Case Reports

Large cervical fibroid mimicking an ovarian tumour

Susmita Sharma[1], **Nayana Pathak**[1], **S P S Goraya**[1], **Anita Singh**[1], **Praveen Mohan**[1]

Sri Lanka Journal of Obstetrics and Gynaecology 2011; **33**: 26-27

Abstract

Leiomyomas are the commonest uterine and pelvic tumours. The usual anatomical location is the body of the uterus. Cervical leiomyomas are uncommon and presentation as a huge abdominal mass is rare. We report a case of a 45-year old female who presented with abdominal distension and weight loss for one year. Abdominal examination revealed a huge mass of 40 week size pregnant uterus filling the whole abdomen with restricted mobility, non tender and solid consistency mimicking an ovarian tumour. On ultrasound this was a solid mass with a cystic component. There was a large cervical fibroid visualized on laparotomy which was successfully removed. Histopathological examination showed a cervical fibroid with hyaline and cystic degeneration. The patient had an uneventful postoperative recovery.

Introduction

Leiomyoma is the commonest of all uterine and pelvic tumors, with an incidence of almost 20% of women in the reproductive age group. Mostly they are situated in the body of the uterus but in 1% to 2% of cases, they are confined to cervix[1]. In the cervix they are usually in its supravaginal portion. A cervical leiomyoma is commonly single and is either interstitial or subserous. Rarely does it become sub mucous and polypoidal[1]. These tumors can present frequently with retention of urine, constipation, sensation of something coming down or foul smelling discharge per vaginum[2,3]. At times it can present only as an abdominal mass without any other symptoms and may mimick an ovarian tumour as in the present case.

Case report

A 45-year old multipara female presented with a history of gradual distension of abdomen and loss of weight over the past year. There was no history of loss of appetite and there was no menstrual disturbance. Bowel and bladder habits were normal.

She was para 2 with two living children and her last childbirth was 20 years back, both were delivered by lower segment caeserian sections. In her past history she underwent myomectomy 23 years back as a part of her treatment of infertility. Both her conceptions were subsequent to myomectomy.

Her general and physical examination was not significant. Abdominal examination revealed a huge mass of 40 week size (Figure 1) filling the whole abdomen with restricted mobility, non tender and solid consistency. There was no ascitis clinically. On speculum examination cervix was pushed high up and was visualized with great difficulty. Vaginal examination revealed a large mass filling the abdomen. On investigations her haemoglobin was 8.9 gm%. Peripheral blood film showed normocytic normochromic anemia. Renal and liver function tests were normal. Ca 125 was 9.1. Ultrasound and CT scan suggested large heterogenous abdominopelvic mass with ovaries not separately identified likely to be a malignant ovarian tumour with associated left ovarian vein thrombosis and right hydrouretreo-nephrosis.

Exploratory laparatomy under general anaesthesia revealed a large cervical fibroid 30x26x22 cm attached to the lateral wall of the cervix. The uterus was normal in size sitting on top and both ovaries were normal (Figure 2). Total abdominal hysterectomy with bilateral salpingo-oopherectomy was performed. Left ureter was injured during separation and left uretero-ureteric anastomosis was done with a stent. As patient had a very lax abdomen, abdominoplasty was also done (Figure 3). The entire specimen weighed 10 kg. Patient was transfused four units of blood. Her post operative recovery was uneventful and was discharged by day 15. Histopathological report confirmed a cervical fibroid with cystic and hyaline degeneration.

[1] *Gian Sagar Medical College, Ramnagar, Banur, Punjab, India.*

Corespondence: Susmita Sharma

E-mail: sushmitasharma28@gmail.com

Figure 1. **Huge abdominal swelling corresponding to mass of 40 week size.**

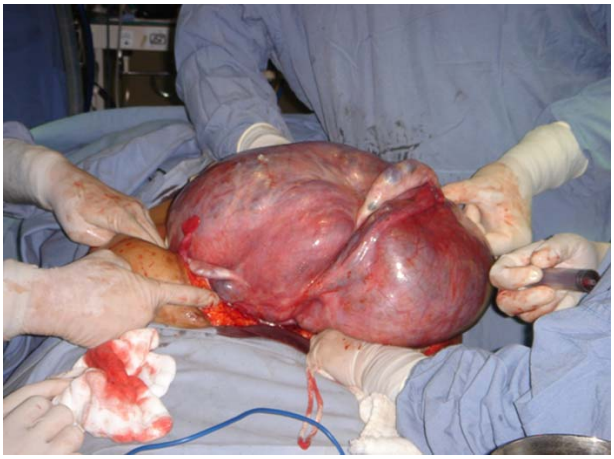

Figure 2. **Uterus was seen normal size sitting on top and both ovaries were normal.**

Figure 3. **Abdominoplasty staples.**

Discussion

Cervical fibroids constitute only 1-2% of all fibroids and this kind of massive cervical fibroid is even rarer. Mostly they are situated in the supravaginal portion of the cervix. Cervical fibroids are similar to those fibroids found in other parts of the body of the uterus. In our case the cervical fibroid clinically mimicked ovarian tumour as patient had no pressure symptoms, urinary or bowel complaints. She had distension of abdomen and loss of weight.

Large cervical fibroids pose a surgical difficulty due to their distorted anatomy and close relationship to ureter and bladder[4]. There was a ureteric injury during surgery in our patient. Large abdominal mass on examination and the CT findings of ovarian vein thrombosis with solid and cystic areas made us think of an ovarian mass but this turned out to be a rare manifestation of fibroids. This also exemplifies that though the new diagnostic modalities like ultrasound and CT scan have improved the accuracy of pre operative diagnosis, the final diagnosis can only be made at laparotomy.

References

1. Bhatla N. Tumours of the corpus uteri. In: Jeff Coates Principles of Gynaecology, 5th ed. London, Arnold Publisher. 2001; 470.
2. Dutta DC. Benign lesions of the uterus. In: Textbook of Gynaecology Including Contraception, 3th ed. India, New Central Book Agency (P) Ltd. 2004; 264.
3. Suneja A, Taneja A, Guleria K, Yadav P, Agarwal N. Incarcerated procidentia due to cervical fibroid: an unusual presentation. *Aust NZJ Obstet Gynaecol* 2003; **43**: 252-3.
4 Kaur AP, Saini AS, Kaur D, Madhulika, Dhillon SPS. Huge cervical fibroid: an unusual presentation. *The Journal of Obstetrics and Gynaecology of India* 2002; **52**: 164-5.