Diagnostic Dilemma in Benign Condition of Cervix: A Case Report

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Abstract

Chronic cervicitis is a benign condition being usually asymptomatic, but may sometime present in an unusual manner pose a diagnostic dilemma for treating gynaecologists. Cervicitis is inflammation of cervix. It affects major half of all women at some point during their adult life. Chronic cervicitis results due to repeated episode of acute cervicitis or incomplete treatment. Usually it is asymptomatic, but sometimes may result in vaginal discharge, dyspareunia, intermenstrual or post coital bleed, polyp etc. Sometime it may present in an unusual manner as an elongated cervix as in the present case.

Keywords: Cervix, Inflammation, Vagina

INTRODUCTION

Cervicitis is inflammation of cervix. It affects major half of all women at some point during their adult life. Chronic cervicitis is a benign condition may results due to repeated episode of acute cervicitis or incomplete treatment. Usually it is asymptomatic, but sometimes may result in vaginal discharge, dyspareunia, intermenstrual or post coital bleed, polyp etc. Sometime it may present in an unusual manner as an elongated cervix as in the present case. There are few case reports[1,2] of similar presentation reported in literature.

CASE REPORT

A 45-years-old multiparous lady (P5L5) presented to outpatient department with the chief complaint of something coming out of vagina since one and half years. She had regular cycles with no complaints of discharge, intermenstrual or postcoital bleed. On local examination (Figure 1a), there was a fleshy mass 4 × 5 cm, just at the introitus. On per speculum examination, cervix was replaced by cylindrical mass 8 × 4 cm long resembling penis. The external cervical os was not visualized on it. The mass was smooth, firm in consistency, mobile and did not bleed to touch. A provisional diagnosis of cervical polyp or congenital elongation of cervix was made. On ultrasound, uterus and adenexa were normal, but the cervical canal could barely be discerned with a mass probably originating from cervix. The mass was uniformly echoic with no abnormal vascular patterns seen. On examination of the penile mass in operation theatre, on sustained search, small external cervical os (pin head size) was visualized on posterolateral surface, almost at the middle of the mass (Figure 1b) and diagnosis of cervical elongation was

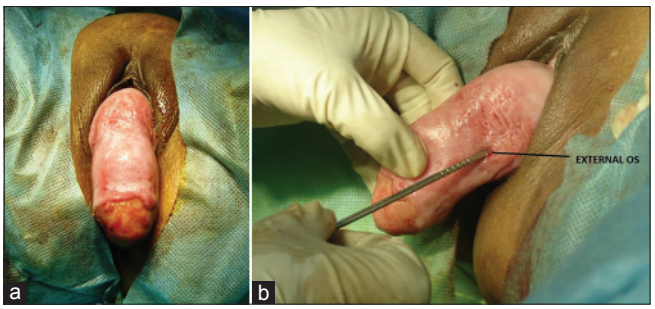

Figure 1: (a) Penile mass lying outside the introitus on external genitalia examination. (b) External cervical os visualized on posterolateral surface of the penile mass on examination in operation theatre

made. Communication of this external cervical os with the cervical canal and uterine cavity was confirmed by sounding through external cervical os. The cervical length was 4 cm and uterocervical length was 12 cm. Her screen for sexually transmitted disease (hepatitis B antigen, syphilis and HIV) was negative. Trachelorrhaphy was planned. While excision of mass, care was taken by keeping a dilator in the cervical canal for marking and trachelorrhaphy was completed. On cut section mass was pale pinkish in colour with no areas of hemorrhage or necrosis and there were no identifiable fibroid or polyp. Histopathology confirmed the diagnosis of cervical elongation with chronic cervicitis with squamous metaplasia. Postoperative period was uneventful. Six weeks after surgery patient showed restoration of normal cervix with patent cervical os in normal position with normal PAP smear. Patient on annual follow up had no complaints.

DISCUSSION

After extensive search of literature on pubmed with keywords as cervical elongation, unusual presentation of chronic cervicitis, cervical fibroid polyp, only few cases are reported till date.

Doherty et al[1] reported a case of 67 years old lady with postmenopausal bleeding and invasive looking cervical tumour for which hystrectomy was done and histopathology report was plasma cell cervicitis with presence of human papilloma virus (HPV)16 in cervical plasma cell. Plasma cell cervicitis is rare variant of chronic cervicitis. Only few cases of plasma cell cervicitis had been reported earlier.

Gurung et al[3] noticed cervical elongation in 37 years old multiparous lady, due to huge portio-vaginal fibroma for which vaginal hystrectomy with pelvic floor repair was done and histopathology was cervical fibroid with hypertrophic cervix.

Salmo et al[2] reported a case of 29 years old lady presented with postcoital bleed due to cervical polyp for which polypectomy was done and histopathology was Russell body cervicitis with endocervical polyp. Russell bodies are not uncommon in reactive plasma cells with distinctive intra-cytoplasmic eosinophilic inclusions. Russell bodies are accumulation of condensed immunoglobulin within the cytoplasm of plasma cells which can be seen in inflammatory as well as neoplastic processes such as plasmacytoma and B-cell lymphomas.

The presentation in our case was entirely different as a penile mass posing a dignostic challenge to the treating obstetrician with the histropathology of chronic cervicitis.

Thus, cervicitis can be present in various non classical form like in the present case as elongated penile mass coming out of vagina. Differentials like congenital cervical elongation with hypertrophy and cervical fibroid polyp may be considered for the above case. However, final diagnosis of chronic cervicitis in the present case was perplexing.

CONCLUSION

Nonclassical presentation of chronic cervicitis in form of cervical elongation was wittnessed for the first time. Its uniqueness and its unusual clinical manifestation prompted us to share our experience.

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