

DEGENERATING CERVICAL MYOMA SIMULATING CHRONIC PUERPERAL INVERSION AND GANGRENE OF UTERUS

(Report of A Case)

by

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and

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Moir (1971) has stated that "the only condition which really simulates inversion of uterus is a submucous myoma projecting through the os externum, but in such a case, there will still be present the evenly enlarged uterus above the pubes, whereas in inversion, even if it is only slight, a careful bimanual examination will usually reveal a depression where the fundus should be." In this paper, a case of degenerating cervical myoma which simulated chronic puerperal inversion with gangrene of the uterus is reported, in view of the rarity of this perplexing clinical situation.

CASE REPORT

Mrs. V., aged 26 years, Para 3, was admitted on 14.9.1974 at 5.35 p.m., with history of a mass coming per vaginum since that morning. She also complained of offensive white discharge per vaginum since 4 days. She had had an unassisted, presumably precipitate, premature labour at home 22 days prior to hospitalisation. She gave history of mild postpartum haemorrhage which lasted for about 3 days. Her bowel habits and micturition were normal. There was no history of fever.

On examination: Her temperature was normal, and tongue was moist. She was slightly

anaemic. Her pulse rate was 90 per minute and B.P. was 130/80 m.m. of Hg. Cardio-vascular and respiratory systems were normal.

Per abdomen: The abdomen was not distended. There was no mass or free fluid. Bowel sounds were audible. Uterus was not palpable.

She was examined under general anaesthesia. A gangrenous mass with putrid smell was protruding through the introitus. It was very soft and friable. The fundus of the uterus was not palpable and the external cervical os could not be located. A provisional diagnosis of chronic puerperal inversion and gangrene of uterus was made. In view of the uncertainty about the anatomical features, excision of the mass from below was considered to be hazardous. Hence a laparotomy was performed. We were however surprised to find normal uterus and adnexae. The bladder was distended and atonic. After closing the abdomen, she was re-examined in lithotomy position. The mass was pulled down with difficulty. It was now thought to be a gangrenous myomatous polyp arising from the anterior wall of the cervix and projecting through the cervical canal. It was excised in between two Kelly's clamps. Since there was slight oozing from the base of the pedicle, vagina was tightly packed with flavine gauze rolls. She had a remarkably uneventful post-operative period.

Histological Findings: Leiomyoma showing hyaline, and cystic degeneration, with areas of haemorrhage and infection. There was no evidence of malignancy.

Comments

A submucous myoma projecting through the external os and a big cervical

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Accepted for publication on 30-4-1975.

polyp coming outside the introitus are more likely to simulate chronic inversion of uterus. Besides, in such cases, there may be an associated non-puerperal inversion of the uterus caused by the myoma itself. Both these conditions are only rarely met with. Hence the differential diagnosis becomes extremely difficult, especially when the mass of tissue appearing at the vulval outlet is degenerated and grossly infected. Myomas may undergo degeneration during pregnancy and particularly during the puerperium. (Eastman and Hellman, 1966). Degeneration of the myoma during puerperium is usually suggested by fever and abdominal pain. In our case, there were no earlier symptoms referable to the cervical myoma and the sudden appearance of a mass at the vulva was the presenting symptom. The mass was very soft simulat-

ing a hollow organ like the uterus. The soft consistency was however due to the cystic degeneration of the myoma.

Acknowledgements

The authors are grateful to Dr. B. Subbiah, M.D., D.C.H., Superintendent, Tirunelveli Medical College Hospital, Tirunelveli and Dr. S. Ananthalakshmi, M.D., D.G.O., Reader and Head of Department of Obstetrics and Gynaecology, for their kind permission to publish this case report.

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