

Huge cervical fibroid-polyp mimicking cervical cancer: a case report

Abstract

Huge cervical polyps are rarely encountered in gynaecological practice and often pose a diagnostic dilemma. They usually mimic cervical malignancy, uterine inversion or prolapse in their presentation. We report a case of a huge cervical fibroid-polyp masquerading as cervical cancer. The patient was a 30-year-old nulliparous lady who presented with abnormal vaginal bleeding which was sometimes postcoital, a fleshy and partly necrotic vaginal mass with offensive vaginal discharge for about one year. These clinical features heightened the suspicion of a possible cancer of the cervix. Following basic laboratory investigations, the patient had a thorough examination under anesthesia with subsequent polypectomy (excision biopsy). She had a complete resolution of her symptoms and an uneventful postoperative recovery. Histopathological study of the excised tissue confirmed a leiomyomatous polyp. A high index of suspicion with proper patient evaluation are key in making accurate diagnosis and treatment.

Keywords: cervical fibroid-polyp, polypectomy, cervical cancer

Volume 16 Issue 1 - 2025

Ezenwaeze MN,¹ Nweze SO,¹ Onah LN,¹ Ugwu IA,¹ Nevo CO,¹ Odugu BU,¹ Dinwoke VO,¹ Mba SG,¹ Ortuanya KE,¹ Awkadigwe FJ,¹ Nwankwo BC,² Nwankwo CN,³ Umezulike HE,⁴ Eze OE,⁵ Eryinna P,¹ Omeke CA,¹ Chukwma ST,⁶ Ngozi IO⁷

¹Department of Obstetrics and Gynaecology, Enugu State University Teaching Hospital, Enugu, Nigeria

²Department of Community Medicine, Enugu State University Teaching Hospital, Enugu, Nigeria

³Department of Paediatrics, University Teaching Hospital, Enugu, Nigeria

⁴Newpath Specialist Hospital, New Haven, Enugu, Nigeria

⁵Department of Haematology, Enugu State University of Science and Technology College of Medicine, Enugu, Nigeria

⁶Department of Medical Microbiology, College of Medicine

Enugu State University of Science and Technology, Enugu, Nigeria

⁷Department of Chemical Pathology, Enugu State University of Science and Technology College of Medicine, Enugu, Nigeria

Correspondence: Ezenwaeze Malachy Nwaeze, Department of Obstetrics and Gynaecology, Enugu State University of Science and Technology Teaching Hospital, Enugu, Nigeria, Email malachy.ezenwaeze@esut.edu.ng

Received: December 23, 2024 | **Published:** January 03, 2025

Introduction

Cervical polyps are usually small benign growths of the endocervical canal, commonly encountered in middle-aged women.¹ Huge or giant cervical polyps are defined as polyps with a size greater than 4cm. They are rarely encountered in gynaecological practice and can pose a diagnostic dilemma.² Very few cases of huge cervical polyps have been reported.³ Cervical polyps are relatively common pathology in adult females with size usually less than 2cm and mostly incidental findings at routine vaginal examination.⁴ Cervical fibroids are usually single and may be either interstitial or subserous. They are rarely submucous or polypoidal as in the index case. Giant cervical polyps can be confused with more serious pathology due to their size and clinical presentation.^{5,6} They have also been noted in literature to have been frequently mistaken for malignant neoplasm at the time of presentation.⁷ Commonly reported symptoms of cervical polyps include abnormal vaginal bleeding and discharge.⁸

This case report aims to highlight yet a rare presentation of a huge cervical fibroid-polyp with the attendant diagnostic dilemma of excluding cervical cancer.

Case report

A 30-year old married nulliparous woman presented with abnormal vaginal bleeding which was sometimes postcoital, a fleshy and partly necrotic vaginal mass with offensive vaginal discharge for about one year. She had normal menstrual history prior to onset of symptoms. The patient was noted to be pale on general examination with packed cell volume of 22%. Other general and systemic examination findings

were normal. Vaginal examination revealed a large irregular mass in the introitus with offensive necrotic distal area that bled profusely on mild touch. This ominous finding heightened the suspicion of cancer of the cervix and precluded further examination in the gynaecological outpatient clinic. The patient was worked up and booked for examination under anesthesia (EUA), staging and biopsy. The findings of the procedure included a bulky uterus of about 9 weeks' gestational size with a huge, partly necrotic mass of about 10cm x 8cm and weighing 1.10kg extruding through a healthy ring of cervix into the vagina and out of the introitus. A clinical diagnosis of cervical fibroid-polyp to rule out cancer of the cervix was entertained. The histology of cervical biopsy showed just inflammatory cells with no malignant changes or atypia. The patient was transfused with three units of sedimented red blood cells and subsequently had polypectomy with postoperative antibiotics and analgesics. Her postoperative recovery was uneventful. Histopathological study of the excised mass confirmed leiomyomatous polyp of the cervix with abundant endometrial glands and no signs of dysplasia or malignancy (Figure 1) (Figure 2).

Discussion

Cervical polyps account for 23% of polyps located on the uterus.⁹ They originate from a localized increase in endometrial tissue, varying from single to multiple occurrences, and may attach to the uterus in different ways.⁹ It is usually an asymptomatic common gynecological condition and often found during unrelated pelvic imaging. However, they may cause abnormal uterine bleeding, pelvic discomfort or infertility when large. Even though as low as 2% of cervical polyps

have been reported to undergo malignant transformation, current studies suggest removing those that are symptomatic or show abnormal cells.¹⁰ Commonly reported symptoms of cervical polyps include abnormal vaginal bleeding and discharge.⁸ However, our patient presented with abnormal vaginal bleeding which was sometimes postcoital, with a partly necrotic vaginal mass and offensive discharge which heightened the suspicion of cervical cancer.



Figure 1 Huge irregular cervical fibroid-polyp with a necrotic distal part.



Figure 2 The stalk of the huge irregular cervical fibroid-polyp with a necrotic distal part.

Incidence tends to increase with age. Large cervical fibroids have been reported most frequently in adult nulliparous women as in the index case.^{9,10} Their sizes range from 5 to 17cm and can be found intravaginally or may extrude beyond the vaginal introitus spontaneously or during a Valsalva maneuver.¹¹

Although the gold standard for histologic assessment of endometrial polyps is hysteroscopic-guided biopsy,¹² which enables simultaneous visualization and removal of the lesion, Pelvic

ultrasonography is often the initial step, which typically depicts a lesion that is hyperechoic with well-defined margins situated within the uterine cavity, demarcating the endometrial walls, and surrounded by a thin hyperechoic halo. Doppler ultrasound can be beneficial, particularly when it successfully delineates the vascular supply to the polyp.¹³

Majority of cases of cervical polyps are treated by polypectomy. However, instances necessitating abdominal or vaginal hysterectomy have been documented.¹⁴ Our patient had polypectomy with resolution of symptoms.

Despite the benign nature of giant cervical polyps, as documented in several studies, their significant sizes and ominous clinical presentation can mimic malignant pathology. Therefore, rigorous clinical examination and relevant laboratory investigations are imperative to exclude neoplastic disease. Surgical excision (polypectomy) remains the primary treatment modality, with histopathological examination providing the definitive diagnosis.¹⁵

Conclusion

Huge cervical fibroid polyp is rare and can pose a diagnostic dilemma, especially when they present with clinical features mimicking cervical cancer as reported in this case. High index of suspicion and proper patient evaluation are key in making accurate diagnosis and giving appropriate treatment.

Acknowledgments

To the medical and nursing staff for their good roles.

Informed consent

Written informed consent was obtained from the patient for the publication of this case report.

Funding

None.

Conflicts of interest

The authors declare that they have no competing interests.

References

1. Bakir B, Sanli S, Bakir VL, et al. Role of diffusion weighted MRI in the differential diagnosis of endometrial cancer, polyp, hyperplasia, and physiological thickening. *Clin Imaging*. 2017;41:86–94.
2. Gothwal M, Singh P, Bharti JN, et al. Giant cervical angiomyomatous polyp masquerading thirddegree uterine prolapse: A rare case with review of literature. *Int J App Basic Med Res*. 2019;9:256–258.
3. Bucella D, Frédéric B, Noël JC. Giant cervical polyp: A case report and review of a rare entity. *Arch Gynecol Obstet*. 2008;278:295–258.
4. Harrison AO. Prolapsed giant cervical fibroid polyp mimicking procidentia – Aftermath of traditional therapy for fibroids – A case report and review of the literature. *Open Sci J Clin Med*. 2014;2:15.
5. Fabres C, Alam V, Balmaceda J, et al. Comparison of ultrasonography and hysteroscopy in the diagnosis of intrauterine lesions in infertile women. *J Am Assoc Gynecol Laparosc*. 1998;5:375–378.
6. MacKenzie IZ, Naish C, Rees CM, et al. Why remove all cervical polyps and examine them histologically? *BJOG*. 2009;116:1127–1129.
7. Amesse LS, Taneja A, Broxson E, et al. Protruding giant cervical polyp in a young adolescent with a previous rhabdomyosarcoma. *J Pediatr Adolesc Gynecol*. 2002;15:271–277.

8. Justin Clark T, Stevenson H. Endometrial polyps and abnormal uterine bleeding (AUB-P): what is the relationship, how are they diagnosed and how are they treated? *Best Pract Res Clin Obstet Gynaecol.* 2017;40:89–104.
9. Justin Clark T, Stevenson H. Endometrial polyps and abnormal uterine bleeding (AUB P): what is the relationship, how are they diagnosed and how are they treated? *Best Pract Res Clin Obstet Gynaecol.* 2017;40:89–104.
10. Marrakchi S, Bouanane R, Ez-zaky S, et al, Voluminous cervical polyp delivered: a case report. *Journal of Surgical Case Reports.* 2024;2024(5):rjae338.
11. Sheth SS, Shinde L. Vaginal hysterectomy for myomatous polyp. *J Gynecol Surg.* 1993;9:101–103.
12. Massinde AN, Mpogoro F, Rumanyika RN, et al. Uterine prolapse complicated with a giant cervical polyp. *J Low Genit Tract Dis.* 2012;16(1):64–65.
13. Khalil AM, Azar GB, Kaspar HG, et al. Giant cervical polyp. A case report. *J Reprod Med.* 1996;41:619–621.
14. Dilip SA, Gautam S Aher, Gavali U. Huge fibroid-polyp: a case report. *Sch J Med Case Rep.* 2014;2(2):78–79.
15. Younis MTS, Iram S, Anwar B, et al. Women with asymptomatic cervical polyps may not need to see a gynaecologist or have them removed: an observational retrospective study of 1126 cases. *Eur J Obstet Gynecol Reprod Biol.* 2010;150(2):190–194.