

Huge Fibroid Polyp with Pregnancy-A Rare Case Report

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Abstract: Most of the leiomyomas are situated in the body of the uterus, but in 1-2% of the cases, they are confined to cervix and usually to the supravaginal portion. A cervical leiomyoma is commonly single and is either interstitial or subserous. Rarely it becomes submucous and polypoidal. Complications from uterine myomas in pregnancy could occur antenally, intrapartum or in the puerperium. We present a case of multiparous lady who presented with huge fibroid polyp in second trimester of pregnancy with retention of urine was managed by polypectomy. She continued her pregnancy till term and had a vaginal delivery with moderate degree of postpartum hemorrhage.

Keywords: Leiomyoma, fibroid polyp, polypectomy, vaginal delivery

1. Introduction

Leiomyomas are the most common tumours of the uterus. The tumour thrives during the period of greatest ovarian activity. Continuous oestrogen secretion especially when uninterrupted by pregnancy and lactation is thought to be the most important risk factor in development of myomata.[1] Myomas are detected in about 2% of pregnancies and one of ten pregnant women with myomas may manifest with complications referable to myomas during pregnancy, delivery and the puerperium. Such complications include necrobiosis with pains, abortions, preterm premature rupture of the membranes, preterm deliveries, abnormal lies and presentations, increased caesarean delivery rates, postpartum haemorrhage and endomyometritis[2]

2. Case Report

A 35 years old G2P1 with 7 months amenorrhoea presented to the labour room of our department with chief complains of mass protruding through the genitalia for one month which gradually increased in size, heaviness in the lower abdomen for 15 days and retention of urine for 24 hours. Her menstrual cycles were normal and she had one vaginal delivery 4 years back. On examination she had mild pallor, pulse 100/min, blood pressure 130/80 mm of Hg. On abdominal examination her uterus was 28 weeks with a suprapubic bulge (full bladder). On inspection of vulva there was a huge mass of size 12*12 centimeter protruding through the os, with rim of cervix stretched all around the stalk of the polyp [Figure 1]. Bladder catheterisation was done with indwelling catheter to treat retention of urine. Ultrasound showed a fetus of 29 weeks gestation with adequate liquor and grade 2 placenta. After giving antibiotic course polypectomy was done by clamping the thick stalk arising from the endocervical canal [Figure 2]. The cervix was found overstretched and hanging after polypectomy but the internal os was closed [Figure 3]. The patient was discharged on third day. Histopathological report showed the mass to be an inflammatory polyp. Rest of her antenatal period was uneventful and she delivered a 3500 grams female baby at 38 weeks and had moderate postpartum hemorrhage

which was managed by oxytocics. Her puerperium was uneventful.



Figure 1: Huge fibroid polyp with cervix all around the mass



Figure 2: Polypectomy of huge polyp



Figure 3: Overhanging cervix after polypectomy

3. Discussion

Uterine myoma is the most common indication of hysterectomy. Presence of isolated fibromyoma in cervix with intact uterus is in frequent. Cervical fibroids with excessive growth are uncommon. Cervical fibroids generally don't affect women's ability to become pregnant though cervical fibroid with pregnancy is rare. These fibroids grossly and histopathologically identical to those found in the corpus. Fibroids with excessive growth may cause pressure symptoms. Treatment of cervical fibroid is either hysterectomy or myomectomy [3]. They may give rise to greater surgical difficulty by virtue of relative inaccessibility and close proximity to bladder and ureter [4]. But difficulty may be avoided by vaginal myomectomy, as tumour is inside cervical canal. Myomectomy can be performed by vaginal route in selected cases with low morbidity and a good short term success rate. It requires no skin incision and can be performed on the patients with submucous fibroids.

References

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