

ENDOMETRIOSIS OF THE VAGINAL PORTION OF THE CERVIX

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Much has been written during the past three or four decades on the subject of endometriosis. Its pathogenesis and clinical considerations have been repeatedly reviewed. Russel in 1896 was the first to describe endometriosis; he observed endometrial tissue in the ovary. The classical contribution of Sampson in 1921, that endometriosis is possibly due to regurgitation of endometrial implants through the fallopian tube during menstruation, was opposed by Meyer and Novak who believe that aberrant endometrium arises from heteroplasia or abnormal differentiation in the coelomic epithelium from which all genital mucous membrane arises.

Endometriosis of the cervix is a rare disease compared with that of uterus, but according to Novak it is a common lesion, frequently encountered in the pathological laboratory. Hayden in 1942, in a study of 569 cases of endometriosis, did not observe a single case of cervical endometriosis. Holmes in 1942 recorded only 4 cases in vaginal vault behind the cervix in a series of 145 patients giving an in-

cidence of 2.4 per cent. Siddall and Mack (1949) reviewed 6 cases from literature and recorded 5 of their own cases of endometriosis of the cervix. The total recorded cases of primary endometriosis of the cervix are only 12 till 1949. A case of primary endometriosis of vaginal portion of the cervix is recorded for its rarity.

Case Report

A female A.H. aged 30 years sought medical aid for continuous bleeding from vagina of three months' duration.

General condition fair. Vaginal examination revealed a small ulcerated and eroded area on the external os.

A clinical diagnosis of tubercular cervicitis or granuloma inguinale was made and a portion of ulcerated area sent for biopsy.

Biopsy Report (D5456). The biopsy tissue studied showed the vaginal portion of the cervix with stratified squamous epithelial lining. Embedded in the stroma of the cervix were glands morphologically identical to those of endometrium. An occa-



Fig. 3. Lithopoeidion removed at operation.



Photomicrograph illustrates glands morphologically similar to those of endometrium in the portio-vaginalis (H & E x 60).

sional gland was surrounded by cells similar to endometrial stroma and extraluminal haemorrhages were seen. (Fig. 1). The histological appearances were consistent with those of endometriosis of the cervix.

Biopsy report: "Endometriosis of the vaginal portion of the cervix".

Treatment. Electric cauterisation was done and the patient left the hospital cured.

Comment. The histological appearances typified endometriosis of the cervix. The cases are clinically likely to be confused with other ulcerative and bleeding lesions of the cervix like tuberculosis, carcinoma and erosion. Biopsy in such cases is most valuable.

Usually these patients are between 25-40 years and often seek medical aid for spotting. The commonly encountered gross lesions are either a nodule or an ulcer or a cyst arising in the cervix. Very rarely they grow

to a large size. Plager et al in 1951 reported a large endometrial cyst arising from the posterior wall of the cervix uteri, extending posteriorly and forming a mass, filling the rectovaginal pouch. The pathogenesis of cervical endometriosis and endometrial cyst is best explained by the theory of Gold and Kearns in their study of cystic adenomyosis since there is no link normally between endometrial glands and cervix.

Summary

Clinical and biopsy findings in a case of endometriosis of the cervix is recorded.

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