



A giant cervical fibroid: Case Report

Ana Ribeiro¹, Nuno Oliveira², Marisa Moreira³, Filomena Ramos⁴

¹⁻⁴ Department of Obstetrics and Gynecology, Centro Hospitalar do Baixo Vouga, Portugal

Abstract

Leiomyomas are the most common uterine and pelvic tumors. Cervical myomas are uncommon (<5%). We report a case of a giant cervical leiomyoma in a 52-year-old woman who presented with vaginal bleeding and a suspected total uterine prolapse.

Keywords: Cervical, leiomyoma, woman, presented, prolapse

Introduction

Uterine leiomyomas are the most common tumors of the uterus which develop in 20-40% of reproductive age women, but cervical leiomyomas are less than 5% of all leiomyomas. Pedunculated uterine myomas may protrude through the cervical canal.

Case Report

A 52 year-old woman with one previous forceps delivery was admitted to the emergency room with vaginal bleeding and a suspected total uterine prolapse. She had no pain. General observation was unremarkable. The abdominal examination was normal. A large tender mass with 10 cm of maximum diameter protruding from the vaginal introitus was remarkable on pelvic examination with suspected origin from the body of the cervix. The patient revealed that the mass grew in the last 6 months. It was not possible to perform the transvaginal ultrasonography by the mass dimensions. Abdominal ultrasound revealed an image compatible with the uterus in the pelvis with intracavitary fluid suggestive of hematometra.

The patient underwent abdominal hysterectomy with bilateral annexectomy. Anatomopathological examination revealed a 5x5x2.5 cm uterus with 2 intramural fibroids. The uterine cervix was deformed by an intraparietal lesion of 3 cm. Presence of training with 12x 9x8 cm from the cervix.

The postoperative period was uneventful. At the postoperative evaluation visit the patient was clinically well and had no major changes to the objective and gynecological examination.

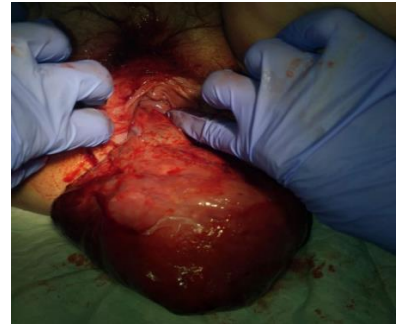


Fig 1: Cervical myoma during gynecological observation in the emergency department



Fig 2: Cervical Leiomyoma during observation



Fig 3: Post-operative mass and uterus plus annexes



Fig 4: Detail of the uterus and annexes



Fig 5: Cervical myoma in detail

leiomyomas can be classified into subserosal and intramural. Some complications associated with this pathology are described, such as abnormal uterine bleeding, compression of the urethra and bladder, pelvic or abdominal pain, uterine prolapse, leiomyoma torsion or infection. Its diagnosis is sometimes difficult and may require endovaginal ultrasound and sometimes magnetic resonance imaging (MRI). The treatment is surgical and depends on the characteristics of the uterus, concomitant uterine pathology and the characteristics of the myoma itself, number and location. It may be considered abdominal or vaginal hysterectomy.

This case is of great importance not only because of its atypical presentation, but because we are dealing with a rare pathology that can have consequences as serious as a total uterine inversion or a complete uterovaginal prolapse.

A case report of a patient with a giant cervical myoma that mimicked complete uterovaginal prolapse in a perimenopausal woman was reported.

References

1. Buttram VC Jr., Reiter RC. Uterine leiomyomata: etiology, symptomatology, and management *Fertil Steril.* 1981; 36:433-445.
2. Tiltman AJ. Leiomyomas of the uterine cervix: a study of frequency *Int J Gynecol Pathol.* 1998; 17:231-234.
3. Shirsagar SN, Laddad MM. Unusual presentation of cervical fibroid: Two case reports. *Int J Gynaecol Plastic Surg.* 2011; 2:38-39.
4. Swati S *et al.* Central cervical fibroid mimicking as chronic uterine inversion, *Int Journal of Reproduct contracept, Obstet Gynaecol.* 2013; 2(4):687-88.
5. Turhan N, Simavli S *et al.* Totally inverted cervix due to a huge prolapsed cervical myoma simulating chronic non-puerperal uterine inversion. *Int J Surgery Case Report.* 2013; 12:014.

Discussion

Uterine fibroids are the main cause of hysterectomy. The presence of an isolated cervical fibroid is very rare, and its incidence is reported in 0.6% of the hysterectomies. Cervical