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Case Report

RARE COMBINATION OF COMMON DISEASE: A CASE REPORT

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ABSTRACT
Incidental diagnosis of cervical carcinoma after the operation for presumed benign disease fibroid uterus is very rare. We came across such a case where 38 year old multiparous women presented with frequent menstrual cycles and lump in abdomen. Pallor was present. On abdominal examination a midline mass was seen, palpable upto 26-28weeks size, non tender, firm consistency, smooth surface, lower border could not be felt, mobile transversely. On per speculum examination, cervix appears normal but, drawn up. On per vaginal examination movement of mass transmitted to cervix which was about 26 to 28 weeks in size. Provisional diagnosis of Fibroid uterus was made. After two packed cell transfusion patient was taken for Abdominal Hysterectomy. Mass weighed 2.8kg. Postoperative recovery was uneventful, histopathological examination revealed leiomyoma of uterus with hyaline degenerative changes with Large cell keratinizing squamous cell carcinoma of cervix Grade I, FIGO stage Ib1 with no evidence of lymphovascular emboli. So, each and every operative specimen to be followed up meticulously with histopathological examination.

Keywords: *Fibroid Uterus, Cervical Carcinoma*

INTRODUCTION
Leiomyoma is the commonest of all uterine and pelvic tumours, with an incidence of almost 20% in women of reproductive age group (Bhatla, 2001). Cervical carcinoma is the second most common cancer in women globally (Girija *et al.,* 2014). Although both these conditions are very common individually, but very rare in combination. We report such a case of large uterine fibroid with carcinoma cervix which was diagnosed incidentally on histopathological examination.

CASES
A 38 year old para 2 belonging to lower socioeconomic status came with complaints of frequent menstrual cycles since 6 months and noticed lump in abdomen since 1month, non progressive in size and not associated with pain abdomen. No history of intermenstrual bleeding, post coital bleeding and white discharge per vaginum. Her appetite, bowel & bladder habits were normal. Her past and family history was not significant. Obstetric history para2, living1, dead1, last child was 15 years back. She had tubal ligation done. On general examination, her height was 151cm, weight 45kg, with BMI of 19.73k/m2. Pallor was present. On abdominal examination a midline mass was seen, palpable upto 26-28weeks size, non tender, firm consistency, smooth surface, lower border could not be felt, mobile transversely. No free fluid in the abdomen. Bowel sounds normal.
On per speculum examination, cervix appears normal but, drawn up. On per vaginal examination movement of mass transmitted to cervix which was about 26 to 28 weeks in size. On per rectal examination same mass was palpable. The provisional diagnosis of Fibroid uterus was made. Her hemoglobin was 7.2 gm% which was improved to 10gm% preoperatively by packed cell transfusion. Ultrasonography (USG) abdomen and transvaginal USG suggested huge uterine fibroid with dimensions of 19*11*18 cm with degeneration with mild right hydronephrosis. Computed Tomography of abdomen and pelvis suggested huge uterine degenerated fibroid with dimensions of 18*17.8*16cm. Myometrium

appears stretched. Mass effect is right ureter causing hydroureteronephrosis. Pap smear showed only inflammatory changes with no evidence of malignancy.

On laprotomy, uterus was enlarged upto the size of 28 weeks, with dimensions of 23*18*15cm. Right ovary was cystic and as patient was young Total abdominal hysterectomy with right salpingo oopherctomy was done. The removed specimen was 2.8 kg in weight. On examination of cervix, there was a small growth of 2cm*2cm on posterolateral wall of cervix which was not visible on per speculum examination. The post operative period was uneventful. Subsequent histopathological examination revealed the specimen as leiomyoma of uterus with hyaline degenerative changes with Large cell keratinizing squamous cell carcinoma of cervix Grade I, FIGO stage Ib1 with no evidence of lymphovascular emboli. Suture removal done on postoperative day 7. Patient was referred to Oncology Department for further therapy. Follow up of patient after one month, abdominal wound was healthy, vault was healthy and pelvis was soft.

DISCUSSION

Leiomyoma of uterus is the most common tumour of the female pelvis. They are benign and present in approximately 1/3 of reproductive age women (Bradley *et al.,* 2002). Cervical carcinomas with coexisting uterine adenomatoid tumors are very rare with few cases reported in the literature (Volkan *et al.,* 2013).

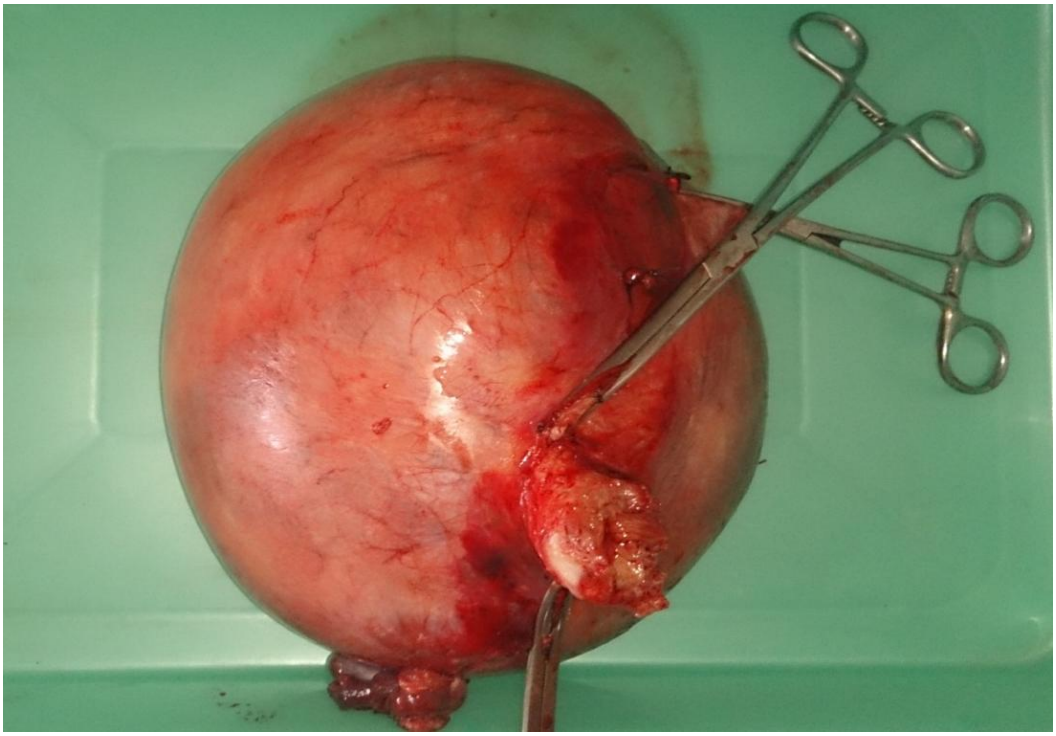

Figure 1: Specimen showing single large fibroid

But, cervical carcinoma coexisting with uterine fibroids is not reported. In this case, on opening the abdomen, fibroid uterus was diagnosed, and confirmed by histopatholgy as leiomyoma and carcinoma cervix being incidental finding. Cervical carcinoma incidence varies in women between 15-49 years, can be as high as 60.6%. The treatment of carcinoma cervix can be radical surgery, Radiation therapy, Chemotherapy or a combination of all the above methods. In young females, who have undergone surgery for carcinoma cervix where ovaries can be spared, but in older patients and patients, who have completed their family, removal of the ovaries is advised. Consent was taken from the patient regarding the publication of her case study.

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Cut section: Intramural fibroid with degenerative changes, Arrow mark showing growth in the cervix

Conclusion

As Gynaecologists, we will be treating thousands of patients with similar complaints but missing of one such rare combination of common diseases which are treatable may cause colossal loss to the patient and her family as well. Hence Gynaecologists should not be carried away by the benign nature of lesion by history, clinical examination, naked eye examination of the specimen. Each and every operative specimen to be followed up meticulously with histopathological examination for better patient care.

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