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CASE REPORT **OPEN ACCESS**

Pseudo Cervical Fibriod: A Case Report

Dr. Rita[1], Dr.Varshasai Sruthi[2]*

[1]Prof and HOD, Department of Obstetrics and Gynaecology, Navodaya Medical College Hospital and Research Centre, Mantralayam Rd, Navodaya Nagar, Raichur, Karnataka 584103, India
[2]Junior Resident, Department of Obstetrics and Gynaecology, Navodaya Medical College Hospital and Research Centre, Mantralayam Rd, Navodaya Nagar, Raichur, Karnataka 584103, India

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***Corresponding Author**
Dr.Varshasai Sruthi

Junior Resident, Department of Obstetrics and Gynaecology, Navodaya Medical College Hospital and Research Centre, Mantralayam Rd, Navodaya Nagar, Raichur, Karnataka 584103, India

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A B S T R A C T

Background: Uterine leiomyomas are common benign tumors of the female reproductive system, but cervical fibroids are rare, accounting for 1–2% of all cases. This case report highlights a diagnostic challenge where a large exophytic intramural fibroid mimicked a cervical fibroid, termed as "pseudo cervical fibroid." ***Methods:*** A 50-year-old woman presented with a two-year history of white vaginal discharge without menstrual or pressure symptoms. Clinical examination revealed a suprapubic mass, assessed as a cervical fibroid. Investigations, including ultrasonography and MRI, identified multiple fibroids, with the largest (9×8×3 cm) located in the cervix. A total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed, and the specimen was analyzedhistopathologically. ***Results:*** Intraoperative findings included a bulky, vascular uterus with multiple fibroids and a large cervical fibroid, displaying the "lantern on dome of St. Paul's cathedral" appearance. Histopathology revealed chronic cervicitis and confirmed the diagnosis of pseudo cervical fibroid. The surgical procedure was completed successfully without bladder or ureteric injury. ***Conclusion:*** Pseudo cervical fibroids pose a diagnostic and surgical challenge due to their atypical presentation and close proximity to vital pelvic structures. Comprehensive preoperative evaluation and surgical expertise are crucial for successful management. This case underscores the importance of distinguishing pseudo cervical fibroids from true cervical fibroids to guide treatment strategies effectively.

Keywords: Pseudo Cervical Fibroid, Uterine Leiomyoma, Hysterectomy, Chronic Cervicitis.

INTRODUCTION

Uterine leiomyomas are most common benign tumors of femalereproductive system. Leiomyomas are benign smooth muscle neoplasms that typically originate from myometrium they are often uterine myomas and they are colloguially called fibroids. Grossly leiomyomas are round, rubbery tumors that when bisected display a whorled pattern arising from the myometrium, There incidence among women is generally cited as **20 -25%**but, is as high as **70 -80%** in studies using histologic or sonographic examination. They develop most commonly in the uterine corpus and less commonly in the **cervix accounting for 1 to 2% of all fibroids**, cervical leiomyoma is mostly single and are sub serous or interstial in origin anddepending upon position it may be anterior, posterior, lateral or central which disturb pelvic anatomy, specially ureter.

Case Report

A50 years old female ofPara2 Living 2 Abortion1 presented to OBG out patient and admitted on 25 October 2023 with the complaints ofwhite dischargeper vaginumsince 2 years, she had no menstrual complaints and pressure symptoms. General physical examination and systemic examination was uneventfull.

Abdominalinspectiondone, 16 to 18 weeks sizesuprapubic bulge seen, no other findings, all quadrants moves equally with respiration. On Palpationmass of 16 to 18weeks size felt in suprapubicregion with smooth surface, firm in

consistency, well defined margins, non tender and mobility present from side to side,lower border couldn't be madeout. On percussion tympanic note felt. Per speculum examination donecervix is healthy,growth is seenarising from the cavity through os. On Bimanual examination uterus size corresponds to 16 to 18 weeks size and growthfelt through internal osarising from posteriorcervixwhich is firm to hard in consistency, os was opened, uterus not felt separately from mass.

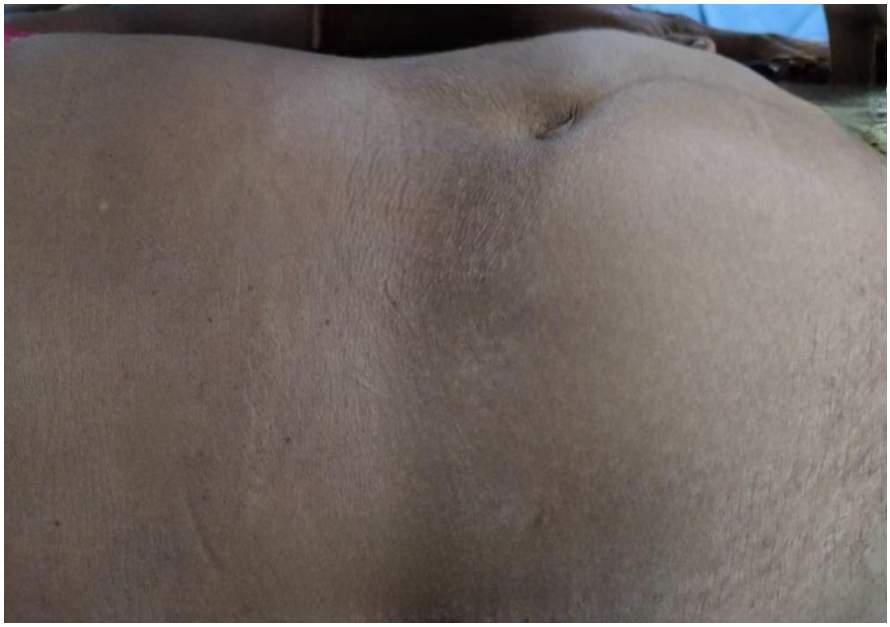

Fig A:Mass per abdomen felt in suprapubic region 16-18wks with smooth surface

INVESTIGATIONS
Haemoglobin- 10.6g/dl
Blood group and rh typing - o positive
Pap smear –Negative for intraepithelial lesion or malignancy with inflammatory smear
Liver functional test, renal functional test, coagulation profile, Thyroid profile, serology, X ray and2D echowerenormal.

Ultrasonography findings: Bulky uterus measuring (10.0x7.2x5.3cms) multiple hypoechoic lesions from anterior myometrium and fundal region, largest8.6 x 7.7 cm in posterior lower myometrium.

MRI findings: Uterus measures **12.3x9.6x7.1cms** with endometrial thickness 6mm

Large exophytic T1 and T2 hypointense lesion measuring **~7.0x7.1x7.6** (CCXAPXTR) is seenalong the right lateral lower myometrial wall and cervix.This lesion shows mass effect posterior wall of bladder anteriorly and rectum posteriorly.
-S/o Exophytic intramural fibroid (Grade V FIGO)

T1 and T2 hypointense lesion measuring ~ 4.3x2.4x 4.2cms (CCXAPXTR) at the anteriormyometrial wall with internal cystic degeneration, another similar lesion measuring2.3x2.1cms is seen at anterior myometrial wall (Grade IV FIGO)
Two similar lesion measuring ~3.5x3.4 cms and ~2.5X2.1 cms are seen at posteriormyometrial wall abutting the endometrial stripe
-S/o Intramural fibroids. (Grade 111FIGO)
Small lesion measuring 7.0x7.0mm is seen in the submucosal region of the posterior
uterine wall indenting endometrial stripe,
-s/o Submucosal fibroid (Grade I FIGO).

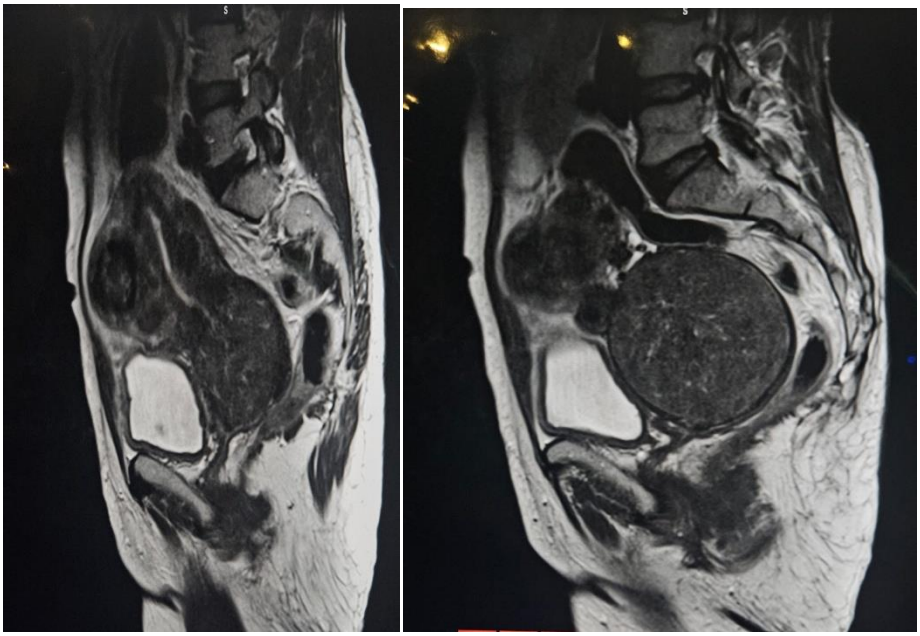

Fig B: MRI Showing Large exophytic intramural fibroid7.0 x7.1 x 7.6cms is seen in right lateral lower myometrial wall and cervix andmultiple fibroids in the uterus

MANAGEMENT

The patient has diagnosed as multiple fibroids, after taking consent from patientanesthesia fitnessdone and underwent total abdominal hysterectomywith bilateral salphingo ovariotomy. After opening abdomen intraoperatively uterus is bulky, highly vascular with multiple small fibroids noted which are six in number each measuring (6 x 5) (4 x 3) (2x2) (2x1)(1x1)(1x1)cm, Large fibroid of size (9x8x3cms) noted at the cervix filling whole in the pelvic cavitygiving appearance of typical "**lantern on dome of st.paul'scathedral** appearance and Cystic lesions noted in the bilateralovaries.

Specimen sent for histopathological examination alongwith cervixand histopathology findings revealed as chronic cervicitis.

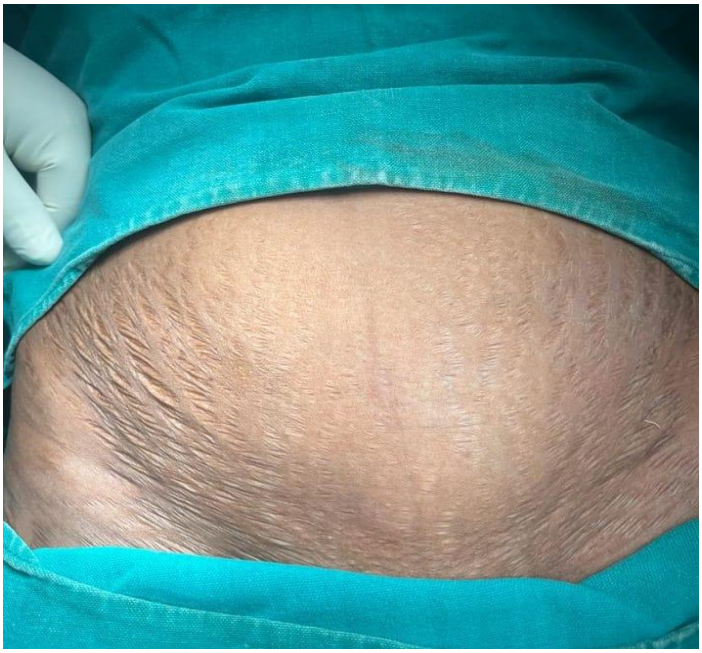

Fig C: Preoperative image of massin suprapubic region

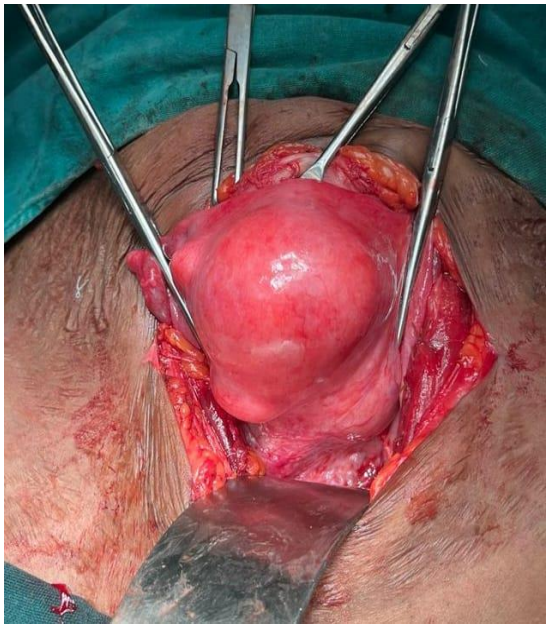

Fig D: Bulky uterus with Multiple fibroids noted intraoperatively

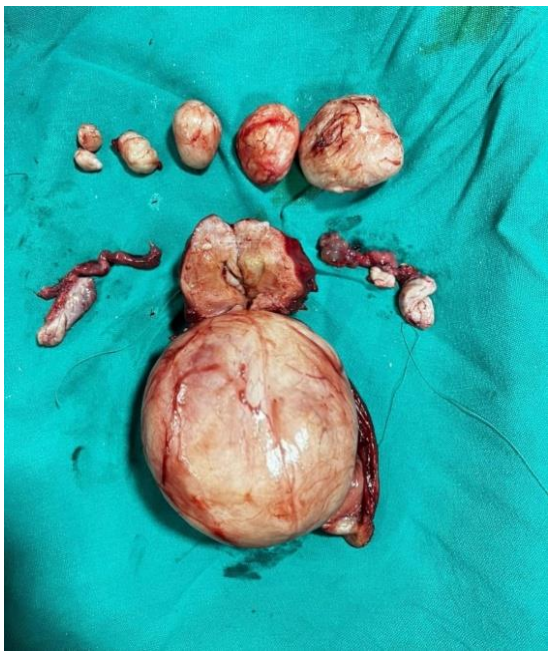

Fig E: Gross image of uterus with large fibroid resembling aslantern on dome of st.paul'scathedral appearance

DISCUSSION

Leiomyomas are the common benign, monoclonal tumors of smooth muscle cells of the myometrium and most common indication for hysterectomy. The incidence ranges from **20- 25%**. In this case, multiple fibroids are noted on MRI guided by figo staging and scoring system. Largeexophytic intramural fibroid misguiding as cervical fibroid accounts for **1 to 2%** of all fibroids and are rare.

Cervical fibroids are classified as true and false. True cervical fibroids are further subdivided into anterior, posterior, lateral, central and multiple. False cervical fibroids are classified into intra-ligamentary, retroperitoneal, non-capsulated. Central tumor expands the cervix equally in all directions and the uterus is elevated on top of the large tumor.Management in cervical fibroid is hysterectomy.Theygives rise to greater surgical difficulty due toclose proximity to bladder and ureterand hysterectomy was done successfullywithoutany injury to bladder and ureter.

CONCLUSION

Here is a case of multiplefibroidswithout any menstrual abnormalities like menorrhagia andpressuresymptoms like urinary retention,constipationwhich are commonly seen in case offibroids. On clinical examination it was assessed as

cervical fibroid and intraoperatively, typical appearance of 'lantern on st'paulscathederal appearance' was noted, which on histopathological examination came to be as chronic cervicitis. Here the diagnostic challenge possessed by largeexophytic intramural fibroid misguiding as cervical fibroid which is rare entity and there after diagnosed as pseudo cervical fibroid.

An extensive preoperative workup, exclusion of adnexal diseaseare to be considered and surgical expertise is required to handle such cases intraoperatively.

REFERENCES

- Jeffcoates principles of gynaecology, 8th edition.
- Roy, P., Biswas, B., Thomas, S., Chatterjee, A., & Jose, R. (2014). Pseudo central cervical fibroid in a nulliparous girl: a case report. *Journal of Evolution of Medical and Dental Sciences*, *3*(39), 9889-9892. DOI: 10.14260/jemds/2014/3280
- Gupta, M., & Singh, P. (2021). A Case Series of Fibroids with Atypical Clinical Presentation: A Diagnostic Dilemma. *Journal of South Asian Federation of Obstetrics and Gynaecology*, *12*(3), 184-187.
- Katke, R. J., Thakre, M., & Acharya, S. (2017). Cervical fibroids with its management and review of literature: an original article. *Southeast Asian J Case Report Rev*, *6*(1), 5-9.
- Mendiratta, S., Dash, S., Mittal, R., Dath, S., Sharma, M., & Sahai, R. N. (2017). Cervical fibroid: an uncommon presentation. *Int J Reprod Contracept ObstetGynecol*, *6*(9), 4161-4163.