

Cervical Fibroid Mimicking Prolapse

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Leiomyoma is the commonest of all pelvic tumors, being present in 20 per cent of women in the reproductive age group. Most leiomyomas are situated in the body of the uterus but in 1 to 2 percent of cases, they are confined to cervix and usually to 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 with frequency or retention of urine, constipation, sensation of something coming down or foul smelling discharge per vaginum (2).

Although, Incarcerated procidentia due to cervical fibroid have been reported (3,4). Here is a case report of cervical fibroid mimicking prolapse.

A 30 year old, para1, presented with history of some mass coming out of introitus since 1 year, metrorrhagia since 7 months. Past menstrual history revealed normal regular cycles. In obstetric history, she had first LSCS at term for cervical dystocia with second degree cervical prolapse delivering healthy female baby of 2.5 kg. The patient general and systemic examination was within normal limits. After examination by a junior resident, she was diagnosed as a case of third degree uterocervical prolapse with cystocele with decubitus ulcer (*Fig 1*). Considering young age with family not yet completed, Manchester operation was planned. On the day of operation, the lady was reexamined under anesthesia by senior consultant. Very surprisingly, there was a cervical fibroid of 5x5 cm from anterior lip partly obstructing the external os (*Fig 2*). Vaginal myomectomy was performed followed by abdominal sling operation. Her postoperative period was uneventful. Thus in case of genital prolapse / cervical fibroid, it is essential to have thorough preoperative evaluation so as to have rational approach for management.

References

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Fig1. Shows Cervical Fibroid Mimicking Prolapse



Fig2. Shows Cervical Fibroid From Anterior Lip

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