



Case 4:

A 52 years old, P4L4, postmenopausal woman with complaints of something coming out of vagina since 1 year. Per speculum examination: 6*4 cm mass coming out of the cervix with uterine sound could be passed around the mass. Bimanual examination: per speculum findings confirmed. Mass was fragile, bled on touch. Uterus could not be felt separately.

Intraoperative: total abdominal hysterectomy with bilateral salpingo opherectomy done.



2. Discussion

Uterine myoma is the most common benign indication of hysterectomy. There are rare cases of isolated fibromyoma in cervix with intact uterus. Cervical fibroids with excessive growth are uncommon. Such fibroids generally don't affect women's ability to become pregnant though these found with pregnancy are rare. These fibroids are 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 ³They may give rise to greater surgical difficulty by virtue of relative inaccessibility and close proximity to bladder and ureters ¹.

3. Conclusion

Cervical fibroids give rise to greater surgical difficulty by virtue of their relative inaccessibility and close proximity to the bladder and ureters. Hence expertise surgeons are required to attempt such cases.

4. Results

No significant factors were found. A tentative reasoning could be the oestrogen spurt that is seen in perimenopausal female. Though the histopathological results were insignificant, still sacromatous changes are a constant threat.

5. Summary

Case No	Menstrual Pattern	Complaints	Size Of Tumour	Surgery
1	Postmenopausal	Postmenopausal PV bleeding, pressure symptoms	8*8*6 cm	TAH with BSO
2	Postmenopausal	Something coming out of vagina, intermittent PV spotting	4 *3 cm	TAH with BSO
3	menstruating	polymenorrhagia	10* 8* 6 cm	TAH
4	postmenopausal	Something coming out of vagina	6 *4 cm	TAH with BSO

References

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