Lipoleiomyoma Of The Uterine Cervix (About An Observation)


Abstract: The diagnosis of benign cervical that does not rely on imaging, but the clinical and histological examination. Indeed, the main question is: is it a benign or malignant lesion? Among the benign lesions, the variety of lesions that may be encountered is important. However, knowledge of the typical aspects of the most common injuries helps confirm a diagnosis and avoid unnecessary explorations. Lipoleiomyomas are uncommon benign neoplasms of uterus and are considered to be a variant of uterine myomas. Their reported incidence varies from 0.03 to 0.2%. We report this case of cervical lipoleiomyoma because of its rarity, and we emphasize the difficulty of making the diagnosis of malignancy and benign cervical lesions.

Index Terms: Benign tumor, cervix, cervical leiomyoma, cervical fibroid, lipoleiomyoma.

1 INTRODUCTION

The diagnosis of benign cervical tumor depends on histological examination. Cervical leiomyoma is the most common benign tumors of these; it arises in the cervical muscular tissue. It looks like uterine leiomyoma, which is more common. Cervical leiomyoma is usually small, typically measuring 0.5 to 1 cm. It occurs most often in women aged 30 and over but can affect women of all ages [1]. Through this observation, we emphasize the difficulty of making the diagnosis of malignancy or benignity of a cervical lesion and describe the clinical and radiological features of cervical leiomyoma.

2 CASE REPORT

Mrs. L.H. aged 39 years old, G4P4, who consults for bleeding that had started three months ago. Speculum examination finds a registered cervical-irificial inflammation. The vaginal examination finds a cervix doing 3 cm with supple vaginal. Digital rectal examination finds a tumor of the cervix to 4 cm bulging into the rectum with flexible rectovaginal septum and free parameters. An ultrasound found a hyperechoic image depends on cervico-isthmic posterior region (Fig. 1). In front of the high suspicion of a malignant tumor of the cervix, pelvic MRI finds a cervico-isthmic process involving 52 × 47 mm extending to the right proximal parameter with a dilatation of right ureteral making suspect a cervical cancer classified IIB according to FIGO classification (Fig. 2 and Fig. 3).

Fig. 1. Sagittal sonogram shows hyperechoic mass arising from the cervico-isthmic region.

Fig. 2. Sagittal T1-weighted MR image also shows mass in lower uterine segment measuring 57×42×57 mm suggesting a cervical process.

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J Reprod Med. 2007
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