on ultrasound and clinically as chronic inversion of uterus. On surgery, we found it as central cervical fibroid with uterus sitting on the fibroid i.e. lantern on the St. Paul's.

**Keywords:** Cervical fibroid, Ultrasound, Fibromyomas

### INTRODUCTION

Leiomyomas are benign smooth muscle neoplasms that typically originate from the myometrium. They are often referred to as uterine myomas, and are incorrectly called fibroids because the considerable amount of collagen contained in many of them creates a fibrous consistency. Their incidence among women is generally cited as 20 to 25 percent, but has been shown to be as high as 70 to 80 percent in studies using histologic or sonographic examination.<sup>2</sup> Most of the leiomyomas are situated in the body of the uterus, but in 1-2% of the cases, they are confined to cervix and usually to the supravaginal portion.<sup>1</sup>

### CASE REPORT

A 33 year old women para 2, live 2 admitted in our hospital with chief complaints of menorrhagia since one year. There was no history of any pressure symptoms.

On examination, her vitals were stable. Pallor was present. Her per abdomen examination was soft, no organomegaly detected. On per speculum examination, a large polyp

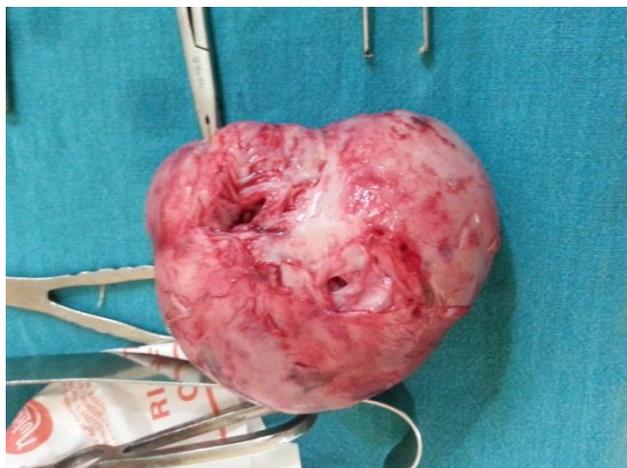
occupying whole of vagina, bleeds on touch. Anterior and posterior lips of cervix were taken up. So, a provisional diagnosis of chronic inversion of uterus was made.



**Figure 1: Showing uterus and cervical fibroid during surgery.**

All routine investigations were normal. Ultrasound report showed a myomatous polyp in cervical canal with no

evidence of uterine inversion. Surgery was planned. On opening the abdomen, central cervical fibroid was seen, which was filling the whole the pelvic cavity and hysterectomy was performed with enucleation of cervical fibroid by giving vertical incision on the fibroid (Figure 1, 2). Specimen was sent for histopathological examination and histopathological report revealed leiomyoma.



**Figure 2: Showing cervical fibroid after surgery.**

## DISCUSSION

Uterine myoma is the most common indication of hysterectomy. Presence of isolated fibromyoma in cervix with intact uterus is in frequent. Cervical fibroids with excessive growth are uncommon. Cervical fibroids may be classified as: anterior, posterior, lateral central and lastly multiple. The symptoms of cervical fibroid depend upon the type of cervical fibroid.

Anterior fibroid buldges forward and undermines the bladder while posterior flattens the pouch of douglas backwards, compressing rectum against sacrum. Lateral cervical fibroid, starting on the side of the cervix burrows out into the broad ligament and expands it. Their relation to the ureter is important. Wherever the ureter and uterine artery may be in relation to the fibroid, they will always be extracapsular.<sup>3</sup> The knowledge of this fact can turn potentially dangerous procedure into a relatively safe operation.

Central cervical fibroid expands the cervix equally in all directions. Upon opening the abdominal cavity, a central cervical myoma can be recognized at once because the cavity of the pelvis is more or less filled by a tumor, elevated on the top of which is the uterus like 'the lantern on the top of St Paul's'.<sup>3</sup>

The operation for removal of cervical fibroid is hysterectomy, but it can be difficult, and may at times be

an extremely formidable undertaking. Surgical difficulties associated with this operation are, however, greatly enhanced by the lack of knowledge of the technique most suitable to the particular occasion and ignorance on the operator's part of the altered anatomical relations of the surrounding structures.

The problems anticipated during hysterectomy for cervical fibroid are: 1) uterine vessels- distortion of normal anatomy; 2) Bladder can be pulled up; 3) ureter-distortion of normal anatomy. Therefore, more chances of injury to ureter, bladder and uterine vessels.

The principal to be followed is enucleation followed by hysterectomy to minimize injury to ureter or one can also give pre-operative GnRH analogues 3 months prior to facilitate surgery.<sup>3</sup> For enucleation, the capsular incision may be transverse or vertical. The advantage of transverse incision is that it can be placed well above the level of bladder reflection and so reduce the risk of bladder damage. The disadvantage is that it cuts across vessels, which results in increased haemorrhage. The vertical incision can be placed over the most avascular area, usually midline and can be extend into the body of uterus if necessary so as to expose the upper limits of tumor. However, transverse incision was preferred By Bonney.

Thus, we conclude that knowledge of the altered anatomical structures is important for doing hysterectomy for cervical fibroid.

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