

Polypoid Endometriosis of the Cervix

Alsulami Somayah^{1*}, Albasri S² and Alghanmi N¹

¹Department of Pathology, King Abdul-Aziz University Hospital, Jeddah, Saudi Arabia

²Department of Urogynecology, King Abdul-Aziz University Hospital, Jeddah, Saudi Arabia

*Corresponding author: Alsulami Somayah, Department of Pathology, King Abdul-Aziz University Hospital, Jeddah, Saudi Arabia, E-mail: somayah.saad@hotmail.com

Received date: September 24, 2017; Accepted date: May 09, 2018; Published date: May 14, 2018

Copyright: © 2018 Somayah A, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Background: Polypoid endometriosis of the cervix is an uncommon variant of endometriosis that could be mistaken for a neoplasm on clinical, intraoperative, and gross examination. It may be asymptomatic or may present with a diverse range of persistent symptoms and even life-threatening haemorrhage. We report a 47 y old woman with polypoid endometriosis in the cervix who was referred to us because of uncertain diagnosis.

Case report: A 47 y old woman presented to the gynaecological clinic with metrorrhagia, dysmenorrhea, and irregular menstrual cycles, associated with fatigue and loss of appetite and weight. She had received blood transfusion for anaemia secondary to vaginal bleeding, but otherwise had no significant medical history. Speculum examination revealed a large ulcerated polyp arising from the cervix. The differential diagnoses were cervical polyp vs. neoplasm. Polypectomy was performed. Histopathological examination confirmed polypoid cervical endometriosis.

Discussion: Most patients with polypoid endometriosis of the cervix present with menorrhagia. Polypoid endometriosis can mimic cervical neoplasia clinically, radiologically, and intraoperatively. The cervix uteri are an uncommon site for endometriosis. However, the number of reports is increasing, and this differential must be kept in mind when assessing a patient with cervical polyp.

Conclusion: Polypoid endometriosis should be considered in the differential diagnosis during evaluation of polypoid lesions of the cervix.

Keywords: Endometriosis; Cervical polyp; Cervical neoplasm; Dysmenorrhea; Metrorrhagia

Introduction

Polypoid endometriosis of the cervix is a rare form of endometriosis that may be mistaken for a malignancy on clinical and radiological examination. We report a 47 y old woman with polypoid endometriosis of the cervix who was referred to gynaecology clinic because of suspicion of malignancy. This report demonstrates the need to keep this differential in mind when assessing a cervical polyp.

Case Report

A 47 y old woman, gravida 0 para 5, with no significant medical or surgical history presented to the gynaecology clinic with symptoms of metrorrhagia, dysmenorrhea, and irregular menstrual cycles. For the past 1 y, she had been having her periods 3 times every month. She had also experienced fatigue, loss of appetite, and weight loss of ~3 kg. She had received 2 units of blood 3 months back for treatment of anaemia secondary to vaginal bleeding.

Physical examination was unremarkable. Her vital signs were stable, and cardiorespiratory examination was normal. Her hemoglobin level was 6.7 g/dL (normal range 12-15 g/dL). The Mean Corpuscular Volume (MCV) and the Mean Corpuscular Haemoglobin (MCH) levels were low (57.1 fL and 15.5 pg, respectively, normal range 80-94 fL and 32-36 pg). There was no leucocytosis. Thyroid function tests

were normal. Ultrasonography revealed a markedly enlarged and bulky retroverted uterus, measuring 10 × 5.6 × 6 cm, with endometrial thickness of around 0.84 cm. A 3.3 × 3.3-cm hyper-echoic structure, consistent with fibroid, was noted in the middle of the anterior wall of the uterus. The ovaries were not visualized. Minimal free fluid was present in the pouch of Douglas. Multiple nabothian cysts were noted in the cervix, the largest measuring 1.3 cm in diameter.

On speculum examination, the cervical os was closed, and the vagina appeared normal. A large polyp, with an area of ulceration, was seen arising from the cervix. With these presenting symptoms and clinical findings, the main differential diagnoses were cervical polyp and cervical neoplasm. Polypectomy was performed and the specimen was sent for histopathological examination.

Pathological Examination

Gross appearance

The polyp was 3.5 × 4 × 3 cm in size, with focally ulcerated and haemorrhagic outer surface. The cut surface is solid, with cystic spaces containing dark brown fluid and focal papillary areas.

Microscopic appearance

Sections showed endometrial cells underneath ectocervical mucosa (Figure 1). The cystic spaces were lined by endometrial cells. The sub-