

HUGE ADENOMATOUS POLYP ARISING FROM THE CERVIX UTERI WITH IMPACTED PESSARY

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Benign cervical polypi are usually small localized pedunculated growths presenting as bright red, vascular, fragile growths which are usually pedunculated but may occasionally be sessile. The polypi can be diagnosed by inspection of the cervix with a speculum. A case of huge polyp arising from cervix in a multiparous patient and impacted with a pessary is presented here.

Case Report:

Mrs. R. K., aged 45 years, attended the Gynaecological O.P.D. of G.R. Medical College Hospital Gwalior on 7-3-77 with complaints of something coming out per vaginum for the last 5 years. She was having profuse dirty brownish vaginal discharge with occasional bleeding for about 3 months. A pessary was inserted by a midwife about 2 years back in the hope of correcting prolapse.

Menstrual History: Menarche at the age of 13 years. Previous menstrual cycle 3-4/25-30 days, flow moderate. Present menstrual cycle—bleeding off and on since 3 months.

Obstetric History: Gravida 6th and Para 4th last labour—5 years back.

She was of average build. Pulse-90/mt. Temp. 98.6° F, B.P. 120/80 mm of Hg. Respiration 20/mt. She was moderately anaemic.

Abdominal Examination: Nothing abnormal detected.

Local Vaginal Examination: A big soft fleshy

mass, pinkish in colour was prolapsing into the vagina upto the introitus. Higher up there was a pessary firmly impacted round this prolapsed mass which was irreducible. Foul-smelling discharge in copious amounts was present. Cervix and uterus were not felt. On rectal examination size of uterus and the condition of adnexae could not be definitely ascertained.

In view of history a provisional diagnosis of chronic inversion of uterus with impacted pessary was made.

Investigations: Haemoglobin 40%. Total Leucocyte count 15,200; poly. 71%, lympho. 28%, and eosino. 1%. Total erythrocyte count 1.4 million/cumm. Poikilocytosis, anisocytosis present. E.S.R. 165 mm fall in 1st hour (Westergreen). Blood group 'AB'.

Urine: Albumin traces, sugar nil. Deposit cloudy. Microscopic exam. 30-40 pus cells per field. No casts.

Culture sensitivity: E. coli grown. Sensitivity Septran.

In view of the anaemia, urinary infection and impacted pessary and foul-smelling discharge, 600 cc of AB group blood was given and Septran was given with local acriflavin glycerine instillation.

Examination on 15-3-77 under I/V Pentothal anaesthesia in operation theatre confirmed that the pessary was firmly impacted in the upper part of the mass and granulation tissue had formed on the posterior aspect. Cervix was inaccessible. As neither the cervix nor the pedicle was visible, the pessary was cut at one place and freed after rotation. At this stage the cervix was felt high up and on rectal examination uterus could be felt. The growth was very foul smelling and had become blackish in colour. Inj. Anti gas gangrene serum 20,000 units was also given and no operative intervention undertaken. 20-3-77—pt. expelled a big

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mass, per vaginum. It was looking like dead tissue, 3" x 2", a part of it was sent for microscopical examination.

The microscopic appearance was that of mostly necrotic tissue with a few bits resembling adenomatous tissue. Vaginal examination after expulsion of polyp showed that cervix was downward and forward, uterus retroverted multiparous size. Fornices clear.

Speculum Examination:

Cervix was hypertrophied. Erosion over anterior lip present. No pedicle, no bleeding. Triple Sulpha cream was advised locally. Patient was discharged on 25-3-77.

Follow up examination on 25-4-77, 25-7-77, and 21-4-78 showed that patient had no complaints. She was having regular periods. examination did not reveal any abnormality.

Discussion

Cervical polypi are usually of small or moderate size. During the years from March 1976 to March 1978 in Kamla Raja Hospital, Gwalior, 38 polypi were diagnosed on histological examination. Of these only 5 had a diameter of more than 5 cm., 6 of these were myomatous, 28 were adenomatous and 4 were placental polypi.

About 80% of adenomatous polypi were found in women above the age of 30 years, only 1% were found below the age of 20 years.

Benign cervical polypi of such a large size have not been described previously. Jeffcoate (1967) mentions a case where the polyp appeared outside the vulva. Gun *et al* described a big cervical polyp 8 cm x 16 cm protruding outside vaginal introitus.

According to Novak and Woodruff (1967) the polypi are generally small, sometimes not over a few mm in diameter but may reach a diameter of several centimeters. The maximum size of the tumours described by Abell (1971) was 5 cm x 6 cm whereas the size of our tumour was nearly 20 cm x 15 cm.

Summary and Conclusion

A case of huge adenomatous polyp of cervix impacted by a pessary has been described. The relevant literature has been reviewed.

References

1. Abell, M. R.: Am. J. Obstet. & Gynec. 110: 980, 1971.
2. Jeffcoate, T. N. A.: Principles of Gynec. Butterworth, London 3rd Ed. 1967.
3. Gun *et al* J. Obstet. & Gynec. Indian 26, 466, 1976.
4. Novak, E. R. and Woodruff, J. D.: Gynaecologic & Obstet. Pathology Saunders, Philadelphia & London, 6th Ed. 1967.