ENDOMETRIOSIS OF CERVIX

(Report of A Case)

by

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Endometriosis of cervix is not a common entity. Prior to 1950 only 14 cases had been reported. The first case was reported by Fels in 1928, and the second by Rushmore in 1931. Cases were reported by Fobes (1943) Hobbs and Lazar (1941), Lash and Rappaport (1943). Large series of endometriosis of cervix had been studied by Novak and Hoge (1958), Ranney (1948), Oberton *et al*, (1960).

CASE REPORT

Mrs. K., aged 35 years was admitted on 27-4-72 with the following complaints:-

(i) Bleeding per vaginam on and off for the last 18 months.

(ii) Lump in the lower abdomen which was gradually increasing in size for the last seven months.

(iii) Backache—three days.

Menstural History

The patient had menarche at the age of seventeen years. The previous menstural cycles were regular at the interval of thirty days. The menstural flow was normal in amount without any dysmenorrhoea. For the last 18 months patient was having bleeding per vaginam on and off at five to nine days interval and the bleeding used to last for three days. Bleeding per vaginam was excessive in amount and was accompanied by premenstrual dysmenorrhoea which was relieved on the second day of bleeding.

Obstetrical History

The first was a full term breech delivery at this hospital eighteen years back, alive female child. Second was a full term normal delivery at home, female child died at the age of three months due to fever. Third and fourth were eight months premature normal deliveries at this hospital and both babies died on the third day. Fifth was a full term normal home delivery, alive male child of six year age. The sixth and seventh were premature eight months deliveries at her home and both the babies died on the third day. She had last delivery two and half year back.

General Examination

The patient was well built and fairly nourished. Mild degree of anaemia was present. There was no oedema. Pulse was 90 per minute and regular. Blood pressure was 100/70 mm. of Hg. Heart and lungs were normal.

Abdominal Examination

The height of uterus was of twenty-eight weeks pregnancy, the position was L.O.A. and small vertex was floating. Foetal heart rate was 140 per minute and regular.

Speculum and vaginal examinations were not done at the time of admission. She was kept on conservative line of treatment considering her to be a case of antepartum haemorrhage. Duvadilan tablets were given in doses of 2 tablets t.i.d.

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Investigations

Routine haematological and urine examinations were normal. V.D.R.L. was negative and Rh was positive. Fasting blood sugar was 80 mg. and blood urea was 15 mg. and the blood group was 0.

Patient had a bout of bleeding at 8.30 A.M. on 10-5-72. Abdominal findings on that day showed the height of uterus thirty weeks, position was L.O.A. and vertex was floating. Foetal heart was 140 per minute and regular.

On speculum examination the cervix was blue and there was fresh bleeding through the external cervical os.

Vaginal examination showed that the cervix was soft, not taken up, external cervical os admitted one finger, irregular and firm to hard ridges were felt in the cervical canal. The internal cervical os was closed and vertex was at the brim. Pelvis was adequate.

Wedge biopsy of cervix was taken under intravenous penthothal anaesthesia on 12-5-72 from hard irregular unstained area by lugol's iodine from posterior cervical lip and cervical canal considering it to be a probable case of cancer cervix. Vaginal packing was done, which was removed after 24 hours. The patient was kept under observation on conservative treatment. The cervical biopsy report was received on 19-5-72 and it showed endometriosis of the cervix with cervical metaplasia. (Figs. 1 & 2).

She had leaking on 23-5-72 at 8 p.m. with slight pain in the lower abdomen. There was no bleeding per vaginam. Abdominal examination revealed the height of uterus thirty-two weeks, position was L.O.A. and the vertex was floating. Uterus was mildly acting. Vaginal examination revealed that cervix was not taken up, external cervical os admitted tip of finger, irregular and hard ridges were felt in the cervical canal.

The internal cervical os admitted tip of finger, the membranes were absent and the vertex was felt at pelvic brim. Leaking was excessive in amount. Patient was kept for trial of labour. Intravenous drip of Syntocinon 5 units in 500 cc. of glucose was started. At 9.30 A.M. Vaginal examination was again repeated. It showed same features. So the patient was taken to operation theatre for lower segment caesarean section and sterilisation. The operation was done under heavy spinal anaesthesia in the usual way and a premature live male child was extracted at 11.15 A.M. The lower segment was well formed and prominent blood vessels were seen on it. There was no evidence of endometriosis in intestines or in pelvic organs. Weight of the baby was three pounds. Baby expired on the fifth day due to prematurity. Post operative period was uneventful. The abdominal stitches were removed on 2-6-72. The abdominal scar healed with primary intention. She was discharged from hospital on 15-6-72. Tablet Proluton 2 t.i.d. were prescribed for two years. The patient attended the post natal clinic on 15-7-72. She had no complaint. Vaginal examination revealed cervix hypertrophied, external os admitted just tip of finger and hard ridge felt anteriorly in the cervical canal. Uterus was anteverted, anteflexed and of the normal size. The discharge was healthy.

Discussion

In etiology of endometriosis of cervix, trauma to the cervix, either obstetric or operative, especially the former is important. In this case previously patient had seven deliveries and the trauma to the cervix as a result of childbirth may be responsible for implantation of cast off endometrial fragments on previously traumatised area of cervix. The endometrium can be transplanted is a confirmed fact. Corn and Grey (1927) reported successful culture of cast off menstural fragments. The work of Te linde, Scott, Wharton (1953) on monkeys also supported the viability of transplanted endometrium.

Cervical endometriosis is rare. According to Lash and Rappaport (1943) resistance of intact squamous epithelium of cervix, absence of sterile conditions and the presence of some degree of infection in cervical erosions and lacerations were inhibiting factors.

The disease per-se is not of trivial importance and as it may produce alarming symptoms and the gross appearance may be confused with cancer cervix as in above reported case. During labour it may cause cervical dystocia. Incidence of abortion rate with endometriosis of cervix is also high and this patient had five premature deliveries out of eight deliveries. She has responded very nicely to the high dose of oral progesterone therapy.

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See Figs. on Art Paper II