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AN UNEXPECTED CASE OF CERVICAL ENDOMETRIOSIS

Objective:

Endometriosis is a chronic and long-term condition that can affect women physically, sexually, psychologically and have a major social impact on their lives. Often their symptoms are vague, and the focus of the patient's main complaint may not make the non-Gynaecologist immediately look at endometriosis as the cause of their symptoms. In this case even the Gynaecologists did not expect the patient's signs and symptoms to lead to a diagnosis of cervical endometriosis.

Case report:

A 28-year-old lady presented to the gynaecology outpatients' clinic with constant, heavy menstrual bleeding for 5 months, cramp-like pelvic pain, lethargy and symptomatic anaemia. She was para 1 and her smears were up to date and normal.

Abdominal examination was unremarkable. Vaginal examination revealed a 4 cm mass with smooth surface, bleeding with a deep dark red colour that appeared either to be a fibroid or an inverted uterus.

An ultrasound performed on the day of review showed several cystic structures within the cervical region, with the largest measuring 21 x 14 mm.

Both ovaries appeared normal. The sonographer thought that this may be a? haemolytic Nabothian cyst in the cervix. The patient was acutely admitted and operated on later that evening.

In the operating room the examination confirmed a 4 x 3 cm structure protruding through a 4 cm dilated cervix. Hysteroscopy showed that the cervical canal was entirely encroached by this smooth walled structure. Both ostia were visualised, and the endometrium appeared normal.

It was assumed that this was a fibroid polyp and an attempt was made with tissue forceps to grasp the structure. It was at this time that it ruptured revealing that it was in fact a "chocolate" cyst. The hysteroscope was passed through it to confirm its depth, localisation and character. Haemostatic circumferential sutures were applied to the cyst edge and diathermy administered to the bleeding edges.

Samples were sent for histology. The patient made a good recovery post operatively and was discharged home the following day.

The histology came back confirming our clinical suspicions of a cervical endometriotic cyst.

Discussion:

In a young woman of reproductive age presenting with a mass the differential of endometriosis must always be considered.

Conclusions:

Endometriosis continues to be a complex and multifactorial disease. As more endometriosis centres develop and the volume of data collected grows we shall have more to research and should improve our practices and guidelines.