

OVARIAN ECTOPIA IN CERVIX UTERI—A CERVICAL MORBIDITY

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SUMMARY

In this report, one case of ovarian ectopia in the cervix uteri is described for the first time. The appearance of the cut surface and microscopic details of the morbid cervix are depicted. The aspects of clinicopathological and embryological significance are discussed.

Introduction

In the present case the ovary was ectopically placed, interestingly, in the cervix uteri which is highly susceptible to traumatic inflammation and ulceration.

Case Report

Mrs. K.N., aged 17 years, was admitted for off and on vaginal bleedings between her menstrual periods, and dyspareunia for about 6 months. On vaginal examination, the portio-vaginalis was observed to be blackish, roughened and scarred. A cervical biopsy was performed under anaesthesia and the patient was discharged and kept on conservative therapy in the follow-up.

On the fifth day following the biopsy she was readmitted for severe vaginal bleeding. On examination, her pulse was 120/mt, blood pressure 100/76 mm Hg and skin was cold and calm. She was kept on transfusion and taken to the operation theatre. The portio-vaginalis showed a bleeding ulcer of about one centimeter

on the anterior lip, corresponding to the site of the previous biopsy. The efforts on conservative management of the bleeding ulcer failed, and vaginal hysterectomy was performed as a life saving measure.

Histopathological Observations

Biopsy:

The sections showed that the biopsy comprised of normal ovarian tissues only. No cervical tissue could be made out in the material examined.

Hysterectomy specimen

Gross: The appearance of the bisected hysterectomy specimen is shown in figure (1). The cut surface of the cervix was observed to be marked by several whitish, yellowish and blackish scars comparable in gross appearance to the ovarian corpora albicantia, corpus luteum and haemorrhagic corpus luteum respectively.

Microscopic

Microscopically, most of the cervical bulk was found to be replaced by an -ovulating ectopic ovary. Figures 2, 2.1, 2.2, 2.3 and 2.4 show the outlines of the ectopic ovary in the cervix uteri.

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Accepted for publication on 23-12-85.

The portio-vaginalis comprised exclusively of the ectopic ovarian tissue without any trace of the host cervical tissue in this part. Further, it was interesting to observe that the ectocervical lining of the portio-vaginalis was denuded in its entire circumference leaving only a rim of

squamous epithelium along the line of attachment of the vaginal vault to the cervix (Figs. 2, 2.3 & 2.4). The base of the portio-vaginalis ulcer was lined by proliferating, luteinising granulosa cells and theca cells, confirmatory of a ruptured and inflamed corpus luteum (Fig. 2.4).

See Figs. on Art Paper I, II

See Figs. on Art Paper II