

Abnormal Presentation of a Cervical Fibroid

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A 46 years old, Para-2, menopausal patient presented in the gynaecology outdoor with complaint of something descending per vaginum for 4½ years with sudden increase in size, irreducibility and profuse serosanguinous discharge for the last 2 days following strenuous work.

The patient was semiconscious with cold clammy skin, severe pallor and dehydration. Pulse not palpable, BP not recordable, resp. rate 48/min. Vulval inspection showed a large (12" x 16"), cylindrical gangrenous mass, protruding through the introitus upto knee joint. It was firm in consistency, completely irreducible, ulcerated, oedematous, highly vascular and angry looking with foul smelling discharge. Ultrasound examination – both ovaries not visualised; Diagnosed as complete inversion of uterus.

Her general condition improved following I.V. fluids, dopamine, blood transfusion and antibiotics. After 45 days of dressing with Betadine lotion and glycerine the mass reduced by 50% in size. She underwent laparotomy under G.A. Uterus, tubes and ovaries not located; no constriction ring. After debulking the mass from below, the uterus (normal sized) with tubes and ovaries could be lifted into the abdomen. Diagnosis of "Prolapse uterus due to huge cervical fibroid" made and total abdominal hysterectomy with bilateral salpingo oophorectomy was done.

Post operative examination of mass – Cervical fibroid from anterior lip of cervix. Biopsy – Confirmed it to be leiomyoma.



Fig : Prolapsed uterus due to huge cervical fibroid