Case Report

A Giant sized Cervical Fibroid: resembling En Caul Birth

* Saini Vandana¹, Gupta Mamta²

¹Consultant, ²HOD Gynaecology

Hindu Rao Hospital, Delhi, India

*Corresponding author: Email id: vandana8131@yahoo.co.in

Abstract:

Cervical leiomyoma accounts for three to eight percent of the uterine myomata. Different presentation(i.e. resembling inversion uterus, malignancy etc.) and sizes of cervical fibroids have been reported in literature. We reported a case of a giant cervical fibroid whichappeared as 'en caul birth'. The dimensions of the mass were 7 Its weight was 750 grams. Patient was discharged in good condition. HPE examination showedLeiomyoma with areas of degeneration. Cervix is mainly composed of involuntary smooth muscles superiorly and fibrous connective tissue inferiorly. Probably this Leiomyoma arose from the smooth muscle and was expelled out as a polyp with its stalk attached to the anterior and lateral lip of cervix.

Key words: Leiomyoma, Cervix, Fibroid, En Caul Birth

Introduction

Cervical leiomyoma accounts for three to eight percent of the uterine myomata. Different presentation (i.e. resembling inversion uterus, malignancy etc.) and sizes of cervical fibroids have been reported in literature. We reported a case of a giant cervical fibroid whichappeared as 'en caul birth'.

Case Report

Ms KY 45year old female attended the Gynae OPD of Hindu Rao Hospital on 10 July 2010 with complaints of a huge mass lying outside the introitus, The anterior surface seen was pink smooth & glistening, resembling like en caul premature birth in which baby is born with intact membranes (amnion).

Detail history revealed that she was bed ridden because of the huge mass hanging outside introitus for two days. This mass was present in vaginasince last two and a half years of about 8-10 cm increasing to present size since last four months. She was able to reduce it inside the vagina but for the last two days, it could not be reduced. These events were not preceded by delivery. She gave history of foul smelling discharge since two months. No history of bowel and urinary complaints. She gave history of dyspareunia.

On examination, she was mildly pale, febrile (temperature 39° C) pulse and BP was increased.. On local examination, a huge mass (7x6 inches) smooth surfaced anteriorly; lobulated& irregular laterally was seen [Fig 2] coming out of introitus. It's posterior surface was irregular with areas of sloughing &necrosis. The mass was firm in consistency except for few areas of necrosis which were soft.

It was attached to anterior and right lateral lip of hypertrophied and elongated cervix [Fig 1]. by a pedicle about 2 inches in diameter. Uterine sound could be passed easily through the cervical os and uterine length was 5 inches. On pervaginal examination, fornices were well maintained and about 4 inches. The uterus was anteverted, firm in constituency and bulky in size. She was prepared for polypectomy with consent for hysterectomy also. Routine investigation was done for PAC and was found to be diabetic. She was put on insulin and antihypertensive drug preoperatively. Antibiotic cover was given. She was taken for vaginal myomectomy. Since the pedicle was very thick, clamps were applied bit by bit and pedicle excised with cautery. Hemostasis was achieved. Patient stood the operative procedure well. The dimensions of the mass were 7 X 6 inches. Its weight was 750 grams. Patient was discharged in good condition. HPE examination showedLeiomyoma with areas of degeneration. [Fig 3]

Discussion

Such a huge size pedunculated cervical fibroid has not been reported in literature. The presentation of large cervical fibroid are reported as abdominal mass¹, incarcerated procidentia², uterine inversion, cervical malignancy etc. This case is unique as it didnot did not give rise to any urinary [i.e dysuria, frequency, retention] or bowel complaints. Her only complaint was of dyspareunia which she revealed only on questioning. Cervical fibroid growing down into cervix from the uterus is more common than a fibroid arising from cervical lip and becoming pedunculated of this magnitude.

Cervix is mainly composed of involuntary smooth muscles superiorly and fibrous connective tissue inferiorly. Probably this Leiomyoma arose from the smooth muscle and was expelled out as a polyp with its stalk attached to the anterior and lateral lip of cervix.

References

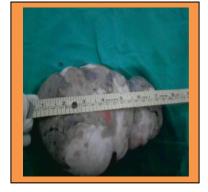
1.An unusual presentation of huge cervical fibroid Basnet N,Banerjee B,Badani U, Tiwari A,Raina A,Pokharel H,Yadav, Agarwal A,Chhetri S B.P Koirala Institute of Health Sciences: Kathmandu University Medical Journal [2005] vol.3,no 2,issue 10,173-174

2 .Incarcerated procidentia due to cervical fibroid: an unusual presentation. Suneja A, Taneja A, Guleria K, Yadav P, Aggarwal N.AustNZJ obstet Gynaecol.2003;43:252-53

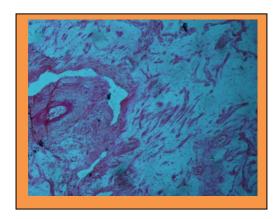


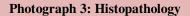
Photograph 1: Cervical fibroid arising from anterior and lateral lip of cervix





Photograph 2: Dimension of Cervical fibroid







Photograph 4: weight examination

Date of submission: 10 Aug 2013

Date of Final acceptance: 30 Aug 2013

Source of support: Nil

Date of Provisional acceptance: 24 Aug 2013

Date of Publication: 04 September 2013

Conflict of Interest: Nil