

Cervical fibroid: A rare case presentation at Abia State University Teaching Hospital (A case report)

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ABSTRACT: Fibroids are common benign tumours which arise from the uterine myometrium or less commonly from the cervix. About 95% of fibroids occur in the body of the uterus and less than 5% occurs in the cervix. Cervical fibroids polyps are relatively uncommon; however, they give rise to the greatest surgical difficulty due to relative inaccessibility and the close proximity to the bladder and ureters. This case report aims at expounding the plan of action carried out in the management of cervical fibroid polyp of a patient that was presented to Abia State University Teaching Hospital Aba, Nigeria. Here, a case of 41-years old female was presented with 16 weeks irregular vaginal bleeding. Pelvic examination revealed cervical fibroid polyp of about 4 cm by 3.5 cm, which easily descends into the vaginal with its stalks on the endocervix. Treatment was vaginal myomectomy. Histopathological examination confirmed the diagnosis of cervical fibroid.

Keywords: Abia State University Teaching Hospital, cervical fibroid, vaginal myomectomy.

INTRODUCTION

Leiomyomas are non-cancerous tumors that grow from the muscle layers of the womb, it affects around 30 percent of all women by the age of 35 years, and from 20 to 80 percent at 50 years (Brazier, 2017). Jeffcoate (2001) stated that about 2% of cervical fibroid, a type of leiomyoma takes its root in the neck of the cervix (Brazier, 2017). It is most common in women over age 20 years who have not given birth to more than two children (WebMD, n.d). It is usually diagnosed during routine pelvic examination and by pelvic ultrasound scan, and confirmed by histology (Edmonds et al., 2018; Decherneyet al., 2018). Vaginal fibroids are classified as anterior, posterior, and lateral. They can be further classified as interstitial, subserosal and submucosal polypoid (Sharma et al., 2011).

CASE PRESENTATION

A 41 years old secondary school female teacher, who resides around Aba metropolis presented to gynecological

unit of Abia State University Teaching Hospital with complaint of irregular vaginal bleeding of 4 months duration. She was a Christian of the Pentecostal denomination and hails from Bende Local Government area of Abia state. She was Para 2⁺⁰ (alive- both males). Her last menstrual period was 3 weeks prior presentation. She had a non-stop heavy bleeding from her vagina which was dark red in color and associated with blood clots. There was associated mild, dull, non-radiating lower abdominal pain. There was no associated history of fever, vulva swelling, itching, vaginal discharge, no post coital bleeding (bleeding made her to suspend sexual activity). There was no history of abdominal swelling, no history of use of any form of contraceptive, and she was not on any medication prior to the onset of bleeding. There was no family history of hypertension, epilepsy, asthma, diabetes, or any malignancies. There was no other symptom of medically significant other than the heavy flow of blood from her vaginal which she presented to the hospital.

General examination revealed a healthy looking young woman, who was not in any obvious respiratory or painful

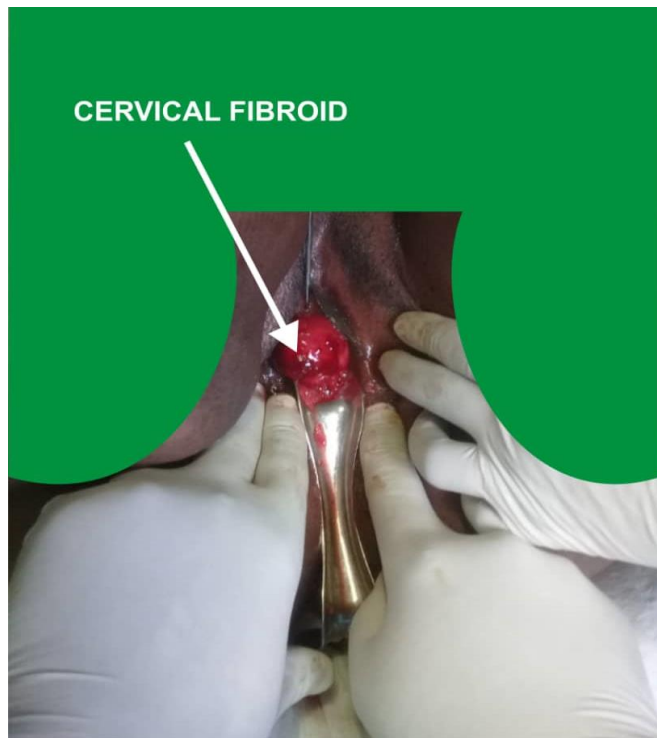


Figure 1. Gross sample of cervical fibroid.

distress, the patient was obese with a BMI at 32.65kg/m². The patient was counseled and booked for pelvic examination under anaesthesia. Intraoperative findings revealed endocervical fibroid polyp (Figure 1) of about 4 cm by 3.5 cm which easily descended into the vaginal with its stalk on the endocervix. The fibroid was removed by direct avulsion and subsequent repair of the site on the anterior lip of the cervix. Bleeding was minimal. A vaginal pack abutting the cervix was employed to minimize bleeding. Specimen was sent for histological evaluation. Postoperatively, vital signs were monitored till patient was clinically stable. No evidence of on-going bleeding. The patient was placed on intravenous antibiotics and analgesics, and was commenced on oral intake after full recovery from anaesthesia. Twenty-four hours later, the vaginal pack was removed. Haemostasis was achieved, and she was monitored in the gynaecology ward for another 24 hours. She was discharged home on oral analgesics, haematinics and antibiotics after 48 hours in good clinical condition.

DISCUSSION

Prevalence of cervical fibroids constitutes about 1-2% of all fibroids and mostly they are situated in the supravaginal portion of the cervix (Kumar et al., 2008; Samal et al., 2014). In this case, the patient presented with irregular vaginal bleeding with the fibroid located at the lower end

of the anterior cervix. Cervical fibroids are usually pedunculated commonly projecting into the vagina as in this case. Rarely, it presents as a sessile mass. This case was simpler and pedunculated with a short stalk. Generally, the aetiology of fibroids is unclear; many predisposing factors have been identified such as: later reproductive age group (30-45), commoner in African race (Black), early menarche, and nulliparity, positive family history of fibroids, overweight and obesity (Decherney et al., 2018). These predisposing factors mentioned above were present in this patient; vis-a vis she was 41 years old, a black and Nigerian, menarche 11 years, obese BMI of 32.65 kg/m²

Cervical fibroids are uncommon (Decherney et al., 2018). It is classified as anterior, posterior, central and lateral according to their position. Anterior fibroids bulge forward and undermine the bladder causing urine retention and frequency. Posterior fibroids flatten the pouch of Douglas compressing the rectum against the sacrum resulting in constipation. Lateral cervical fibroids starting on the side of cervix bulge into the broad ligament and expand it. This case showed a fibroid on the vaginal portion of the cervix. This case is in tandem with symptoms of cervical fibroid histology (Edmonds et al., 2018; Decherney et al., 2018) which showed classical pictures with protracted bleeding per vaginam.

Treatment of cervical fibroid is either myomectomy or hysterectomy (basnet et al., 2005). They give rise to greater surgical difficulty and complications by virtue of relative inaccessibility and close proximity to bladder and ureter (Kshirasagar and Laddad, 2011) The case in this report was simpler because it was at the anterior lip of the cervix.

Conclusion

In conclusion, for patients who present with cervical fibroid, general knowledge of the altered anatomical structures and proper technique is important for cervical myomectomy for cases with the intention of reproducing. Myomectomy can be tried in young patients as in this case and women with intention of still reproducing.

Ethical consideration

No ethical consideration needed. However, patient's consents were obtained.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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