



Prolapsed Giant Posterior Cervical Leiomyoma

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ABSTRACT

Introduction Leiomyoma of uterus is the most common tumor in women in reproductive age. They are asymptomatic in 50% of cases.¹ Cervical fibroids accounts for 0.4% of leiomyomas.² We hereby present a case of prolapsed giant posterior cervical fibroid which required surgical intervention.

Keywords: Prolapse, Posterior Cervical Fibroid, Leiomyoma

CASE REPORT

A 42 years old P1L1 with last child birth 20 yrs back presented as an emergency with the complaints of acute onset of pain in the abdomen, menorrhagia associated with sudden protrusion of mass per vagina since 12 hours. On examination, patient appeared pale, had tachycardia (141 beats/min) and a BP of 90/50 mm Hg. On Abdominal examination, there was generalized abdominal tenderness with guarding and rigidity. On genital examination, there was bright red mass protruding through the *introitus* measuring 12x10x8cms, bossellated surface with bleeding on touch. Vaginal examination showed firm mass arising from uterus. The mass was continuous with posterior lip of cervix. Ultrasound examination revealed well defined, predominantly solid mass of 12x10x8cms, seen in lower uterine segment with normal sized uterus and ovaries. The biopsy report revealed leiomyoma with surface degeneration. Her hemoglobin was 3.9 gm%. After adequate blood transfusion and resuscitation, she underwent total abdominal hysterectomy with right salphingo oophorectomy. Intra-operatively, there was posterior cervical fibroid of 12 x 10 x 8cms, with right hemorrhagic and cystic ovary removed *and sent for histopathological study*. Post-operative period was uneventful.

DISCUSSION

*Leiomyomas arises from a single neoplastic cell within the smooth muscle of the uterine myometrium.

*Classification

- Intramural(70%)
- Subserosal(20%)
- Submucosal(10%)³

*A cervical leiomyoma is usually single and often it is either interstitial or subserous, rarely it is submucous or pedunculated.

*Secondary changes:

- Hyaline or myxoid degeneration: Most common, 60%⁴
- Cystic degeneration
- Dystrophic calcification
- Red degeneration
- Malignant degeneration to become a sarcoma:<1.0%⁵

*Investigations:

- Routine Investigations
- Ultrasonography:75% accurate

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- Magnetic resonance imaging: 100%⁶

*Treatment:

Surgical: Myomectomy or hysterectomy of
Leiomyoma arising from cervix, being
extraperitoneal remains fixed in pelvis and displaces

bladder and the ureters and its removal is hazardous for the same reason. This patient had a myoma arising from the posterior wall of the cervix. Total hysterectomy was the definitive treatment for this patient.



Figure 1 Prolapsed giant posterior cervical leiomyoma at introitus

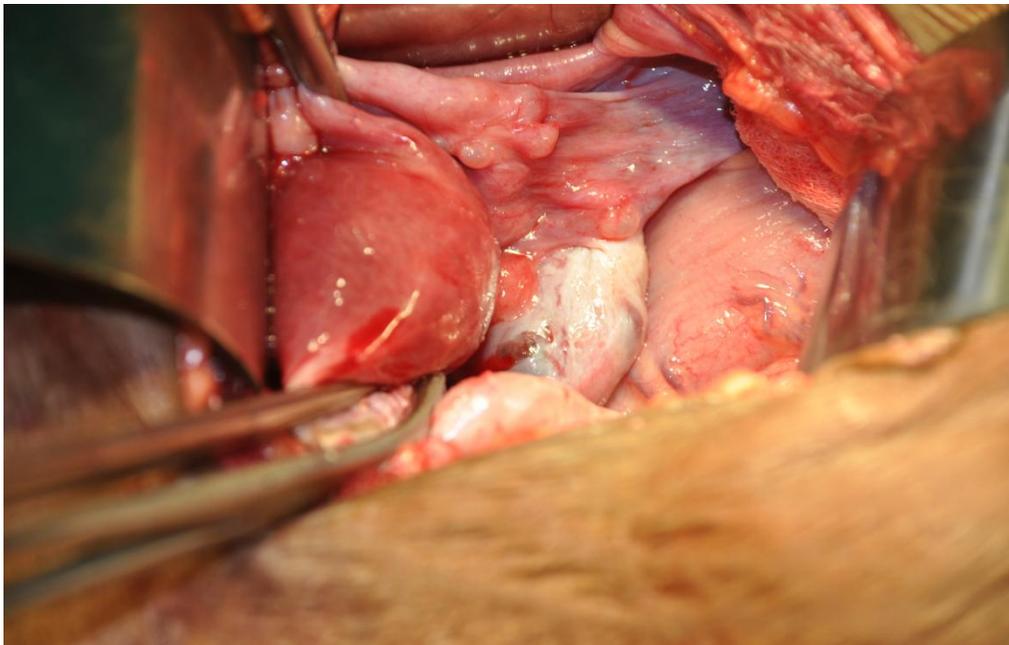


Figure 2 Intraoperative picture of Total Abdominal Hysterectomy.

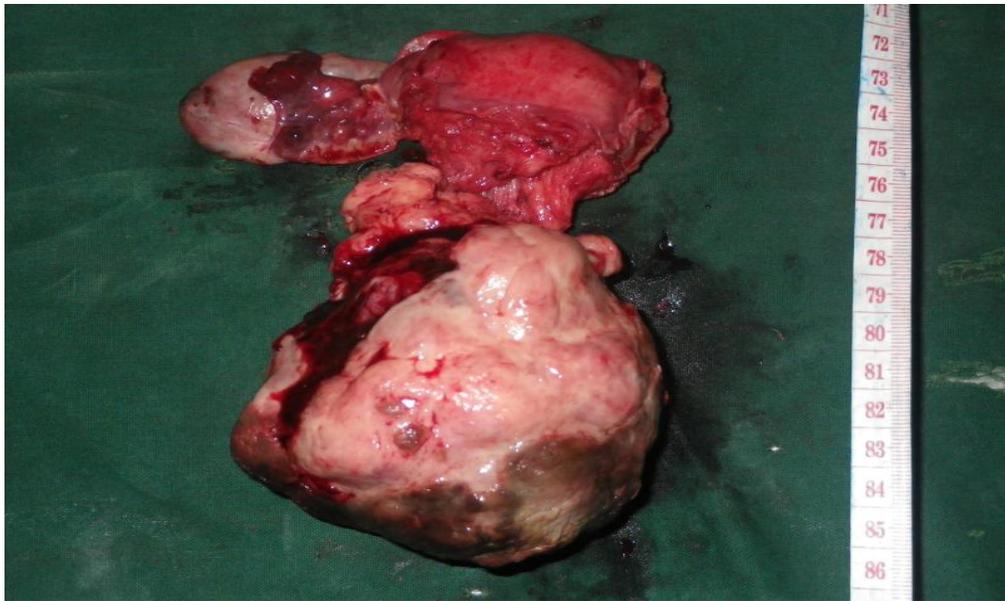


Figure 3 Hysterecomised specimen of prolapsed giant posterior cervical leiomyoma

CONCLUSION

Giant posterior cervical leiomyomas are rare since they are usually symptomatic and patient seeks early intervention. Intervention in form of hysterectomy

would be better option if patient has completed her family.

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