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Giant Cervical Polyp: A Case Report and Review of a Rare Entity

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Abstract: *Cervical polyps are most commonly seen in the female with uterine bleeding. On the other hand, giant cervical polyps with a size greater than 4 cm are rare and until now only a few cases have been described in literature. The size and the clinical presentation can mimic uterine inversion, prolapse or a cervical neoplasia. The management is surgical and can be conservative regarding the benign pathological feature of this entity.We report the case of a giant cervical polyp of 25*20*10 cm in a 37 year old multiparous woman who clinically presented vaginal bleeding and shock.Lesions of this size and complexity are uncommon. However, after careful evaluation, simple polypectomy by electrosurgery was possible and proved curative. Good anatomical and clinical judgment is critical to successful management of these cases.*

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I. Introduction

Fibroids are the commonest of all uterine and pelvic tumors with an incidence of almost 20% in women of reproductive age group. Most fibroids are in the body of uterus but in 1-2% cases they are confined to cervix.(1) There are 3 types of cervical fibroids, namely interstitial, supravaginal, and polypoidal. Of these the polypoidal is rare.(2)A cervical polyp is a benign pedunculated tumor covered with columnar epithelium. Cervical polyps are a common pathology in the female adult population but they are usually small with most measuring less than 2cm (3,4,5), hence they are often incidental findings on routine vaginal examination(6) . Giant cervical polyps are described as polyps greater than 4 cm in size and are rarely seen in clinical practice. Till date only 12 cases have been described in the international literature(9) . Although cervical fibroids have been shown on rare occasions to grow to large sizes. The size, unusual presentation and complexity of the cervical fibroid polyp seen in this lady (25x20x10cm gross dimensions) is an uncommon event, hence this report.

II. Case Report

We present the case of a 35 yrs old P4L4 all home births with no antenatal checkups ever, sexually active female, illiterate farmer, residing in rural area of western Rajasthan. She was referred to our hospital ED from a district hospital on account of inversion uterus in a state of shock on vasopressor support.She had h/o white discharge p/v & intermenstrual spotting off & on for last 2 yrs with heaviness in vagina & lower abdomen. No consultation was done may be due to ignorance. One day while working in the fields and squatting the mass suddenly prolapsed leaving the patient in state of shock. She was initially taken to the GP for treatment of shock, when not responding & on account of vaginal bleeding she was referred to the gynecologist at DH where a diagnosis of uterine inversion was made and she was referred to our center on vasopressor support.At presentation she was severely anemic , in shock & agony and had an offensive odor. Her vitals were P-120/min, BP- 80/40 mmHg (on noradrenaline). On examination a huge lobulated fleshy mass about 25x 20x10 cm with irregular degenerating surface & necrotic blackened lower 1/3 portion was lying between thighs as if a delivered baby. Patient was taken to ICU for close monitoring and resuscitation and with a quick local examination a provisional diagnosis of a huge multilobulated cervical fibroid or a large prolapsed uterus with necrotic surface and bleeding was made. Dressing of the polyp with a supporting T bandage relieved a lot of dragging pain and pressure to the patient giving her much relief. Invetigations – Hb- 3.4 gm/dl , PLT- 1,70,000 .After giving three units of BT and antibiotic coverage and looking at the progressive nature of the gangrenous portion (now almost the lower half) on second day, she was taken to operation theatre for evaluation under anesthesia and definitive treatment. On close observation under anesthesia external cervical os was seen just outside introitus with a huge multilobulated ,flesy mass, smooth, necrotic surface, firm in consistency with distal half almost blackened, confirmed the diagnosis of cervical fibroid arising from almost the whole of posterior lip of cervix. After confirming the diagnosis polypectomy was decided. After making a tranverse incision at the upper limit of the polyp anteriorly the fibroid polyp was enucleated with use of diathermy and blunt and sharp dissection . It measured 25x 20x10 cm and weighed 2.5 kg!!The fibroid bed was occluded achieving hemostasis

and posterior lip was reconstructed. The portio-vaginalis cervix was grossly elongated and hypertrophied, but uterus was normal in size with bilateral fornices free. A diagnostic curettage was done and samples saved for HPE. Postoperatively patient made quick and uneventful recovery and went home on day 4.On follow up visit after a month the lady was absolutely symptom free and extremely happy about her improved QOL. Per vaginal examination revealed a normal sized uterus and cervix with no evidence of prolapse. The HPE report revealed endometrium in secretory phase with no evidence of malignancy and the cervical mass –a degenerating leiomyoma with necrotic half portion.

III. Discussion

Huge cervical fibroids sometimes present a diagnostic dilemma and a therapeutic challenge.Thorough anatomical knowledge and meticulous examination under anesthesia with presence of mind helps in formulating the best possible surgical option in these bizarre introital pathologies. The large weight of the prolapsing fibroid polyp can be the reason for sudden shock adding to the severe anemia probably because of prolonged AUB. Supporting bandage to decrease stretching was of great help in our patient as it was irreducible. These large cervical fibroids should be managed by either polypectomy like our case or by concurrent hysterectomy depending upon the given situation. Although cervical polyps can be seen at any age, they occur most frequently in multiparous women in their fifth decade of life (7, 10-14). Giant cervical polyps, as seen in this woman, are rare in any age group, but commoner in the younger nulliparous reproductive age woman (8)

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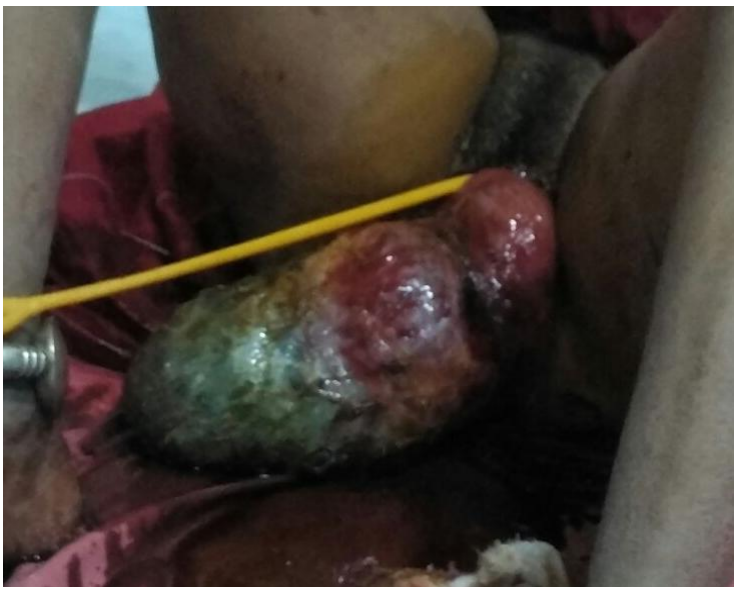

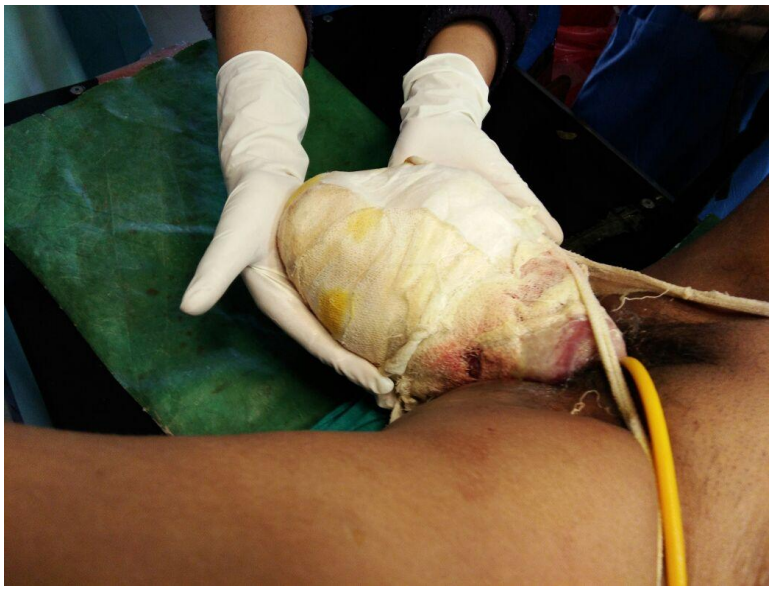

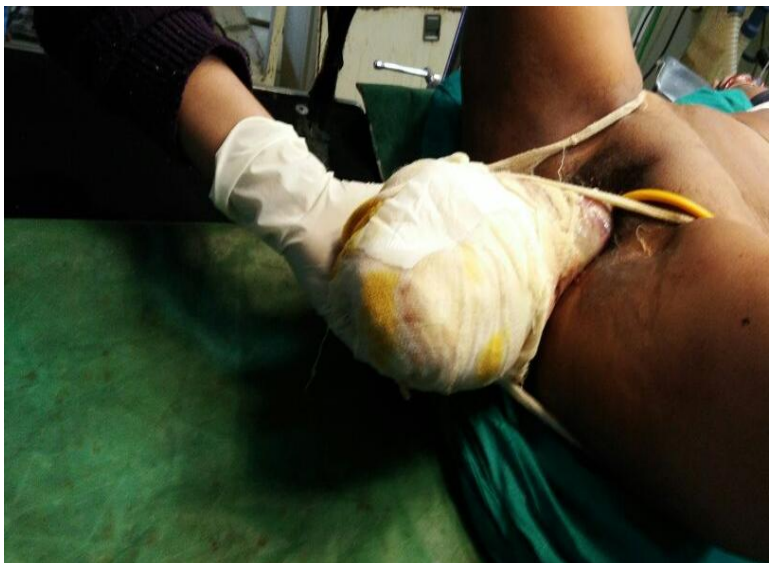

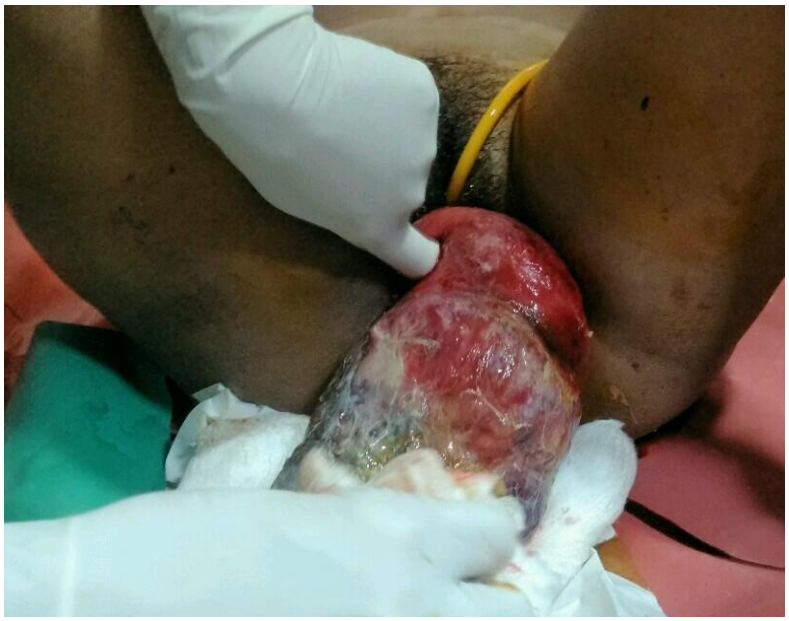

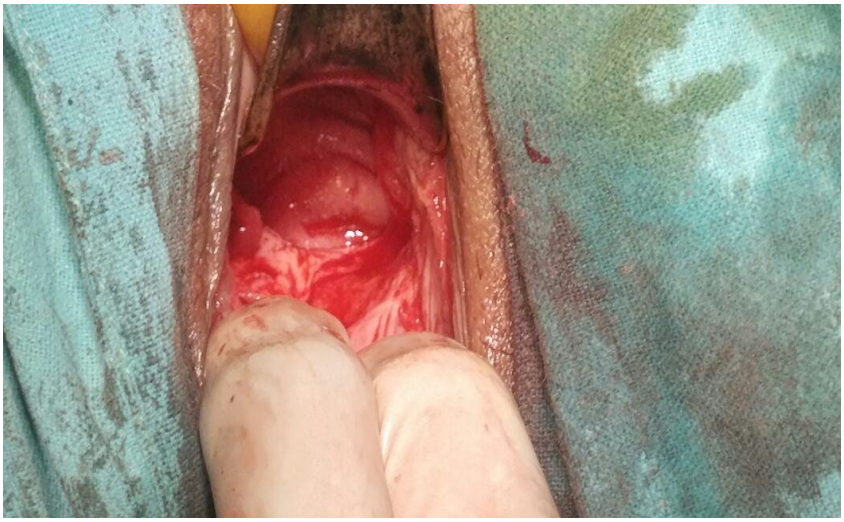

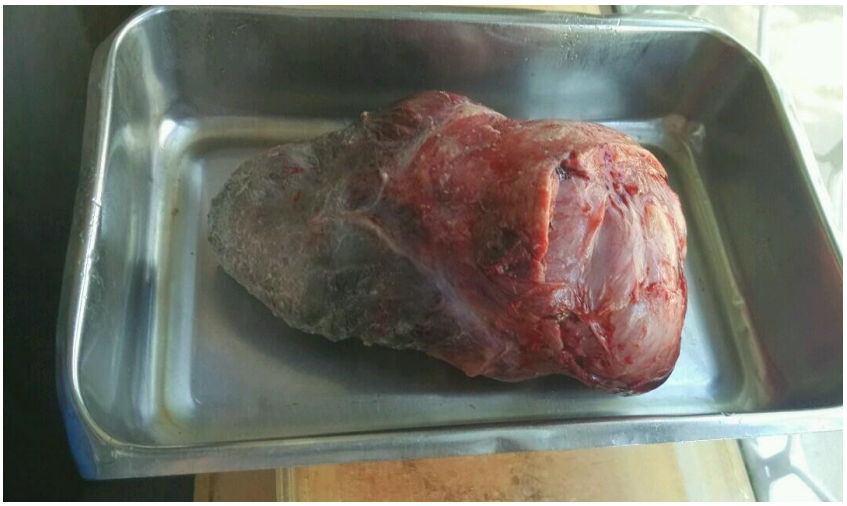

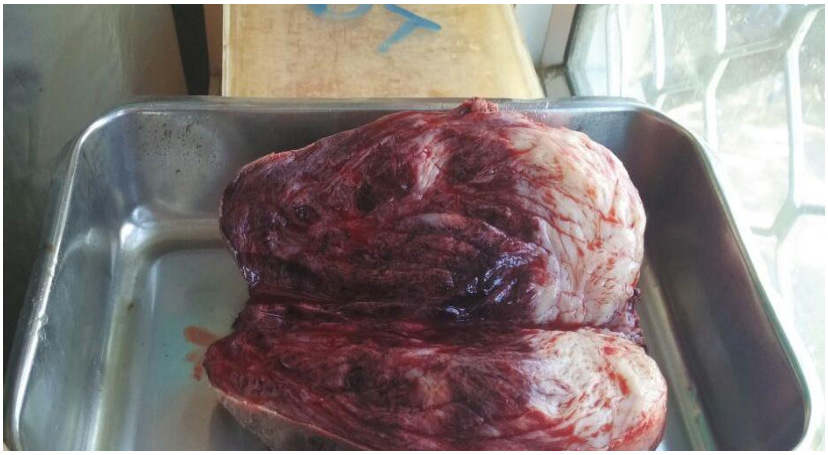

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