Case Report

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Varied Presentations of Cervical Fibroid Polyps and the Diagnostic Role of Early Vaginal Examination in a Six-Case Series Study

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Abstract

Objective: To review the varied presentations, diagnosis and treatment of six cervical fibroid polyps managed by us.

Methods: The medical records of the patients managed in Semino Hospital and Maternity Enugu were reviewed between 2016 and 2021 and summarized in two tables and a figure.

Results: The mean age of the patients was 36.3 years. Most of the patients presented late with mean Pack Cell Volume (PCV) of 21.3%, excessive vaginal bleeding (4/6, 66.7%), weakness and dizziness (4/6, 66.7%), mass in the vagina (2/6, 33.3%), post-coital bleeding (1/6, 16.7%), and offensive vaginal discharge (1/6, 16.7%). Digital vaginal examination confirmed the diagnosis in all the cases. Polypectomy was done in each case. A total of 13 pints of blood were transfused and the treatment outcomes were satisfactory. The histology reports confirmed leiomyomas in (5/6, 83.3%) cases.

Conclusion: Early vaginal examination should be employed for prompt diagnosis and treatment of cervical fibroid polyps before life-threatening complications occur.

Keywords: Cervical fibroid polyps; Presentation; Vaginal examination; Polypectomy

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Introduction

The paucity of smooth muscles in the cervical stroma makes leiomyomas in the cervix uncommon and account for 0.6%-2% of all the uterine leiomyomas [1]. Rarely, the fibroids protrude through the cervix with pedicles into the vagina as cervical fibroid polyps [2]. The presentations of fibroid polyps vary and can mimic genital malignancy, pelvic organ prolapse, uterine inversion and acute urinary retention [3-5]. These varied presentations of cervical fibroid polyps cause delays in patient presentation and diagnosis with the development life-threatening complications. Most cases present late with excessive vaginal bleeding. Magnetic Resonant Imaging (MRI), where available, is superior to abdominal ultrasound in the diagnosis of cervical fibroid polyps [4]. Digital vaginal examination is diagnostic in reported cervical fibroid polyps. Polypectomy by avulsion, uterine packing and tranexamic acid could be used to minimize postoperative bleeding [6,7]. Monopolar diathermy and ultrasound harmonic scalpel can also be used to cut and cauterize the pedicles [8,9]. We report these six case series of giant cervical fibroid polyps to portray the critical role of vaginal examination in their early diagnoses.

Case Presentation

Case 1

Mrs. OG was a 32 year old married nulliparous woman who was referred to us on account of a mass in the vagina and abdominal pain of one month duration. She admitted to a 6 year history of secondary infertility. She was clinical pale but the vital signs were normal. Her digital vaginal examination confirmed a cervical polyp 3 cm^3 × 4 cm^3 × 3 cm^3 in the introitus with a pedicle attached at the cervix. The preoperative PCV was 26%. She had cervical polypectomy on 1st June 2016 under general anaesthesia. The long pedicle was double ligated as high as possible with vicryl 1 and cut. The cervix and uterine cavity were packed with a

segment of abdominal mop. Estimated intraoperative blood loss was 350 ml. She was discharged on the 3rd postoperative day on antibiotics and haematinics in a stable clinical condition with PCV of 23%. The histological report confirmed leiomyoma without any evidence of malignant changes.

Case 2

Mrs. ON was a 43-year old Para 3+0 (Parity) married woman with two previous caesarean deliveries who presented on 24th May 2019 with excessive vaginal bleeding, weakness and dizziness of 7 days duration. She was a known case of hypertension and uterine fibroid. She was clinically very pale with a pulse rate of 120 beats/minute and blood pressure of 190 mmHg/100 mmHg on admission. Abdominal examination showed sub-umbilical midline incision scar and no palpable supra-pubic mass. Vaginal examination confirmed 6 cm^3 × 4cm^3 × 3 cm^3 cervical fibroid with pedicle attached to the posterior lip of the cervix. The abdominal ultrasound revealed only non-gravid uterus with multiple uterine fibroids. Her urgent preoperative PCV was 14%. She was resuscitated with 3 units of sedimented red cell blood transfusion. Intra venous frusemide 40 mg was given per unit of blood transfused. She had cervical polypectomy by avulsion on 7th June 2019 under saddle block. The uterine cavity was packed with seven-knotted gauze that was removed after 24 hours. She had the 4th pint of sedimented red blood cells immediately after surgery. The preoperative and postoperative PCV were 20% and 25% respectively. She did well on antibiotics and antihypertensive medications. She was not able to do the histological investigation of the specimen due to financial constraints.

Case 3

Miss OF was a 30 year old single nulliparous lady who was referred to us on account of mass in vagina and excessive vaginal bleeding of 7 days duration. The vital signs were normal at presentation. Her vaginal examination confirmed a cervical polyp, but the abdominal ultrasound reported only multiple uterine fibroid. The preoperative PCV was 25%. She had cervical polypectomy of 4 cm^3 × 4 cm^3 × 3 cm^3 mass by avulsion on 30th September 2021. The intraoperative bleeding was controlled by packing the cervix canal and uterine cavity with two knotted segments of abdominal mop and intravenous injection of 1 gm of tranexamic acid. She was discharged on the 3rd postoperative day in stable condition. Her histology report confirmed fibroid polyp. The one month follow-up PCV was 34%.

Case 4

Mrs. OL, a 38 year old Para 3+0 (Parity) married woman, presented from a nearby State with the history of 3 month undiagnosed vaginal bleeding; and occasional weakness and dizziness of 2 days duration. She attended several hospitals in her State where two abdominal ultrasound reports could not aid in the diagnosis of her case. The vital signs were normal at presentation. Her vaginal examination confirmed a cervical polyp. The preoperative PCV was 21%. She had cervical polypectomy on 18th February 2021 by clamping a vulsellum on the mass and rotating the mass several times on the thick pedicle until it avulsed. The cervix and uterine cavity were packed with a segment of an abdominal mop. She had postoperative vaginal bleeding of about 350 ml of blood that was controlled with intravenous injection of 1 g of tranexamic acid 12 hourly for 24 hours. She was given a total of 3 pints of blood before her postoperative dizziness could stop. The post transfusion PCV was 25%. Her histology report confirmed fibroid polyp. She had combined oral contraceptive pills for 3 cycles before menstrual loss normalized. Patient was very happy with our care and referred her sister with a gynaecological problem to us.

Case 5

Mrs. OO, a 40-year old Para 0+3 (Parity) married woman, presented with post-coital bleeding of 14 days duration. She was clinically pale. There was no palpable supra-pubic mass. Speculum vaginal examination could not delineate the vaginal mass clearly. Digital vaginal examination, however, revealed a huge cervical poly with big pedicle. Her urgent PCV was 20%. She had vaginal polypectomy on 26th August 2021. The cervical fibroid mass of 6 cm^3 × 5 cm^3 × 4 cm^3 was avulsed after clamping the mass with a pair of vulselum and twisted it several times. The bleeding stump was identified and sutured with vicryl 1. Intraoperative intravenous 1 g of tranexamic acid was given, and a total of two units of blood were transfused. The post transfusion PCV was 24%. She was discharged on antibiotics and hematinic.

Case 6

Miss NC was a 35-year old nulliparous lady who presented from another State with undiagnosed excessive, irregular vaginal bleeding of 2 years duration that was associated with offensive vaginal discharge, weakness, dizziness and fainting attacks. She was very pale at presentation. Abdominal examination did not reveal any abdominal mass. Her abdominal ultrasound, however, revealed only multiple uterine fibroid. The urgent PCV was 16%. She had two pints of blood transfused, but the bleeding continued. Diagnosis of a huge cervical polyp was made later when digital vaginal examination was done. Operative findings on 29th August 2021 showed circumcised vulva, normal vagina and 8 cm^3 × 6 cm^3 × 6 cm^3 cervical mass with a thick pedicle **(Figure 1)**. Avulsion was done under saddle block regional analgesia. The uterine cavity was packed with a segment of abdominal mop and intravenous tranexamic acid was given to prevent postoperative bleeding. She had total 4 pints of blood transfused **(Table 1)**. The post transfusion PCV was 28%. Other patients presented with

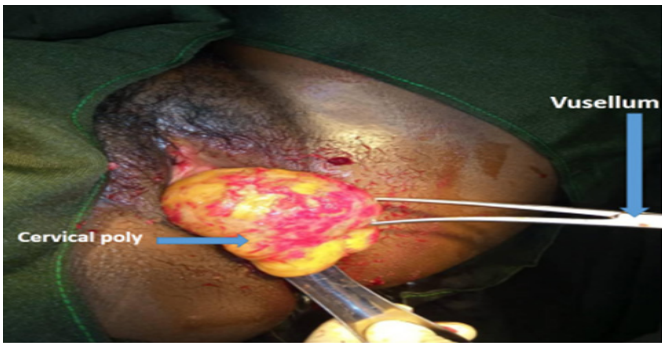

Figure 1 Intraoperative findings of cervical fibroid polyp in Case 6.

Table 1: Summary of presentation, diagnosis and treatment outcomes of the cases.

Variables	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6
Name	Mrs. OG	Mrs. NO	Miss OF	Mrs. OL	Mrs. OO	Miss NC
Age	32 years	43 years	30 years	38 years	40 years	35 years
Marital status and Parity	Married Nulliparous	Married Para 3+0	Nulliparous	Married Para 3+0	Married Para 0+3	Single Nulliparous
Presentations	Referred Mass in vagina, Abdominal pain, Infertility	Excessive vaginal bleeding, Weakness, Dizziness	Mass in vagina, Excessive vaginal bleeding	3-month undiagnosed vaginal bleeding, Weakness, Dizziness	Postcoital bleeding	2-years undiagnosed vaginal bleeding, Offensive discharge, Dizziness, Fainting attacks
General and abdominal examinations	Pale Normal vital signs	Very pale Pulse rate 120/minute	Unremarkable	Pale Normal vital signs	Unremarkable	Very pale Normal vital signs
Vaginal Examination (VE)	Confirmed cervical polyp	Digital VE revealed m^3 cervical fibroid polyp	Confirmed cervical mass	Revealed cervical polyps	Huge cervical mass with a big pedicle	Later VE confirmed cervical polyp
Laboratory investigations	Preop/Postop PCV=26%/23%	Preop and Post 4 pints blood transfusion PCV 20% and 25% respectively	Preop PCV (25%) 1-month follow up PCV was 34%	PCV 21% on admission PCV 25% after 3 pints of blood transfusion	PCV 20% on admission PCV 24% after 2 pints of blood transfusion	PCV 16% Post 4 pint transfusion PCV 28%
Treatments	High double ligation and cutting of pedicle under GA on 1/6/2016. Uterine packing, antibiotics, Haematinic	Polypectomy by avulsion on 7/6/2019. Uterine Packing 4 pints of blood transfusio, antibiotics, antihypertensive and haematinic drugs	Polypectomy by avulsion on 30/9/2020. Uterine packing, antibiotics, Haematinic	Polypectomy by avulsion on 18/2/2021. Uterine packing Iv tranexamic acid 3pints of blood transfused COC × 3 cycles	Polypectomy by avulsion on 26/8/2021. Bleeding stump sutured with vircryl 1, Uterine packing Iv tranexamic acid, Antibiotics, Haematinic	Polypectomy by avulsion on 29/8/2021. Uterine packing Iv tranexamic acid, 4 pints of blood transfused, antibiotics, Haematinic
Histology report	Confirmed leiomyoma	Histological test not done	Leiomyoma	Leiomyoma	Leiomyoma	Leiomyoma
Treatment outcome	Uneventful recovery	Satisfactory	Satisfactory	Satisfactory Referred her sister for care	Uneventful	Satisfactory

excessive vaginal bleeding, weakness, dizziness and mass in the vagina as depicted in **(Table 2)**.

Discussion

Small cervical fibroid polyps may be asymptomatic. However, giant cervical fibroid polyps can mimic several genital disease conditions, and thus cause delays in patient presentation till life-threatening complications develop difficulties in case diagnoses and treatments. Cases 2 and 6 in this study presented late with life-threatening PCV of 14% and 16% respectively as in the case reported by Ikechebelu and co-workers. Cervical fibroid polyps masquerading as cervical malignancy, genital organ prolapse, acute urinary retention and uterine inversion did not occur in our series. MRI is the choice preoperative investigation tool as it provides imaging planes that are not available in trans-abdominal and trans-vaginal ultrasounds [10]. All the abdominal ultrasound reports in our patients missed the vaginal masses. We used inexpensive diagnostic digital vaginal examinations to identify the polypoidal masses and trace the pedicles to their attachments on the cervix. Diagnosis of Case 6 was delayed after presentation because vaginal examination was not done at her first clinical evaluation.

Table 2: Patient presentations of cervical fibroid polyp.

Complaints	Number	Percentage (%)
Excessive vaginal bleeding	4	66.7
Weakness	4	66.7
Dizziness	4	66.7
Mass in vagina	2	33.3
Abdominal pain	1	16.7
Postcoital bleeding	1	16.7
Offensive vaginal discharge	1	16.7
Infertility	1	16.7
Fainting attacks	1	16.7

Polypectomy by avulsion was the treatment of choice in our series. It is simple, quick and safe with minimal exposure to anesthesia in these critically ill patients that present very late to care. Other workers used monopolar diathermy and ultrasound harmonic scalpel to minimize intraoperative and postoperative bleeding. We used uterine packing with gauze, tranexamic acid injections to control hemorrhage in our study with satisfactory treatment outcomes as were reported in other studies. There were massive blood transfusions in this study because of delays in patient presentations and diagnoses until life-threatening

complications develop. Early vaginal examinations in Case 3 and Case 6 would have averted these blood transfusions.

Conclusion

Early vaginal examination is critical to prompt diagnosis and treatment of cervical fibroid polyps before life-threatening complications develop. Simple, quick and safe polypectomy by avulsion is the advocated treatment of choice in these critically ill patients that present very late to care.

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