

Huge Cervical Fibroid – Unusual Presentation

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Mrs. Puro 35 yrs P1 (10 years back) came to the emergency department with a huge mass coming out of introitus, following a bout of cough about 3 hours back. It was associated with moderate bleeding P/V.

Patient was examined by some doctor in the periphery and referred as a case of inversion uterus.

She was admitted in SGTB hospital, Govt. Medical College, Amritsar. There was H/O cough for the last 5 days, no menstrual disturbance, M.C. 3/30, average flow. She had no symptoms of heaviness of perineum, no coital difficulty.

On arrival, she was pale, emaciated, had a pulse rate of 114/min, BP 110/70 mm of Hg, afebrile.

Abdomen was normal on palpation. Local examination showed a congested globular mass of 46cm in circumference lying outside the introitus (Fig 1). The



Fig. 1: Showing huge cervical fibroid lying outside introitus.

surface of the mass was bossed, raw, unhealthy. A rounded ulcer about 1" x 1" in diameter was seen on posterior surface with slight oozing (Fig. 2). Mass was irregular to feel, soft to firm at places. P/V examination was not possible without anaesthesia.



Fig. 2: Showing an ulcer 1" x 1" in diameter on posterior surface of huge cervical fibroid.

Investigations showed Hb 7.2gm%, BT 1.15, CT 4.10, urine C/E NAD, Blood urea 24mg%, serum creatinine 0.7mg%. U/S showed uterus lying at a low level in pelvis, normal in outline, ovaries normally seen. The mass showed multiple hypoechoic areas of varying sizes, largest 5cm in diameter with diagnosis of fibroid polyp.

Management

Immediately I/V line was maintained, haemaccel given. Blood transfusion started. Patient was shifted to operation theatre. Under ketamine spinal analgesia,

bladder was catheterised. Patient was carefully examined. Mass which was about 15cm in diameter was attached by a short pedicle about 1" in diameter to the posterior lip of the cervix. Cervical rim was felt clearly on anterior and lateral sides but not so clearly on posterior side. P/V examination showed normal R/V uterus, cervix lying at the level of introitus. P/R examination confirmed same findings.

Sounding of uterus was done. Uterus was of normal length. The huge mass was cut at the pedicle. Base of the pedicle was cauterised. Hemostasis ensured. Cut section of the mass showed one big fibroid about 6cm

in diameter with whorled appearance and cystic degeneration in the centre and 4 small fibroids on the periphery about 3 x 3cm in size. Total weight of the mass was 730gm. HPE showed leomyomatous polyp.

Post-operative period was uneventful. Patient was discharged on 4th post operative day.

This case is reported because of rarity of multiple fibroids presenting as a single mass arising from cervix of unknown duration with secondary infertility without any menstrual or coital problem and presenting acutely.