

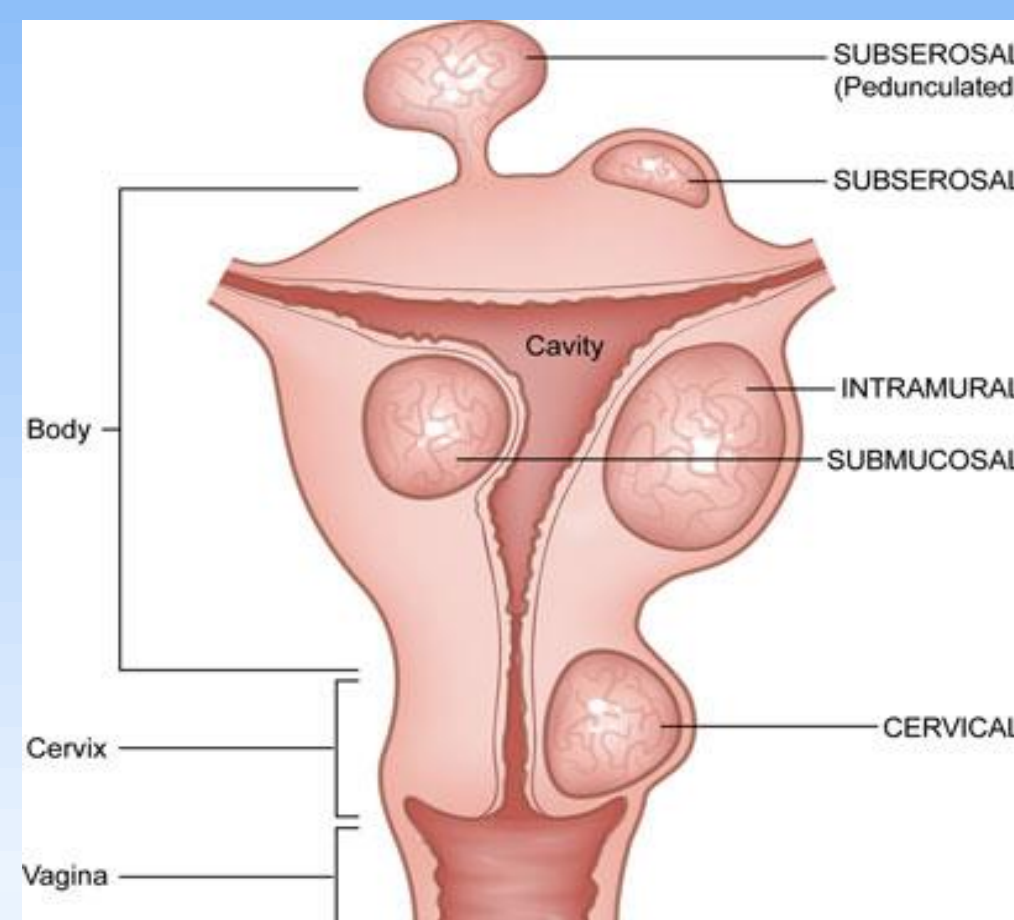
Surgical Challenges in the Management of Huge Cervical Fibroid-A Case Report

Dr. Rimpi Datta, MRCOG, MD Obstetrics and Gynecology
Mediclinic Al Noor Hospital, Abu Dhabi, UAE

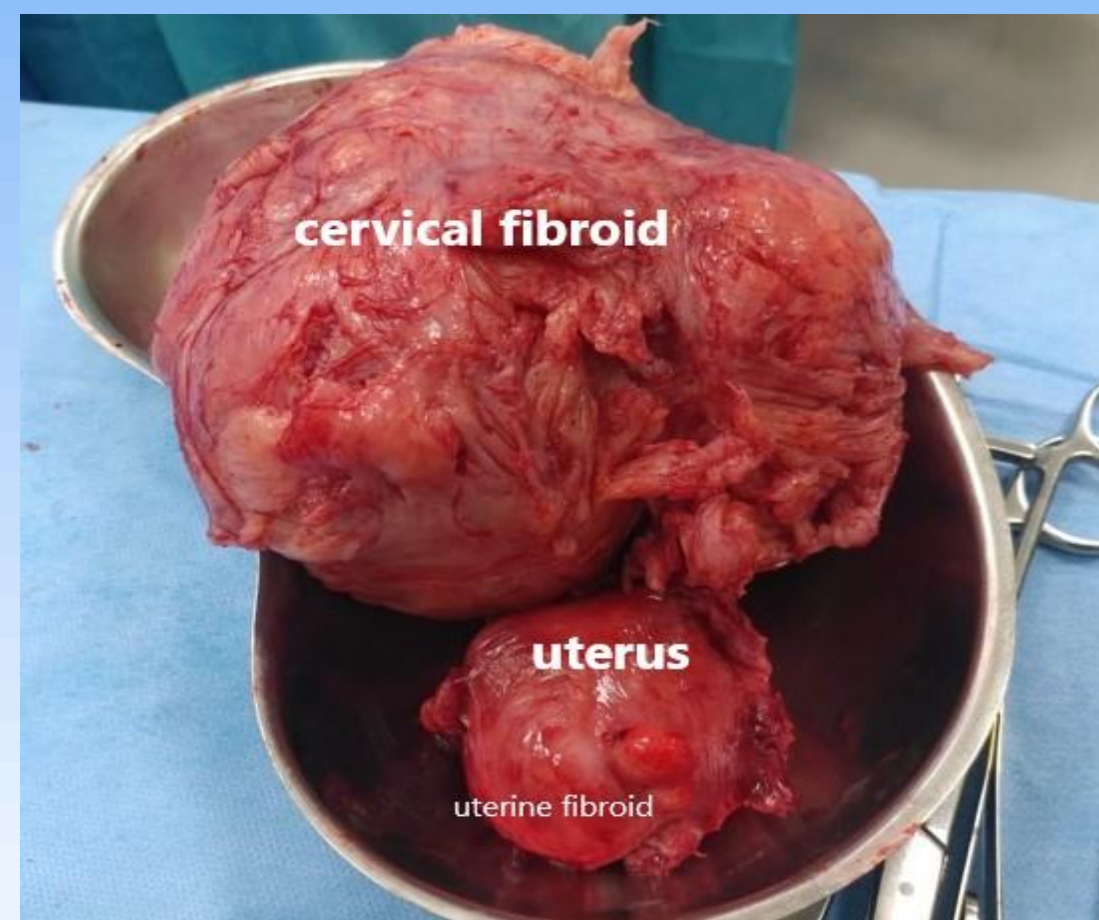
Background :

Uterine fibroids , also known as leiomyomas are benign smooth muscle tumours of the uterus. The incidence of these tumors are around 20-25%.¹ Most of the fibroids are limited to the body of the uterus but only 1-2% arises from the cervix. Cervical fibroids pose enormous surgical difficulty by virtue of their relative inaccessibility and proximity to bladder anteriorly , rectum posteriorly and ureters .laterally. ²

We report a case of a huge cervical fibroid and the challenges faced during the surgical removal of it.



UNC Medical illustrations and photography³



Objectives :

- The purpose is to discuss the challenges during the surgery with an optimum management and minimal morbidity.
- To anticipate the difficulties based on imaging studies and take necessary measures from the start of surgery.
- To optimize patient care and improve positive outcome.

Method: A case report with literature review

Case Report :

A 35-year-old single nulliparous female presented to the emergency department with severe dysmenorrhoea and was referred to gynecology clinic. She reports recent worsening of her dysmenorrhoea since the last 3 months and persistence of mild lower abdominal pain throughout the month. She has regular menstrual cycles with moderate flow and manageable dysmenorrhoea in the past. Patient also noted bloating with some hard swelling in her abdomen since on the last 2 months. A large abdominal mass ,up to the level of above umbilicus, of around 30 weeks gravid uterus size, arising from the pelvis was noted. It was firm to hard in consistency, mild tender and with restrictive mobility due to its huge size. The margin of the mass were well defined. On vaginal examination cervix appeared effaced due to the mass and was pulled upwards. Uterus could not be felt separately.

Ultrasound followed by MRI pelvis with contrast confirmed the diagnosis of huge cervical fibroid of 19 x 14 x 15 cm. The cervix was elevated due to the huge lesion and only the upper fundal part of the uterus was seen. The urinary bladder was noted to be compressed by the lesion, but no obvious infiltration was observed. There were no sign of pelvic lymphadenopathy. Two similar small focal lesions were seen on the superior and anterior aspect of the uterus of 3 cm x 2 cm and 1.2 x 0.8 cm also suggestive of fibroids. Both ovaries appeared in normal in shape and size with tiny follicular cysts.

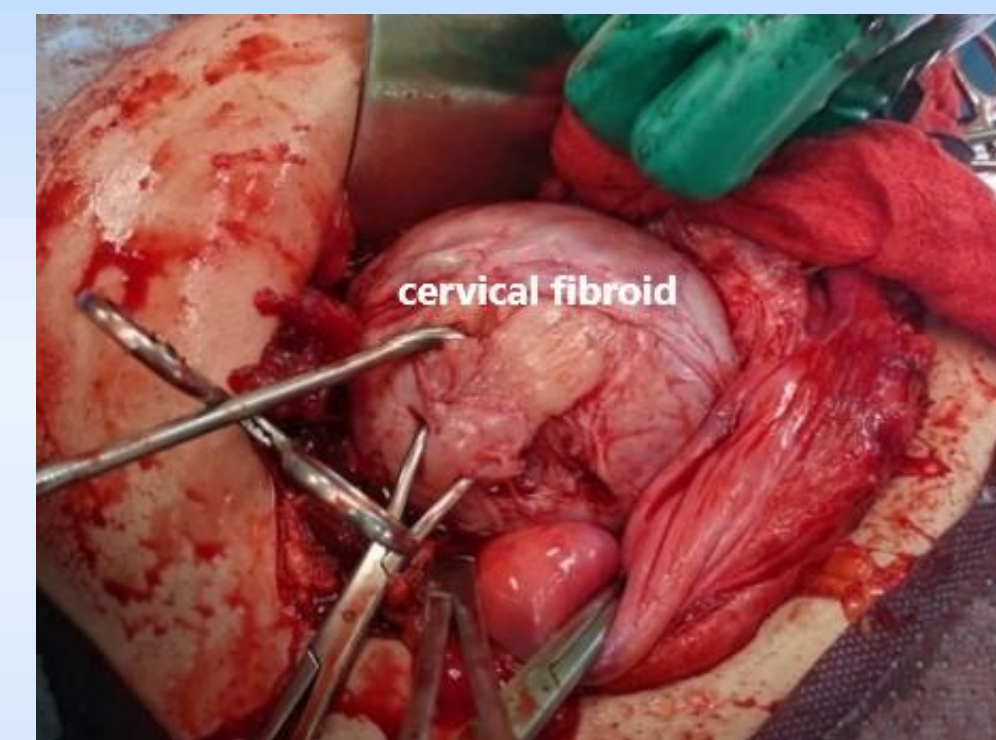
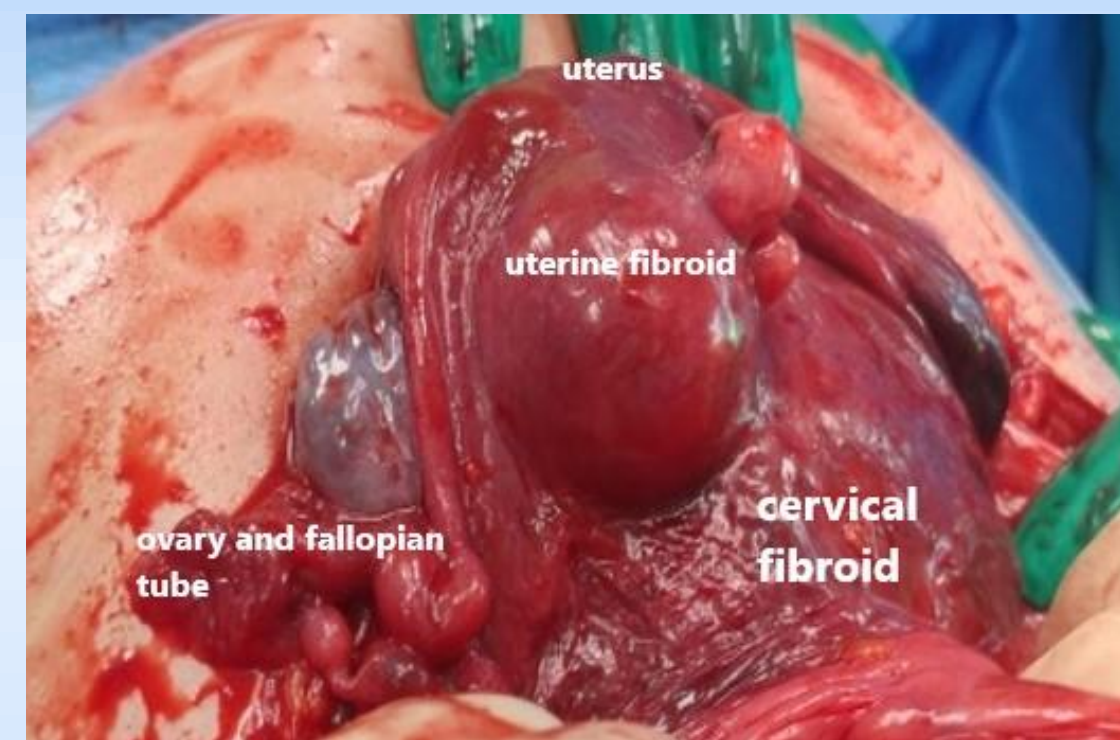
Decision of abdominal hysterectomy with sparing of the bilateral ovaries was taken in view of the size of size and location of the fibroid and patient's lack of desire for future fertility.

Operative Note :

Low transverse incision was taken considering the better healing and reduced post-operative pain and morbidity. This posed a challenge during the surgery due to the fibroid's irregular shape, location in cervix ,lateral extension and large size

On opening the abdomen, the uterus appeared to be of normal size sitting on the huge cervical fibroid. A stepped approach was taken, and the uterus was first removed supracervically above the mass after bilateral clamping and cutting of the round ligament and the uterine vessels. Bilateral ovaries and fallopian tubes were normal and spared. The cervical fibroid was of 20x19x15cm in extended equally on all sides .The main challenge is to find the right plane of dissection for enucleation and to stay medial to avoid any ureteric injury.

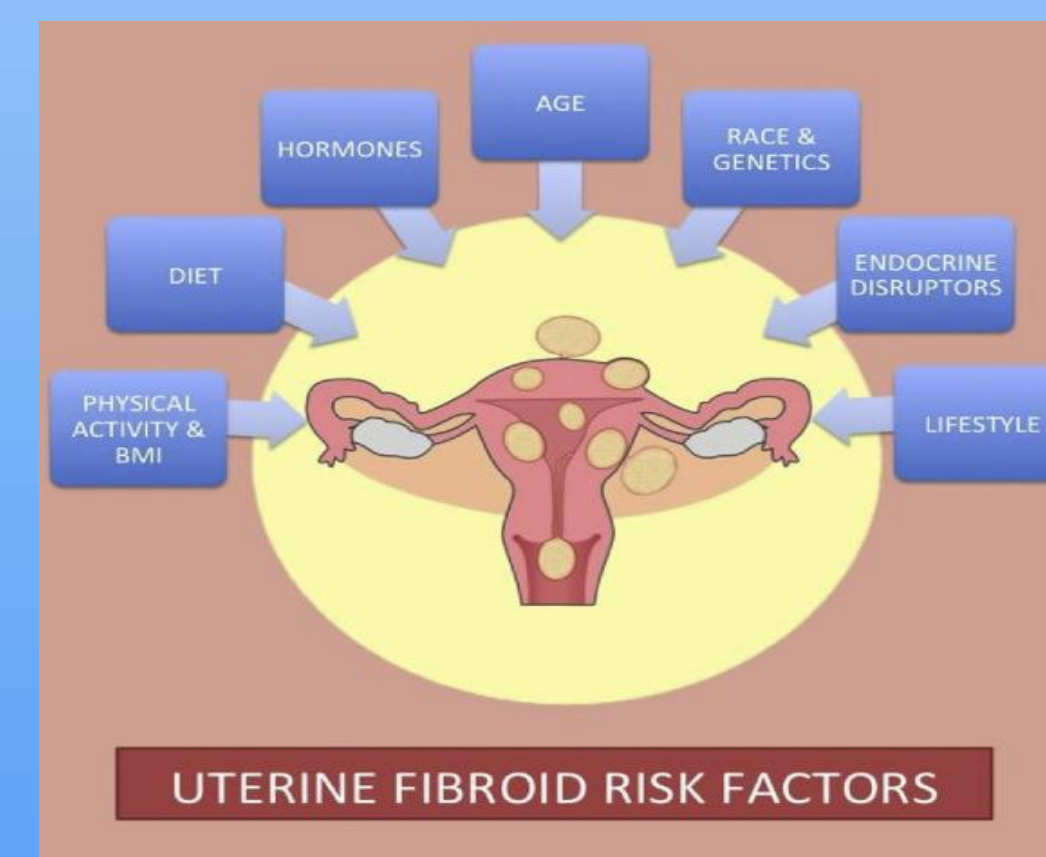
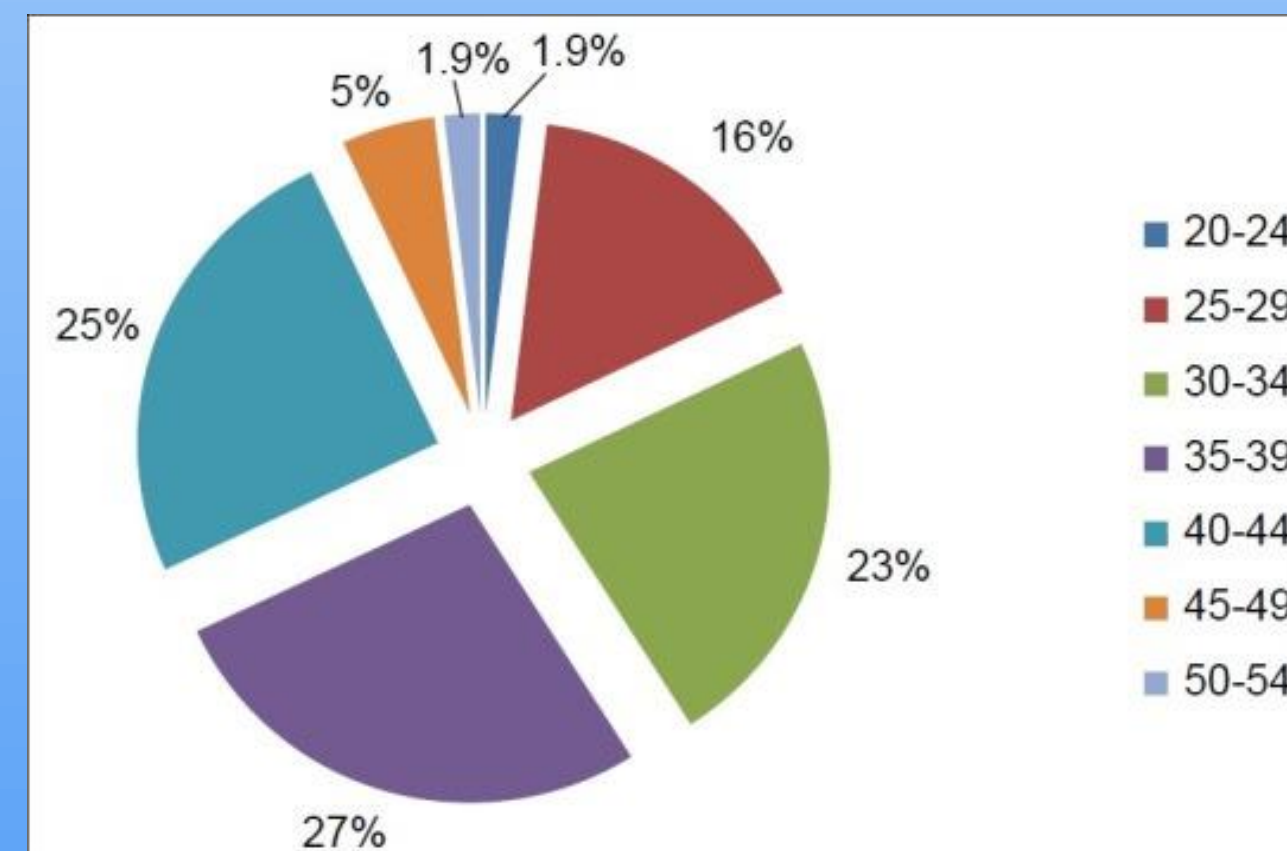
The fibroid was gradually resected from its bed and removed. It weighed 1295gm. Meticulous hemostasis was done using sutures , hemostatic agents and the dead space was obliterated and supracervical hysterectomy was completed.



Intraoperative cystogram and cystoscopy was performed, and urinary bladder was found intact.. Jet of clear urine was noted from both the ureteric orifices during cystoscopy and any ureteric injury was ruled out. Abdomen was closed in layers after thorough peritoneal lavage and confirming hemostasis. The total blood loss was of 500 ml. Patient recovered well postoperatively without any need of blood transfusion

Discussion :

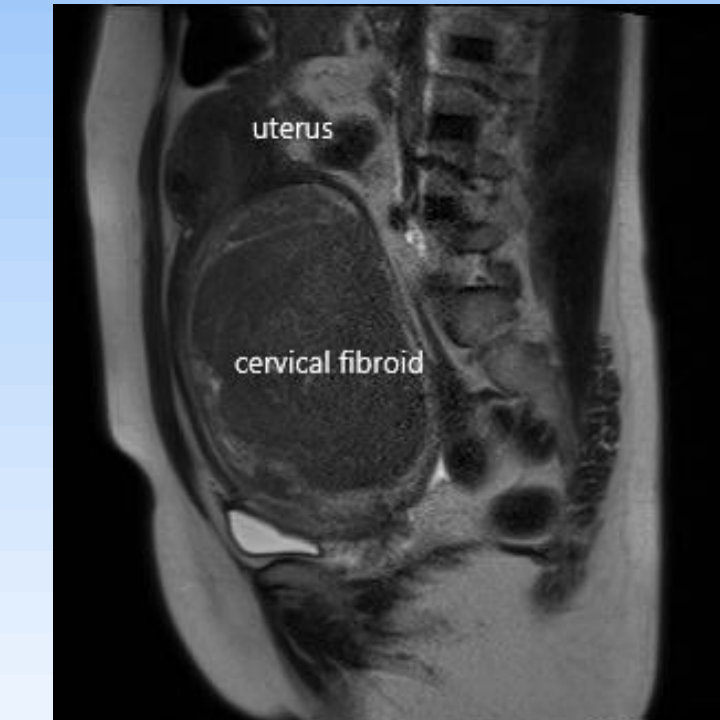
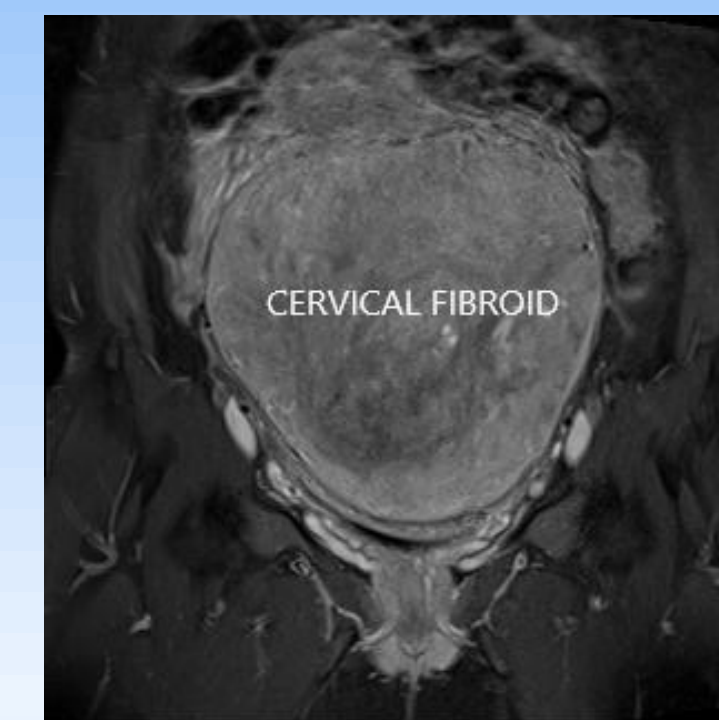
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Cervical fibroids can affect the supravaginal or vaginal portion of the cervix. There are several types of cervical fibroid and each can present differently. Supravaginal fibroids can be central surrounding the entire cervical canal and lying centrally in the pelvis displacing the uterus superiorly.

Cervical fibroids can present with urinary retention , dysmenorrhea , menorrhagia, mass coming out from vagina , foul smelling vaginal discharge or intermenstrual bleeding or lump in abdomen with pressure symptoms.³ Cervical fibroids pose enormous surgical difficulty by virtue of their relative inaccessibility and proximity to bladder anteriorly , rectum posteriorly and ureters .laterally . The large ones also leads to distortion of the normal anatomical relationships of ureter, bladder and uterine vessels thus increasing the risk of injury to these structures.

Ultrasound and MRI pelvis are good modalities of diagnosis.MRI is helpful for locating and measuring uterine fibroids and provides a more detailed image than ultrasound. MRI is commonly used to help determine the treatment plan, especially when the surgical intervention being considered is a myomectomy. ⁴



Conclusion :

Cervical fibroids are a rarity compared to fibroids located in other parts of the uterus and poses many challenges during surgical management.Preoperative detailed imaging, knowledge of distorted pelvic anatomy, technical skills, teamwork and multidisciplinary approach (involving urologists, as in this case) is the key to successful outcome and reducing patient morbidity.

Learning point: May consider ureteric stenting prior to starting hysterectomy as a preventive procedure to avoid any ureteric injury .

References :

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