

AUTO AMPUTATIONS OF FIBROID POLYP

(A Case Report)

by

BEENA KUMARI SINHA

and

ASHA SINHA

Introduction

Among the gynaecological complaints of a woman in her forties, the most common is menstrual irregularities, abnormal vaginal discharge associated with some degree of prolapse, and genital malignancy.

The fundal fibroid polyp is stated to be the main cause of chronic inversion of the uterus. Polypectomy or abdominal hysterectomy is suggested as the treatment of uterine fibroid after 40 years of age. The literature is scanty on case report of autoamputation of fibroid polyp.

Report of a case with a big fibroid polyp hanging outside introitus, which under went auto amputation is given.

Case Report

A woman aged 40 years was admitted in a very low condition, with a large fleshy mass protruding out of vaginal introitus for the last 24 hours. This happened suddenly during the act of defaecation.

Her menstrual history was irregular for the last two years, with purulent blood stained discharge. She had 3 full term normal deliveries.

Pulse rate was 140, B.P. was 80/50 m.mg. Hg.

From: Dept. of Obst. & Gynec., B.M.C.H., Bhagalpur.

Accepted for publication on 31-7-87.

She was extremely pale.

She was sedated with 100 mg. of pethidine, 5% dextrose saline was started intravenously, sample of blood was sent for grouping and matching 600 cc of blood was urgently requisitioned and transfused. Two vials of ecorlin were pushed intravenously.

She was treated for shock. Pulse settled to 100/mt. with good volume. B.P. was 110/70 mm. mg.

On inspection of external genitalia a big bluish fleshy mass 6" x 5" in diameter was hanging out of the introitus (Picture I). A provisional diagnosis of fibroid polyp with or without inversion of uterus was made.

On second day of admission 300 cc of fresh blood was again transfused. The patient was examined under anaesthesia. While the patient was being transferred from the ward to O.T. we were surprised enough to see that the whole mass was lying on the trolley at a distance from vagina. It had lost its attachment with vagina (Picture II). The patient was transferred in O.T. under general anaesthesia, she was examined. On speculum examination, the cervix was found in its position and healthy. There was no trace of the pedicle outside external os. Bimanual pelvic examination revealed the uterus of normal size, anteverted with no adenexal mass. Vagina was swabbed thoroughly with antiseptics.

The patient was subjected to abdominal hysterectomy 10 days later. On cut section of the uterus, the place of pedicle was found on the fundus.

The histopathological examination of that necrotic mass revealed a fibromyoma.

See Figs. on Art Paper II