

INTRODUCTION

Leiomyomas are the most common benign tumors arising from the female reproductive tract. Cervical fibroids are rare accounting for 0.6% of all uterine fibroids. A cervical leiomyoma is commonly single and is either interstitial or subserous. These tumors can present frequently with pressure symptoms like retention of urine, constipation and lower abdominal pain. At times it can present only as an abdominal mass without any other symptoms and may mimic other pelvic tumours.

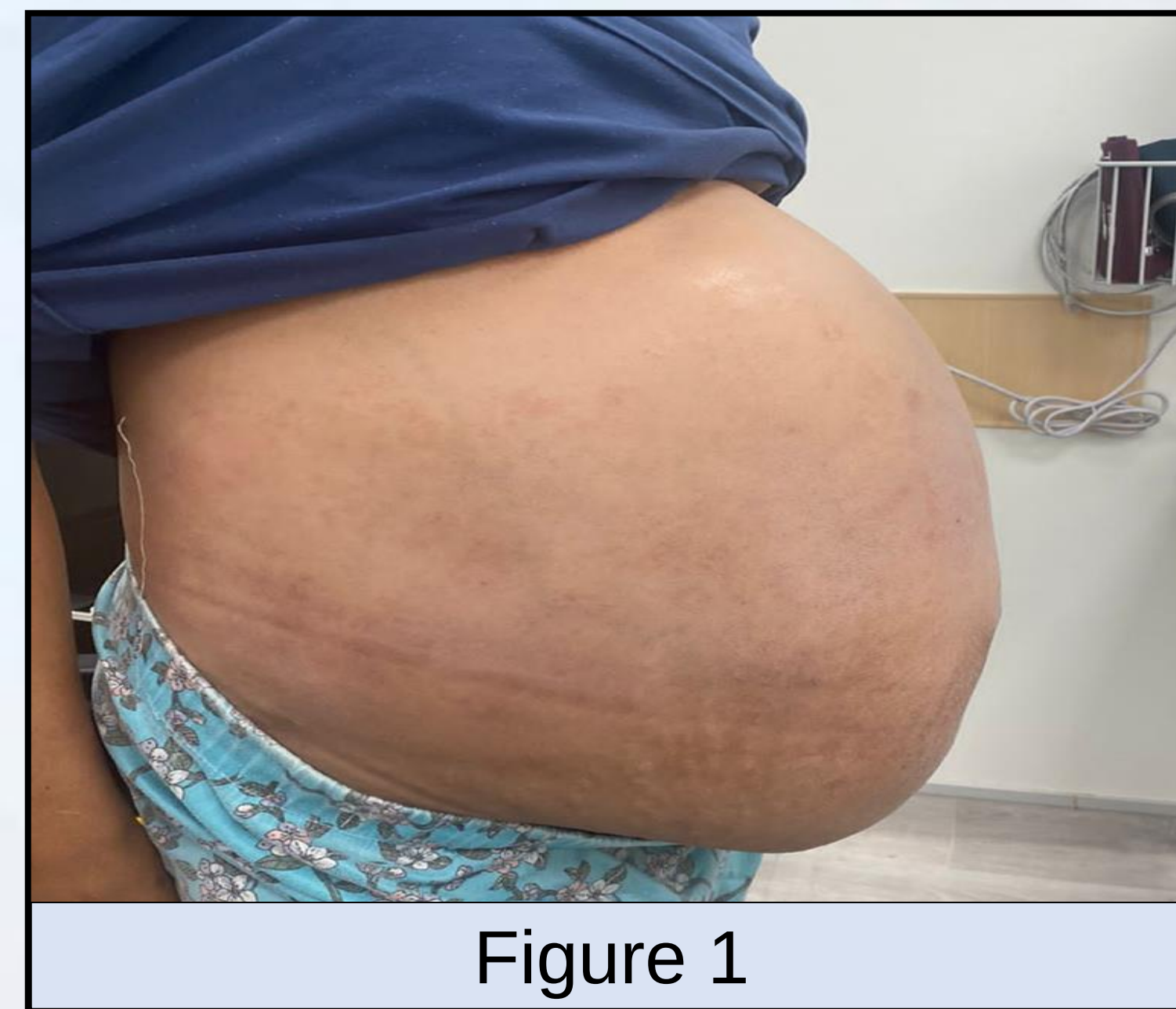


Figure 1

CASE REPORT

We present a case of a 39-year-old multiparous woman with complaints of abdominal pain and distension over the past 5 months increasing gradually , reported Amenorrhea for 2 months . There was history of loss of appetite, weight loss, difficulty lying flat and breathing problems due to worsening abdominal distension. Bowel and bladder habits were normal. she was para 4, normal vaginal deliveries and her last childbirth was 9 years back. In her past history she underwent laparoscopic bilateral tubal ligation.

Her general and physical examination was significant for looking cachectic and bilateral leg edema. Abdominal examination revealed a huge mass of 40 week size (Figure 1) filling the whole abdomen with restricted mobility, non tender and solid consistency. There was no ascites clinically. Her routine blood investigations were normal. Ca 125 was 9 U/ml other Tumor markers were negative and her pelvic ultrasonography revealed enlarged uterus with multiple fibroids. A huge complex mass, predominantly solid from pelvis up to the xiphoid process occupying the entire abdomen. The cystic part measures 23.99 x 12.0x 18 cm. Computed tomography (CT) scan confirmed evidence of huge mass full filling the abdomino-pelvic cavity, measuring approximately 24.5 x 30 cm and 33.7 cm in length.

She underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy , complicated with bladder injury due to the adhesions with the lower uterine segments. The excised specimen weighed 8.490 kg, The tumor is lobulated with small focal area of hemorrhage. it measured 35 x30x15 cm. Cut sections of the uterus showing multiple fibroids in the anterior wall (subserosal and transmural), the largest mass was attached to the posterior cervix.

Intraoperative cystic lesions drained 2L of fluid and blood loss was 700ml and her postoperative recovery was uncomplicated. Patient had urology follow up and Foleys catheter was removed after 3 weeks postoperatively.

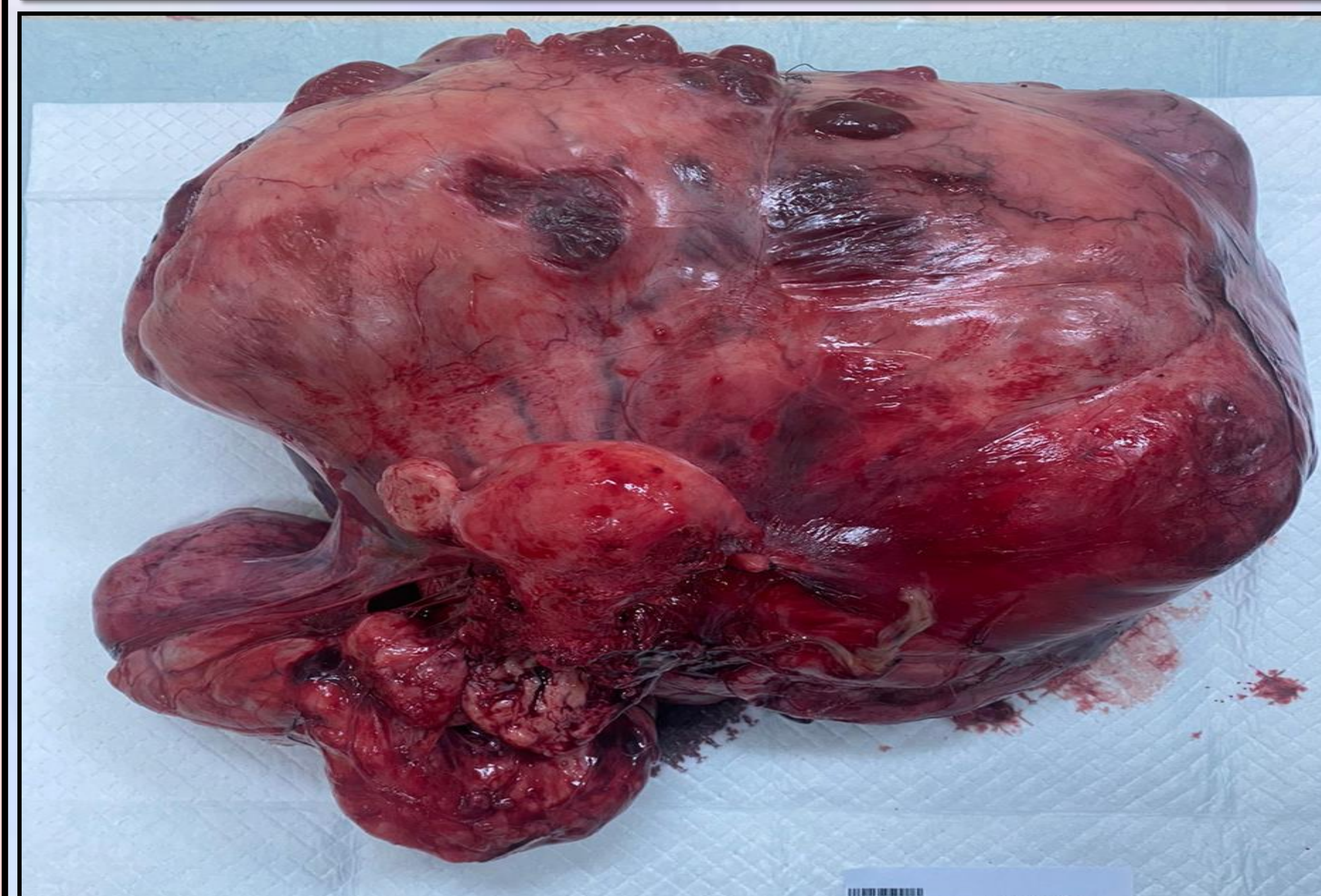
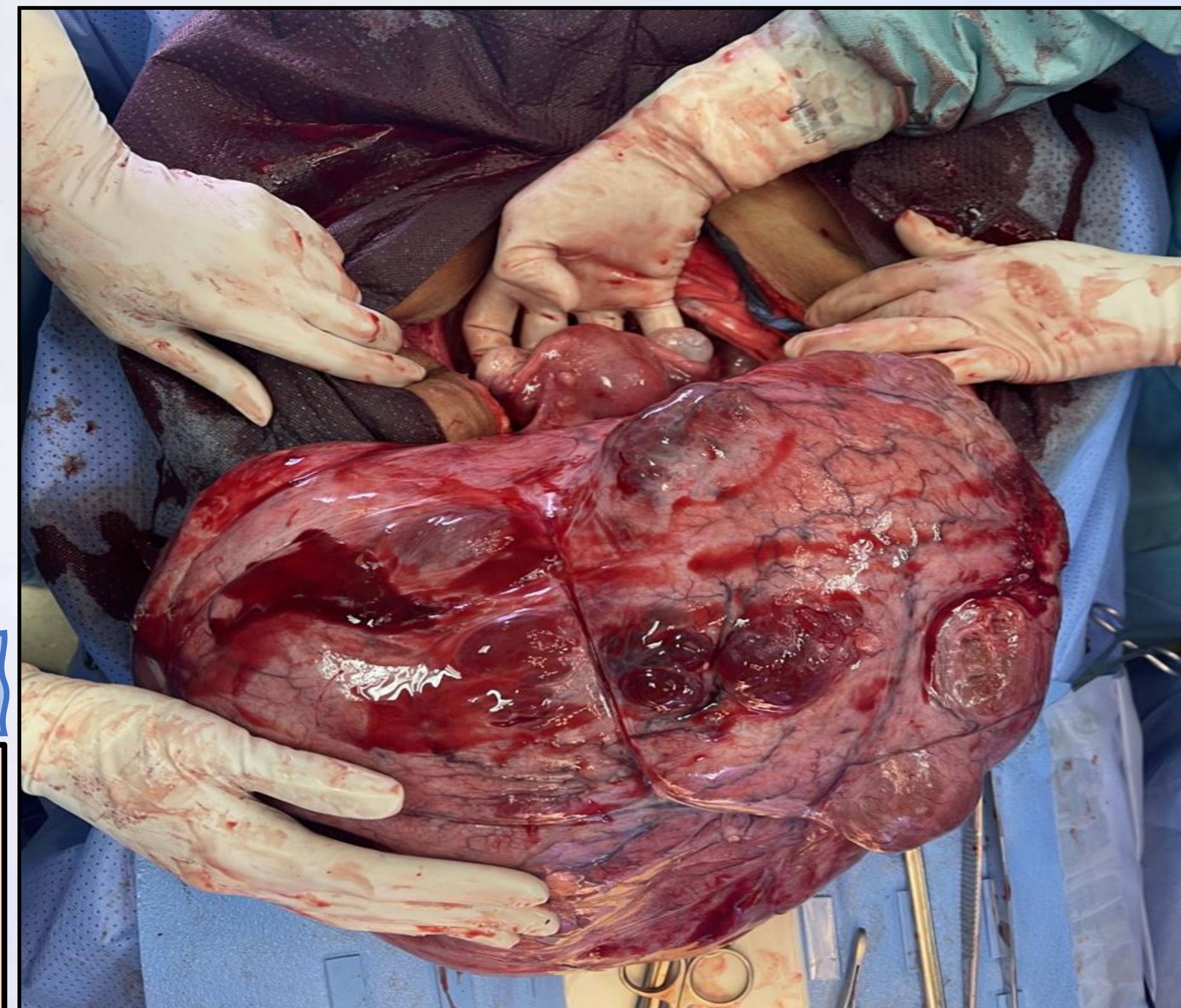


Figure 2 :The fbroids appear macroscopically inhomogeneous with enlarged superfical vessels

Discussion

Cervical fibroids are rare. It is estimated that they represent approximately 0.6% of the total uterine fibroids, while large cervical fibroids (≥ 10 cm) are even rare.

Large cervical fibroids pose a surgical difficulty due to their distorted anatomy and close relationship to ureter and bladder . Therefore, there are more chances of injury to ureter, bladder and uterine vessels as In our patient that had bladder injury during the procedure. the position of the leiomyoma in the cervix poses an extra challenge in the surgical approach in case of a fertility-sparing approach. Currently, a standard surgical treatment for the leiomyomas of the cervix still lacks; therefore, the therapeutic approach depends on the characteristics of the patient, the desire for fertility and the experience of the individual centers and surgeons. In our case, patient was symptomatic and she completed her family, so Total abdominal hysterectomy was the best approach for treatment.

Conclusion

Hysterectomy or myomectomy according to the patient's age and childbearing remains the cornerstone in the treatment of cervical leiomyomas. A proper preoperative work up, knowledge of anatomy, and careful dissection of the bladder and ureters are required as most of the time anatomy is distorted. Since surgery can present difficulties, it should be performed by experienced surgeons as it can be associated with risk of intraoperative hemorrhage and potential injuries to the adjacent organs that are often dislocated and contiguous to the cervical leiomyomas.

References

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