

# CASE REPORT: A LARGE CERVICAL FIBROID MASQUERADING AS A CERVICAL POLYP REQUIRING EMERGENCY ABDOMINAL MYOMECTOMY

Maynard M, Marasinghe J, Alhurrazi F

## BACKGROUND

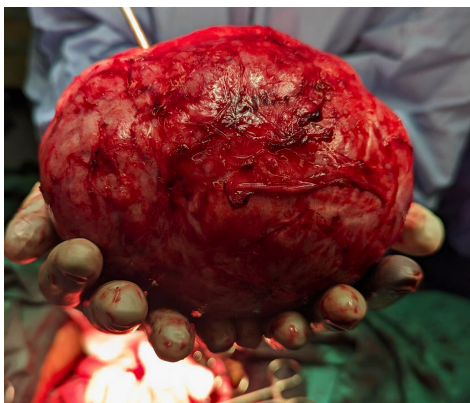
Cervical fibroids are a rare phenomenon in Gynaecology and often present surgical challenges.<sup>1</sup>

## AIMS

To present the management of cervical fibroid in the setting of acute heavy vaginal bleeding.

## CASE

42-year-old female presented with acute onset heavy vaginal bleeding. This patient had one vaginal delivery previously and known uterine fibroids with a Mirena intrauterine device in situ. On arrival to the emergency department this patient was estimated to have one litre of blood loss and was hypotensive. The vaginal bleeding was presumed to be secondary to a large cervical fibroid, however the location or size were unknown as there was no time for pre-operative imaging.



\*Fibroid pictured is not from this case

## RESULTS

This patient required emergency theatre overnight which identified excessive vaginal bleeding from the cervical os due to a bulging posterior wall large cervical fibroid. Massive transfusion protocol was activated. After failed removal of the fibroid with inoculation incision per vaginally and inability to control intraoperatively bleeding the patient required a laparotomy, planning to proceed with a hysterectomy. A myomectomy was performed to gain access to complete the hysterectomy and a 17x14x8cm (1071g) fibroid removed. After the myomectomy, bleeding settled. Decision for hysterectomy was reversed and the uterus was closed in two layers and left in situ in order to preserve fertility. The histopathology confirmed diagnosis of leiomyoma with no signs of malignancy.

## DISCUSSION

This case highlights the surgical difficulties faced with management of a cervical fibroid, need for rapid change of plans and surgical decision, in a time critical presentation highlighting the benefit of performing an open myomectomy.

1.Tiltman AJ. Leiomyomas of the uterine cervix: a study of frequency. *Int J Gynecol Pathol.* 1998 Jul;17(3):231-4. doi: 10.1097/00004347-199807000-00006. PMID: 9656118.