

Cervical Endometriosis Polyp

JJ Kansaria*, SV Parulekar**, C Madiwale+

Abstract

A 30 year old woman presented with complaint of irregular bleeding and blood stained foul smelling discharge per vaginum since 1 month. Vaginal examination revealed presence of large cervical polyp. Cervical polypectomy was performed and histopathology examination revealed endometriosis.

Introduction

Cervical endometriosis is a benign condition which is not very common.

Cervical endometriosis is commonly mistaken for cervical erosion and cervical neoplasia. Cervical endometriosis uncommonly presents as a cervical polyp.

Case Report

A 30 year old divorced woman presented with complaint of irregular bleeding and blood stained foul smelling discharge per vaginum since 1 month.

Menstrual history revealed menometrorrhagia and congestive dysmenorrhoea since 2 months. Her past menstrual cycles before 2 months were normal.

She had one full term LSCS delivery 13 years back with early neonatal death.

She had history of Rheumatic heart disease with mild mitral stenosis with mitral regurgitation since 15 years. She had underwent closed mitral commissurotomy 14 years back and was not on any treatment. She also had past history of Pulmonary Tuberculosis one year back treated.

General examination was unremarkable. Per abdominal examination : abdomen was soft and there was midline vertical scar of LSCS. Per speculum examination revealed a 5 x 7 cm cervical polyp, grayish white, superficial bleeding on touch. The cervix was displaced very high up and not well visualized. On Per vaginal examination uterus was anteverted 8

weeks, firm, mobile, fornices clear, no fornicial tenderness and a 6 x 7 cm cervical polyp firm to soft in consistency was palpable. Clinical impression was of cervical fibroid polyp with degenerative changes.

Ultrasonography of pelvis revealed 5.6 x 6.7 x 8 cm size mass lesion noted in the cervical canal with multiple hypoechoic areas within it suggestive of cervical fibroid with cystic degeneration. Endometrial thickness was 15 mm. Uterus measured 12.5 x 8.2 x 7.8 cm. Pap smear showed inflammatory changes.

2 D Echo confirmed mild mitral stenosis and trivial mitral regurgitation and mild left atrial dilatation. Pulmonary function test showed mild restriction with good reversibility in small airway obstruction, Mean ventilatory volume adequate for general anaesthesia.

Cervical polypectomy followed by fractional curettage was performed. Intra operative findings cervical polyp measuring 8 x 8 cm size soft to firm in consistency. Polyp began to break on applying firm traction to it and was held with shank of sponge holding forceps from both sides. The core of the polyp revealed old organized blood clot. The pedicle came from endocervix. Cervical polyp and endometrium sent for histopathology examination. At time of follow up, there was no evidence of tenderness, no recurrence of polyp. There was no evidence of symptoms, signs of pelvic endometriosis.

Pathology report

On gross examination the cervical polyp revealed a 7 x 6 cm polypoid mass. Its external surface showed tags of adherent connective tissue. The cut surface showed a 4 cm cyst containing brown chocolate coloured fluid and showing yellowish granular material along its walls. The surrounding solid areas were yellowish white and showed focal reddish brown areas representing old haemorrhages (Fig. 1).

*Lecturer, **Professor and Head of Department, Department of Obstetrics and Gynaecology; +Associate Professor, Department of Pathology; Seth G S Medical College, K E M Hospital, Parel, Mumbai.

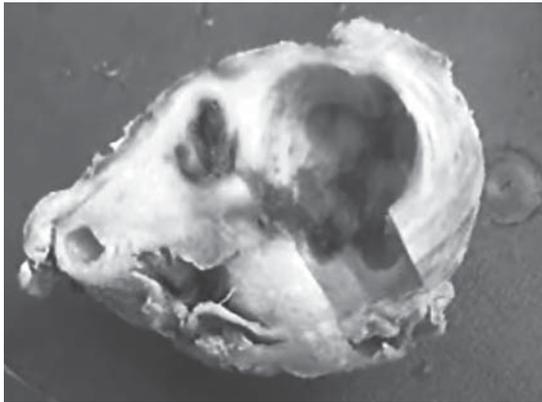


Fig. 1 : Polypoid mass with thick muscular walls and showing cystic cut surface. Cyst walls show recent and old haemorrhages.

Microscopy revealed endometriotic foci showing endometrial glands and stroma, haemorrhages and haemosiderin laden macrophages. Extensive smooth muscle proliferation was noted around the endometriosis, final diagnosis was cervical endometriosis (Fig. 2).

Discussion

Review of literature suggests more common presentation in abnormal pap smear and ruling out cervical neoplasia.

Phadnis *et al*¹ reported a series of five patients with cervical endometriosis confirmed on histology was identified. One patient was asymptomatic but examination revealed a mass arising from the cervix. Two patients presented with persistent post coital bleeding, one patient with intermenstrual bleeding and one patient with both intermenstrual and post coital bleeding. Cervical endometriosis is usually a retrospective finding on histology.

Fukunaga² describes a 47 year old woman, gravida 2, para 2, with a uterine polypoid mass. The 25-mm mass, which was growing into the endocervical canal, had a central cavity lined with endometrium and surrounded by smooth muscle layers. It strongly resembled a miniature uterus. It is concluded that the mass represented

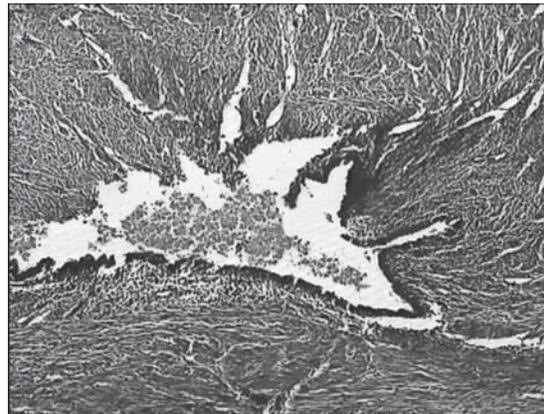


Fig. 2 : Microscopic appearance. Endometrial gland and stroma surrounded by extensive smooth muscle proliferation. Intraluminal haemorrhage is seen.

superficial cervical endometriosis with florid smooth muscle metaplasia of endometrial stromal cells.

Szyfelbein, Baker, Bell³ elaborated that superficial endometriosis of the cervix, a benign process may be associated with atypical glandular cells of undetermined significance (AGUS) on cervicovaginal (CV) smears, is becoming increasingly recognized on colposcopic examination. The exact aetiology of cervical endometriosis polyp is not known. In a case of polypoid cervical endometriosis reported by Kano and Kanda,⁴ they state that polyp formation in cervical endometriosis is a rare presentation. Previous trauma to the cervix can be implicated as a contributor to cervical endometriosis. Their patient had deep cervical endometriosis showing specific appearance of a polypoid mass growing out of the hole in the ectocervix.

The endometriotic stroma may also undergo metaplasia, typically smooth muscle metaplasia, which is encountered most often within the walls of ovarian endometriotic cysts but occasionally it may be seen elsewhere. Extensive amounts of smooth muscle within the endometriotic stroma can

result in endomyometriosis or uterus like masses.⁵

Conclusion

Cervical endometriosis polyp is uncommon presentation. Smooth muscle proliferation within the endometriotic stroma results in formation of uterine like masses.

References

1. Phadnis SV, Doshi JS, Ogunnaike O, Coady A, Padwick M et al. Cervical endometriosis: a diagnostic and management dilemma. *Arch Gynecol Obstet* 2005 Oct; 272(4) : 289-93. E pub 2005 Oct 13.
2. Fukunaga M. Uterus-like mass in the uterine cervix: superficial cervical endometriosis with florid smooth muscle metaplasia? *Virchows Arch* 2001 Mar;438(3) : 302-5.
3. Szyfelbein WM, Baker PM, Bell DA. Superficial endometriosis of the cervix: A source of abnormal glandular cells on cervicovaginal smears. *Diagn Cytopathol* 2004 Feb;30(2):88-91.
4. Kano H, Kanda H. Cervical endometriosis presented as a polypoid mass of portio cervix uteri. *J Obstet Gynaecol* 2003 Jan;23(1) : 84-85.
5. Clement PB. Diseases of the peritoneum. Chapter 17, Blaustein's Pathology of the genital tract. 5th edition. Springer publications, 2001, New York, pg. 729-789.

FOOD ADDITIVES AND HYPERACTIVITY

'Artificial colours or sodium benzoate preservative (or both) in the diet result in increased hyperactivity in 3-year-old and 8/9-year-old children in the general population'

Artificial food colours and other food additives (AFCA) have long been thought to affect behaviour in children. Evidence from a previous study suggested adverse effects on hyperactivity, measured by parental ratings for 3-year-old children on a specific mix of additives. Donna McCann and colleagues did a community-based, double-blinded, placebo-controlled food challenge including both 3-year old children and 8/9 year-old children to determine whether the effects could also be detected in middle childhood. The investigators showed that a mix of additives commonly found in children's food increases the mean level of hyperactivity in children aged 3 years and 8/9 years. They also noted substantial individual differences in the response of children to the additives. In a Comment, Philippe Eigenmann and Charles Haenggeli discuss these findings and consider their practical implications for taking care of children with hyperactivity.

Lancet Oncol, 2007; 8 : 1524, 1560.