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Summary

Endometriosis of the uterine cervix is rare. The prevalence is cited to be 2.4% and diagnosis is usually retrospectively performed, based on histology. Only 3 presentations as an abnormal cervical mass and persistent post-coital bleeding have been reported. This presentation aims to refocus attention to the disease using an original alternative approach. During follow-up we observed the resolution of symptoms. Cytology of excised haemorrhagic cystic-nodule revealed endometriosis. A very rare case of cervical endometriosis has been described.

For the clinician, the identification of post-coital bleeding aetiology is important in order to effect a proper treatment.

Introduction

Endometriosis, characterized by growth of endometrial glands and stroma outside the endometrium, responds to hormonal stimulation at abnormal locations. It is a common gynaecologic disease in reproductive years, with a 10% to 20% incidence clinically observed and an incidence as high as 45% on laparoscopic examination *(Su H.Y et al. 2004)*.

The prevalence of Endometriosis of the uterine cervix is estimated around 2.4% of all endometriosis localizations but probably occurs more commonly than is generally realized and diagnosis is usually retrospectively on histology *(Phadnis V Saurabh et al, .2005)*.

Extrapelvic disease occurs in 12% of patients with endometriosis and cervical endometriosis represents one of the ramifications.

Of the three theories regarding the pathogenesis of endometriosis, ectopic

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transplantation of endometrial tissue, celomic metaplasia, and vascular dissemination, the first one is the most widely accepted.

In fact it has been observed, a predilection in women with a previous history of cervical trauma associated with surgical procedures (e.g. curettage, biopsy, cautery, laser vaporization) *(Balachandran et al. 2002).*

Cervical endometriosis is a rare benign condition that may be an incidental finding during the investigation for symptoms such as persistent post-coital bleeding or distressing intermenstrual bleeding or may be asymptomatic and recognized like cervical ectopy during a routine exam of the portio *(Selo-Ojeme Dan et al 2006)*.

Endometriosis being a benign condition of the cervix is generally considered as an uncommon lesion with diagnostic challenge and management dilemma and rarely needs extensive surgery, so for the clinician, the identification of the aetiology is important in order to effect proper treatment.

Colposcopy and cervical biopsy are pivotal to the diagnosis. The Endometriosis of cervix occurs in two forms, superficial and deep. The former involves the superficial cervical stroma immediately subjacent to the epithelium in most cases, occasionally involves the mucosa, and may, uncommonly, be present in the middle third of the cervical wall.

Deep cervical endometriosis involves the outer third of the cervical wall and is usually associated with the involvement of the rectovaginal septum or serosal surface of the supravaginal portion of the cervix. Cervical endometriosis may appear as a bluish red or bluish-black lesion.

Cervical endometriosis should be considered in the differential diagnosis of post-coital bleeding with no obvious ectopic or malignant mass. Colposcopy and directed cervical biopsy are indispensable for an accurate diagnosis of superficial cervical endometriosis or in those cases it appears in surface.

Although uncommon, the lesion may occur more frequently than realised. The lesion's apparent rarity may be attributed to limited awareness of the clinical appearance and technical difficulty in obtaining suitable confirmatory biopsies. Diagnosis may be facilitated and improved by fine needle aspiration cytology testing.

We present a very rare case of deep-cystic cervical endometriosis without any other suggestive pattern of endometriosis.

Case Report

A 33 year-old Caucasian woman presented to us with dyspareunia, intermenstrual and post-coital bleeding. She had history of infertility and irregular menstruation. The gynaecological examination gave pain in patient and revealed a mass (3 cm in diameter approximately) arising from the cervix. Transvaginal sonography (TVS) showed a mass of 35 mm in the cervix with diffuse, low-level internal echoes (Fig 1).

TVS aspiration with oocytes pick up needle 17 gauges was performed and a very viscous black liquid appeared. Drainage by continuous flushing with glucose solution 5% was made. Cytological examination was performed and the diagnosis confirmed.

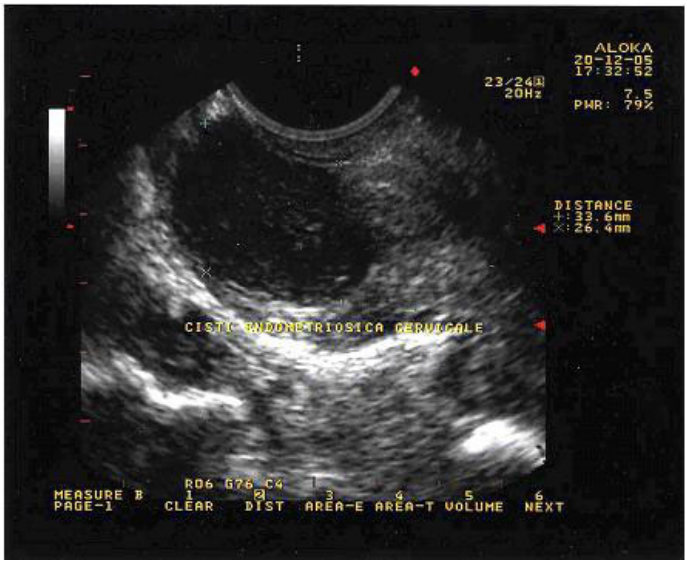

Fig 1: ultrasonographic image of cervical cystic-nodule of endometriosis

At follow-up, 3 months later, cervix looked grossly normal and without mass evidenced and the symptom of post-coital bleeding had completely disappeared.

Conclusion

This patient's case is interesting in that this pathology presented out of previous cervical trauma associated with surgical procedures and we approached at alternative management for the treatment of the problem.

The classic diagnostic and management strategies look at the colposcopy and excision.

Expectant management would be appropriate in asymptomatic patients or in perimenopausal patient, but generally the presence of big cervical cystic-nodule produces such symptoms as intermenstrual bleeding and persistent post-coital bleeding that affect quality of social life and treatment is required.Surgical management should be reserved only for patients with persistent symptoms.We described a new simple and mini-invasive technique approach to the definitive treatment of this pathology, regarded as infrequent but occurs more commonly than is generally realized *(Veiga–Ferreira MM et al., 1987)*.

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