ACANTHOSIS ULCERATION AND FIBROSIS OF CERVIX

(Case Report)

by

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Here is a case of Acanthosis ulceration of the cervix which is a very rare occurrance and paucity in the literature.

CASE REPORT

S. B. a 42 year old married Muslim woman came to out patient department of Barauni IOC Hospital, Begusarai on 1st Feb. 1979 for vaginal discharge since 10 years. For this complaint she was treated by Terramycin vaginal tablets Gynosan vaginal tablets Dianestrol vaginal ointment and Myxogen injection monthly intermittently. Except slight remission of quantity of discharge for short duration there was no relief.

Menstrual History: Menarche at the age of 14 years. Previous menstrual pattern was 3-4/30 days, regular painful with normal flow. Early menopause—since 3 years.

Obstetrical History: Para 6+ 1, all were full term normal deliveries, last abortion of 3 months gestation 4 years back.

On examination: Thinbuilt, average height, weight 35 kg. Pulse—72 ml. B.P. 110/70 mm of Hg.

Systemic examination did not reveal any abnormality.

Pelvic Examination: rterus atrophic, restricted mobility.

Cervix: Anterior lip of the cervix normal, posterior lip of the cervix hard, schirrosed and atrophic vaginitis.

Speculum Examination: Posterior lip of the cervix was ulcerated and flushed with vaginal vault, did not bleed on touch.

Provisional diagnosis: Carcinoma Cervix Stage II

Investigations: Routine investigations, within normal limits. Vaginal cytology was not possible due to lock of facility.

Cervical Biopsy taken on 2-2-79 was "Sections show moderate acanthosis ulceration and fihrosis. No neoplasia nor any inflammation seen".

Follow up: The patient was discharged on the same day after taking the tissue for biospy with oral antibiotic, vitamin and local application of triple sulpha cream. On 5th Feb. 79 she was again admitted in emargency for having profuse vaginal bleeding which on speculum examination was seen to be from the posterior fornix.

She was treated for the local infection by low vaginal douche and Streptopenicilin (0.5 gm)—1 vial I.M. daily for 7 days. After cure of the local infection she was discharged and advised for abdominal hystrectomy which was performed on 9-3-79.

There was no difficulty faced in total abdominal hystrectomy except slight oozing from left vaginal angle. Both tubes and ovaries were preserved. Recovery was uneventful.

Conclusion

Acanthosis ulceration and fibrosis of the cervix should be kept in mind in case of chronic vaginal discharge with unhealthy cervix in differential diagnosis of cancer cervix.

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