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(CASE REPORT)

Giant cervical fibroid-polyp masquerading as cervical cancer in a reproductive age woman: A case report and literature review

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Abstract

Background: Cervical fibroid-polyps causing diagnostic dilemma are rarely encountered in gynecological practice

Methodology: This was a case report and literature review**.**

Aim: The. report is to document a case of a giant cervical fibroid -polyp masquerading as cervical cancer seen and managed in Enugu State University Teaching Hospital.

Result: The result was a Case of a 38-year-old multipara who presented with a 2-year history of fleshy mass protruding from the vaginal. The mass was progressively increasing in size and not reducible.

Conclusion: Giant cervical fibroid-polyps are rare benign tumors and can masquerade as cervical cancer and also affects normal sexual intercourse.

Keywords: Cervical Fibroid Polyp; Polypectomy; Cervical Cancer; Case Report

1. Introduction

Giant cervical polyps are defined as polyp that is greater than 4 cm in size.[1] A huge cervical polyps protruding outside the vagina can cause diagnostic dilemma. They are rarely seen in gynecological practice, but can appear in all age groups and across all parity.[2]The incidence of cervical polyp is 4 to 10% of all cervical lesions.[3] On pelvic examination, there may be an insignificant finding but the giant or huge cervical polyp may often be interpreted as malignant neoplasm at time of presentation.

In this study, we present a case of a giant cervical fibroid -polyp masquerading as cervical cancer in a premenopausal woman.

2. Case Presentation

A 38-year-old married multiparous woman presented with fleshy mass protruding from the vaginal which had been progressively increasing in size and not reducible for 2 years, with offensive vaginal discharge and abnormal vaginal bleeding of 6 months, which was associated with passage of blood clot. She attained menarche at the age of 14, and the

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duration of her menstrual cycle was 28 days with menstrual flow of 4 days. She had normal menstrual history prior to onset of symptoms. She never used hormonal therapy and had no significant past medical or surgical history. Her last menstrual period was 2 weeks ago and was associated with heavy menstrual bleeding and passage of clot. The patient was pale on general examination with hemoglobin level of 6.7 g/dl. Other general and systemic examination findings were essentially normal. Examination of her vulva and vagina revealed a 10 X12 cm necrotic lobulated irregular mass protruded outside the introitus that was friable on mild touch. These clinical features heightened the suspicion of cervical malignancy. The point-of-care ultrasound on admission, showed an anteverted uterus, with normal features for age and thin endometrium. Both ovaries were unremarkable. The patient was optimized and worked up for examination under anesthesia (EUA), staging and biopsy. The patient was transfused 4 units of sedimented red blood cells. The intra-operative findings include an anteverted uterus with a huge, grossly necrotic mass of 10 X12 cm with stalk of 2cm in diameter that weighed 950g seen extruded through a healthy-looking cervix into the vagina and outside of the introitus. A provisional diagnosis of cervical fibroid -polyp to exclude cancer of the cervix was made. She had a cervical polypectomy, endometrial curettage and cervical biopsy. She received postoperative analgesics and antibiotics. Post transfusion hemoglobin was 10.5g/dl. The patient's postoperative recovery was uneventful and symptoms subsided. The histopathological result of cervical biopsy and endometrial sampling showed inflammatory cells with no malignant changes or atypia. The histopathological report of the excised mass, confirmed leiomyomatous polyp with no atypia, necrosis or mitotic activity (Figure 1) (Figure 2) (Figure 3) (Figure 4).

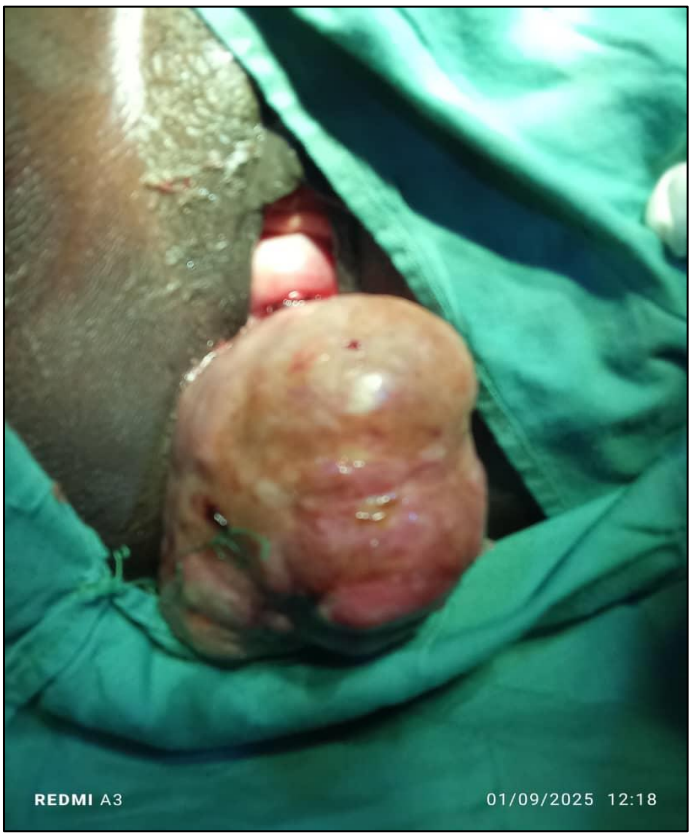

Figure 1 Giant irregular mass covered with necrotic membrane that bleeds on touch

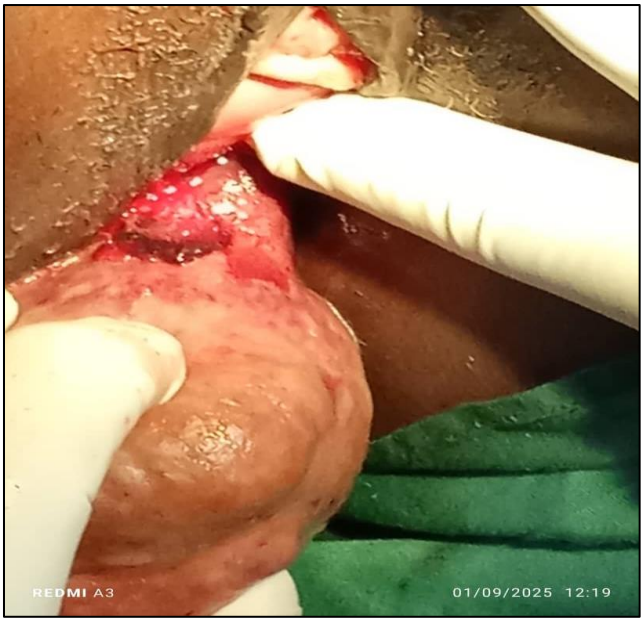

Figure 2 The stalk of the giant irregular cervical fibroid-polyp with a necrotic membrane

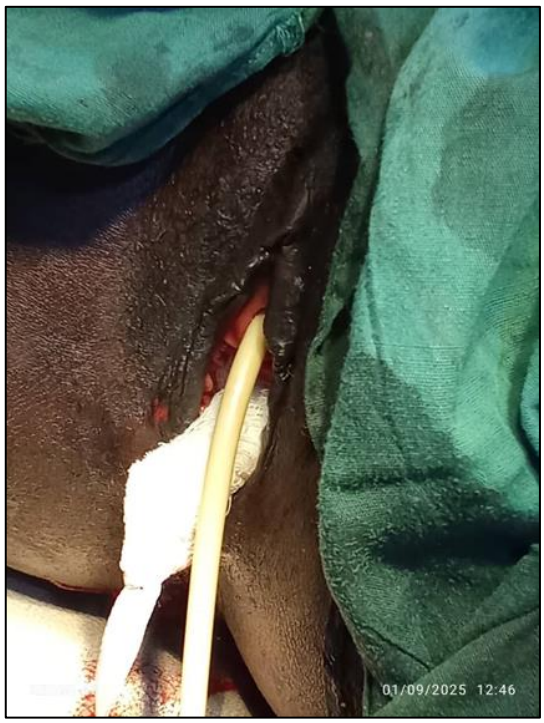

Figure 3 Post Polypectomy

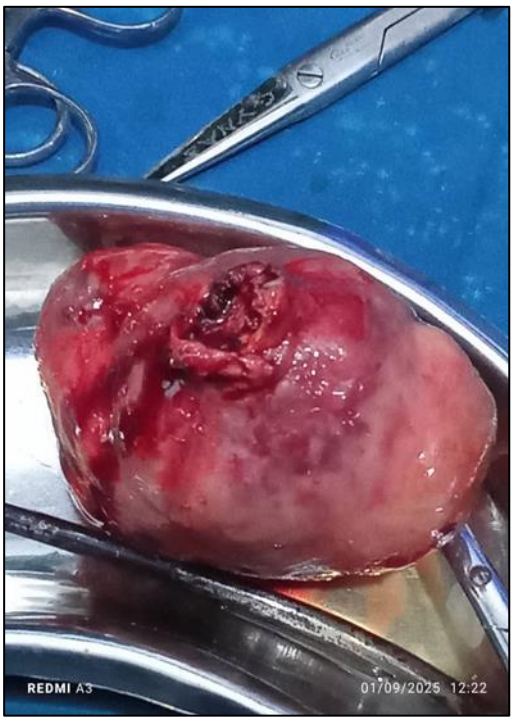

Figure 4 Surgically excised Fibroid -polyp that weighed 950g

3. Discussion

Giant cervical fibroid -polyps are rare. Polyps are benign lesion that are reactive hyperplastic process of subepithelial myxoid stroma and often misdiagnosed as malignant.[3] They occur due to the reactive changes from long-standing chronic inflammation.[1] The incidence of cervical polyp is 4%–10% of all cervical pathology.[4] Most cervical polyps are asymptomatic, but they may bleed between menses or after intercourse or become infected, causing foul-smelling vaginal discharge, some may present as mass protruding outside the vagina.[5] We report the case of a giant cervical fibroid-polyp masquerading as cervical cancer in a multiparous adult patient . The patient presented with fleshy mass protruding outside the vagina, with abnormal vaginal bleeding and purulent discharge which heightened the suspicion

of cervical cancer. The symptoms of a mass protruding through the vagina with discharge and bleeding in our case was consistent with that reported in the literature.[6-8] Previous study indicate that giant cervical polyps originate often from the ectocervix and rarely from the endocervix.[9] In our case, the base of the stalk of the polyp extended from the endocervix and protruding from the vaginal introitus.

The treatment of choice in majority cases are polypectomy with ensured hemostasis. Some studies[10-12] have reported undertaking vaginal or abdominal hysterectomy due to endometrial hyperplasia and clinical suspicion of cancer. Our patient had Surgical excision (polypectomy) with resolution of symptoms. At histologic analysis, the tumor was diagnosed as a leiomyomatous polyp . Although as low as 2% of cervical polyps have been documented to undergo malignant transformation.[13] The importance of histologic diagnosis cannot be overemphasized.

4. Conclusion

Giant cervical fibroid-polyps are rare benign tumors and can masquerade as cervical cancer. High index of suspicion with a proper evaluation is needed to make an accurate diagnosis. The treatment is surgical excision and definitive diagnosis is confirmed by histopathological analysis.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

The authors have declared that no competing interests exist

Statement of informed consent

Written informed consent was obtained from the patient for the publication of this case report

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