CASE REPORT

A Rare case of Cervical Fibroid developing after Subtotal Hysterectomy:
A Case Report

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Abstract:
Although fibroids are most common uterine tumors, cervical fibroid developing after subtotal hysterectomy is very uncommon. Cervical fibroids are grossly and histopathologically identical to those found in the corpus. We encountered a 35 year old multiparous female with a very rare cervical fibroid measuring 20 x 20 cm developing 2 yrs after subtotal hysterectomy with right sided oopherectomy.

Key Words: Cervical fibroid, subtotal hysterectomy.

Case Report
A 35 yrs old lady, presented to us, with chief complaints of a huge mass suddenly protruding from vagina, while the patient was applying pressure during defecation. She also had complaint of heaviness and distention of abdomen and difficulty in defecation since last one month. She was a multiparous female and had undergone hysterectomy two years back for abnormal uterine bleeding.

General examination revealed her to be in a state of vasovagal shock with significant pallor. She had an anxious look with deranged vitals, pulse 140/min and systolic blood pressure of 80 mm Hg. Abdominal palpation revealed a soft, cystic tender mass of about 15 x 15 cm in the lower abdomen with restricted mobility. External genital examination revealed a large fleshy red mass protruding from vagina. Per speculum examination showed the mass coming from pelvis, free from vagina. Slight bleeding was present. On per rectal examination, rectal mucosa was found to be free.

One month old CT scan of abdomen revealed a mixed echogenic mass in pelvis with diagnosis of ovarian malignancy. A provisional diagnosis of ovarian malignancy was made.

Emergency laparotomy was performed under general anaesthesia. Intra-operatively, a large, soft, cystic mass of size 25 x 20 cm was found arising from the left ovary and adhered to the surrounding bowel mesentry and ureter. Broad ligaments of both sides were opened up. Ureter, iliac vessels and uterine artery were traced on both sides. The ovarian cyst was carefully dissected out from the surrounding tissue and left sided oopherectomy was performed. The large fleshy red mass of size 20 x 20 cm, which was protruding out from the vagina, was enucleated but it can’t be reduced into pelvis.

At the top of the mass, cervix was identified by the presence of both the uterine arteries on each side, which were clamped, cut and ligated. The urinary bladder was dissected down. The vault of vagina was opened up from the lateral side. The prolapsed mass was found to be cervical in origin and removed from the base. Ovarian cyst and prolapsed cervical mass were sent for histopathological examination.

Post operative period was uneventful and the patient was discharged on 8th post operative day. Histopathological examination confirmed it to be a case of cervical fibroid with serous cystadenoma of the left ovary.

Clinical follow up after one month and three months were normal. Ultrasonography at 3rd and 6th month revealed no new growth.

Discussion
Although leiomyomas are very common tumors of the uterus, they can very rarely occur in the cervix (2%). These are called cervical fibroids. They are usually single, although there may be other tumor growth in the body of
the uterus. They cause distortion and elongation of the cervical canal and displace the body of the uterus (womb) upwards. A large cervical fibroid may cause complete obstruction and blockage of the cervix.

Cervical fibroid that too after subtotal hysterectomy is a rarest of the rare entity. Most of these tumors resemble uterine leiomyomas by histology and positive hormone receptors. They seem to have a good prognosis, with a small potential for local recurrence.

References

Abbreviation
CT: Computed Tomography