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# Cervical Fibroid Mimicking As Chronic Uterine Inversion: A Case Report

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**Abstract** | **Case Report**

***Background:*** Leiomyomas are most common benign gynaecological tumor. Most of the fibroids are situated in the body of the uterus, but only in 1-2% cases, they are confined to cervix. ***Case Presentation:*** We report a case of 47 years old women, diagnosed as myomatous polyp on ultrasound and clinically as chronic inversion of uterus. On MRI and surgery, we found it as posterior cervical fibroma with polymyomatous uterus. ***Conclusion:*** In our case, the patient had a large cervical fibroid posterior mimicking clinically a chronic uterine inversion associated with other uterine fibroids located in the body, which is very rare for such a fibroid. Patient underwent vaginal myomectomy and laparotomy hysterectomy which occurred without incident the interest of this case is to highlight the anatomical knowledge modified by this kind of tumor and which will make his surgery more or less easy, knowledge of modified anatomical structures are important for performing hysterectomy for cervical fibroma.

**Keywords:** Cervical fibroid, chronic uterine inversion, leiomyoma, case report.



## INTRODUCTION

Most of the leiomyomas are situated in the body of the uterus, but in 1-2% of cases, they are confined to the cervix [1]. They come from the supra-vaginal or vaginal part of the cervix. They are classified in anterior, posterior, lateral and central according to their site of origin [2]. Each fibroid presents itself differently. A central cervical fibroma is usually of interstitial or submucosal origin and comes from the supravaginal part of the cervix We present in this work the case of a patient presenting a posterior cervical fibroma externalized by the irreducible vagina mimicking on the clinical level an inversion chromic uterine

## CASE REPORT

A 47 year old women nulliparous with no pathological antecedents admitted in our hospital for the management of chronic pelvic pain associated with an increase in abdominal volume. On examination, her vitals were stable On per speculum examination a huge externalized mass of the vulva making 6* 7cm. This mass seems to depend on the posterior cervical lip. Pelvic ultrasound: presence of a polymyomatous uterus

**Fig-1: Showing a huge externalized mass of the vulva making 6 * 7cm**

MRI: présence of a polymyomatous uterus with a huge cervical myoma posterior

**Fig-2: Showing a polymyomatous uterus with a huge cervical myoma posterior**

The patient underwent myomectomy vaginally because of the size and irreducibility of the cervical myoma, followed by hysterectomy with laparotomy. The surgical procedure was uneventful even the operational difficulties related to the modification of the anatomy by the myomas.

Specimen was sent for histopathological examination and histopathological report revealed leiomyoma.

**Fig-3: Showing polymyomatous uterus during surgery**

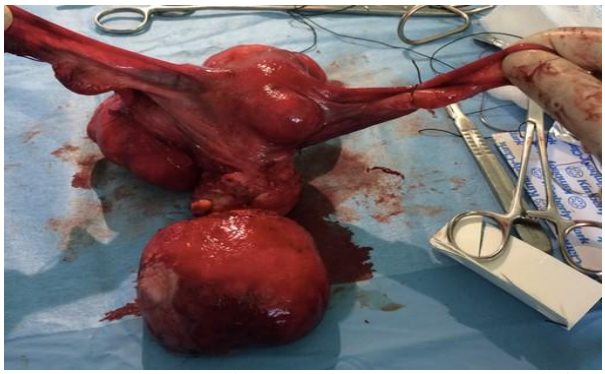

**Fig-4: Showing cervical fibroid and polymyomatous uterus after surgery**

## DISCUSSION

Uterine myoma is the most common indication for hysterectomy [4]. The presence of cervical fibromyoma externalised by the vagina with excessive growth is rare.

Occasionally, a cervical myoma may become pedunculated and protrude through the external orifice of the cervix. These prolapsed myomas may be ulcerated due to inadequate blood circulation through a long pedicle [5]. Similar finding was noted in the myoma removed from the patient. This change on the myoma can mimic a malignant tumor [5]. Other pathology simulating cervical myoma include cystocele [6], chronic uterine inversion [7], and rarely vaginal tumors [8].

They can be classified according to their location in: anterior, posterior central, lateral and finally multiple. The symptoms depend on the type of cervical fibroma.

The anterior fibroids grow forward and compress the bladder while the posterior flattens the Douglas-fir pocket backwards, compressing the rectum against the sacrum. The lateral cervical fibroma, from the side of the cervix, sinks into the broad ligament and enlarges it.

Their relationship with the ureter is important. Wherever the ureter and uterine artery may be related to the fibroid, they will still be Extracapsular [3]. Knowledge of this fact can turn a potentially dangerous procedure into a relatively safe operation.

Central cervical fibroids expand the cervix evenly in all directions. When opening the abdominal cavity, a central cervical myoma can be recognized immediately because the pelvic cavity is more or less filled by a tumor, elevated at the top of which is the uterus like the lantern at the top of St Paul [3].

Cervical fibroma surgery is a hysterectomy, but it can be difficult and can sometimes be an extremely formidable undertaking. The surgical

difficulties associated with this operation are however greatly improved by the knowledge of the most appropriate technique as well as the often modified anatomical relationships.

The anticipated problems during hysterectomy for cervical fibroma are: distortion of the normal anatomy of the uterine vessels, ureter as well as the bladder that can be pulled up, and therefore, more risk of injury to these structures.

In our patient, given the irreducible nature of the mass and its large size, a low myomectomy of the cervical myoma and a laparotomy hysterectomy for the polymyomatous uterus were performed without incident.

## CONCLUSION

In our case, the patient had a large cervical fibroid anterior mimicking clinically a chronic uterine inversion associated with other uterine fibroids located in the body without urinary symptoms, which is very rare for such a fibroid. Despite the fact that the fibroid was huge, vascular and deep associated with a polymyomatous uterus, there was no lesion to adjacent structures, which was a great benefit for the patient.

Thus, we conclude that proper preoperative assessment, knowledge of modified anatomical structures are important for performing hysterectomy for cervical fibroma.

The patient signed her consent for publication conflit d'intérets: auccun.

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