

UNVEILING THE BLUE CERVIX: A Rare Finding with Multidisciplinary Insights

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Introduction

Many clinicians encounter cervical lesions that may be associated with cytologic abnormalities. We present a case of incidental discovery of a Blue Cervix, in a patient who attended two-week rule clinic for Postmenopausal Ovarian cyst.

Patient Presentation

A 61 years of age presented to the two-week rule clinic with an USS showing a 6cm left ovarian cyst with normal CA125.

She does not report any Red Flag symptoms. Her smear history is normal and up to date. She has had one caesarean section. she has family history of breast cancer; she is a non-smoker. She has been on HRT and Mepacrine for lupus.

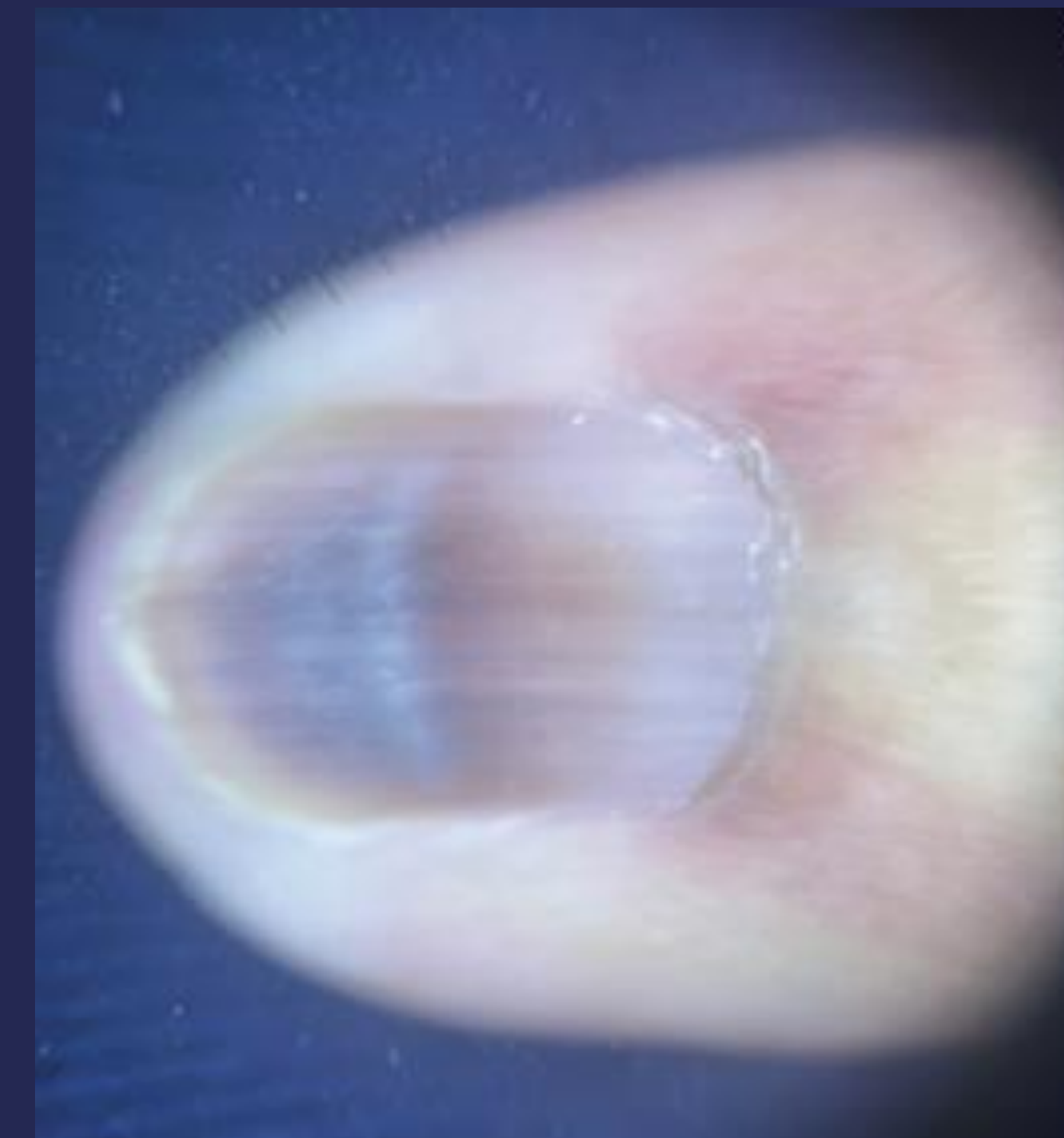
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After MDT the Patient had successful Laparoscopic Salpingo-oophrectomy with good recovery.

Findings

Examination revealed a soft abdomen, the vulva and the vaginal mucosa were healthy.

There was a bluish hue on the cervical surface, that was also noted on the palate and Nail beds.



Discussion

This case highlights important areas for consideration when encountering a blue cervix:

Firstly, **Mepacrine** is an antimalarial medication, that could be used in treatment of Lupus. One of the side effects is bluish discolouration of the roof of the mouth, nails and eyes. This is harmless and ceases when the medication stops.

Secondly, The **Chadwick** sign is a non-specific, early sign of pregnancy that is characterized by a bluish discoloration of the cervix, vagina, and vulva. it can be observed as early as six to eight weeks and disappears shortly after birth. It is asymptomatic. It is caused by increased venous blood flow to the cervix, triggered by increase in progesterone and prostaglandin.

Thirdly, **Cervical endometriosis or adenomyosis** may present as red, blue, or black cervical lesions (“powder burns”) that do not blanch on compression. The patient may present with Endometriotic symptoms. Biopsy of the lesion shows typical histology of endometriosis.

Lastly, **Blue Nevus of Uterine Cervix** is a benign lesion that is composed of spindle pigmented cells. In most cases, it is an incidental finding following a hysterectomy. Treatment is generally not required. The prognosis is generally excellent.

Conclusion

Blue Cervix is rare. A thorough medical history, physical examination, laboratory tests and ultrasound imaging will help differentiate begin from other lesions of concern, such as endocervical glandular dysplasia and adenocarcinoma.