

## A Case of Pregnancy with a cervical growth - squamous papilloma with focal dysplasia.

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Mrs. C. K., 21 yrs., full term primi, was admitted in Vijaya Lakshmi Nursing Home on 10/05/1998 at 10.30 a.m. with labour pains and slightly excessive bleeding P/V. Her antenatal period was uneventful.

Patient was well built with no pallor or edema. Her pulse was 84/mt. B.P. 120/80 mm. Hg., CVS/Resp. sys. NAD. On P/A exam., Uterus full term, Vertex presentation, FHS+, Regular. On P/V exam. - bleeding present. Cervix not fully effaced, ext. os closed, ring like and there was fleshy, friable, vascular growth all round the os, bleeding profusely on touch. Tissue was taken from the cervical growth for biopsy.

**Investigations:** Hb 10.8 gm% Urine-Sugar & Alb. Nil, Bl. Group - B+ve. LSCS was done under S/A. and a full term, female child with Apgar 8 was delivered at 12.48 pm. on 10.05.1998.

Post. op. period was uneventful. Patient was healthy

when discharged, and was advised checkup after 6 weeks.

**Histopathology:** Cervical tissue showed proliferating squamous epithelial cells, producing papillary structures with fibrovascular cores. At places the epithelium showed severe dysplasia bordering on to insitu CA. changes. Appearance suggestive of squamous papilloma with multifocal areas of severe focal dysplasia. However the possibility of papillary squamous cell CA insitu cannot be excluded.

Six weeks after delivery, O/E. Cervical growth disappeared, leaving behind raw cervical lips. Four quadrant biopsy of cervix was taken.

Biopsy Report - features of chronic papillary cervicitis with focal areas exhibiting microglandular hyperplasia. There was no evidence of neoplasia in sections studied.

Her puerperal period was uneventful.