Cervical mass in pregnancy – is this cancer or false alarm? A case report

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ABSTRACT
Introduction: Cervical cancer is the third most common cancer among women. Diagnosis and treatment of cervical cancer should not be delayed due to pregnancy. Case Description: A 34-year-old, nulliparous, presented at 26 weeks gestation with prolonged per vaginal discharge. The pregnancy was conceived via in-vitro fertilization (IVF) due to unexplained subfertility. Pap smear showed atypical glandular cells and she was referred for urgent colposcopy. Colposcopy revealed a 3 x 3 cm fungating mass arising from the anterior cervix with abnormal vessels and contact bleeding. Clinically, the mass resembled cervical cancer stage 1B2, however, its punch biopsy showed microglandular hyperplasia. A repeat biopsy was performed due to a high clinical suspicion of malignancy and confirmed benign endocervical polyp with microglandular adenosis. Postnatally, the mass persisted. Loop excision of the transformation zone (LETZ) showed endocervical hyperplasia with microglandular adenosis. The patient remained well and was discharged. Discussion: Microglandular hyperplasia of the cervix is a benign condition involving endocervical glandular proliferation. It is common in women of reproductive age and is associated with hormonal exposure such as pregnancy and IVF. Clinically, it may mimic cervical and endometrial adenocarcinomas. Diagnosis is via biopsy and microscopy examination and it does not require treatment. In this case, physiological changes associated with pregnancy and exposure to hormonal treatments used in IVF might have increased her risk of developing this condition. Our case highlights this benign condition, that mimics cervical cancer but with an excellent prognosis.