

CERVICAL CHANGES IN PREGNANCY: ECTROPION , CANCER OR.....?

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Objective:

To discuss unusual appearances of the cervix in pregnancy

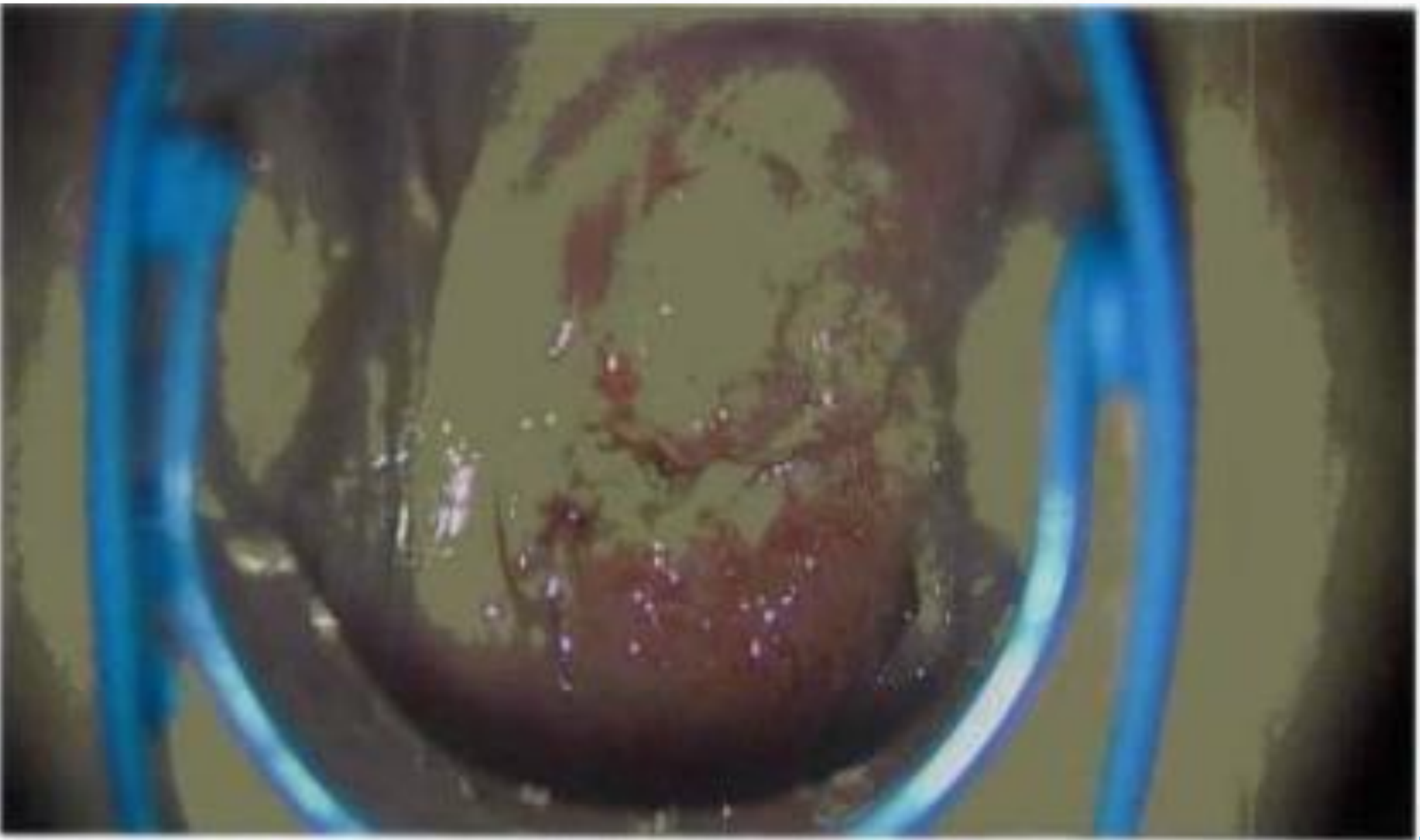
Case report:

37 year old P4 smoker with last smear a year prior (normal). She presented at 36 weeks pregnancy with urosepsis. Speculum examination: anterior cervix showed 7cm fungating mass with ulceration with no involvement of the vagina (1st biopsy). Colposcopy was undertaken by a Gynae-oncologist with the impression of likely Stage 2a cervical cancer (2nd biopsy). She underwent an emergency caesarean section in preparation for treatment of suspected cervical cancer. Histology of the 2 biopsies showed “inflammatory necrotic debris with sheets of neutrophils with no viable tissue or identifiable tumours seen”.

MRI (pelvis) showed no definite cervical tumour. A right common iliac lymph node was seen (8mm) but likely to be reactive from recent caesarean section.

A repeat colposcopy 2 weeks later which showed acetowhite changes with mosaicism which again looked concerning for cancer. 2 loop biopsies were taken, histology showed “extensive mucosal ulceration and acutely inflamed granulation tissue. Where present, the mucosal shows squamous metaplasia and reactive cytological atypia but no definite evidence of CIN with negative p16 testing. The submucosal tissues show florid necrotising granulomatous/lymphocytic vasculitis of medium-sized blood vessels with fibrinoid necrosis. There is associated geographic necrosis surrounded by palisaded histiocytes and a dense lymphoplasmacytic cell infiltrate with scattered large activated lymphoid cells, eosinophils and a occasional multinucleate giant cell”. Further testing for acid-fast bacilli, fungal infection also came back negative. An autoimmune screen for vasculitis came back negative.

The patient has since been discharged back to NHS cervical screening programme.



Discussion:

Idiopathic granulomatous inflammation of the cervix is rarely observed during histological examinations. Its prevalence is 1.1% (10 year retrospective study involving 1090 cervical specimens). It can present as a non-specific finding on histology, or as a granuloma which usually presents as a well-defined mass of which there are 2 broad categories (foreign-body giant cell granulomas and immune granuloma). Published cases of cervical granulomas (22 cases) show that patients are mostly asymptomatic. Histological examinations showed features which included necrosis, focal haemorrhage and severe dysplasia. Follow-up of these cases range from no follow-up to follow up till 45 months but all patients remained well.

Conclusion:

Once malignancy using histopathological examination has been ruled out, conservative management is a viable approach. Caution towards a surgical approach should be exercised as idiopathic cervical granulomatous inflammation can recede without any intervention (surgery or antibiotics).

References:

1. Almoujahed MO, Briski LE, Prysak M, Johnson LB, Khatib R (2002) Uterine granulomas: Clinical and pathologic features. Am J Clin Pathol 117: 771-775.
2. Yoriki K, Mori T, Matsushima H, Yamamoto T, Kokabu T, et al. (2019) Idiopathic Granulomatous Inflammation Presenting as a Malignant Tumor-like Mass in the Uterine Cervix: A Case Report. Gynecol Obstet Case Rep Vol 5:76. doi: 10.21767/2471-8165.100076