

Benign diseases of the uterus & cervix

It can be classified according to the tissue of origin:

1. The uterine cervix
2. the endometrium
3. The myometrium.

1. The uterine cervix:-

Cervical ectropion:

Cervical ectropion In women of reproductive age the columnar epithelium replaced squamous epithelium and visible on the ectocervix as a circular, red area surrounding the external cervical os . This is a normal finding and should not be called 'cervical erosion' OR ulcer.

Causes: An ectropion commonly develops under the influence of the 'three Ps': puberty, pill and pregnancy.

Symptoms:

1-The fragile, glandular columnar epithelium of a large cervical ectropion may predispose to intermenstrual and postcoital bleeding (contact bleeding).

2-Some women may present with an excessive, clear, odourless mucus-type discharge.

3.Associated cervicitis may produce backache, pelvic pain and at times, infertility.

Signs: Per speculum—there is a bright red area surrounding and extending beyond the external os in the ectocervix. The outer edge is clearly demarcated. The lesion may be smooth or having small papillary folds. It is neither tender nor bleeds to touch. On rubbing with a gauze piece, there may be multiple oozing spots (sharp bleeding in isolated spots in carcinoma).

Treatment : 1-To reduce the ectropion and associated symptoms women should be changed from oestrogen-based hormonal contraceptives.

2-The other option is cervical ablation where the visible glandular producing columnar cells are ablated, usually with cryocautery, as an outpatient.

3-Prior to treatment end, cervical and lower genital tract swabs are taken to exclude chlamydia and other sexually-transmitted infections and normal cervical cytology should be confirmed to exclude cervical premalignancy and malignancy

Nabothian follicles :Sometimes the columnar glands within the transformation zone become sealed over, forming small, mucus-filled cysts visible on the ectocervix. These are termed ‘nabothian follicles’ and are of no pathological significance. No treatment is usually required although extremely large ones can be drained using a large-bore needle

Cervical polyps: Cervical polyps are benign tumours arising from the endocervical epithelium and may be seen as smooth, reddish protrusions. They are usually asymptomatic, being identified incidentally during a routine cervical smear, but as with a cervical ectropion they can cause vaginal discharge, IMB and PCB. They are easily removed by avulsion with polyp forceps as an outpatient.

Cervical stenosis: refers to pathological narrowing of the endocervical canal

Causes:

1-is usually an iatrogenic phenomenon caused by a surgical event, like treatment of premalignant disease of the cervix using a cone biopsy or loop diathermy, as can endometrial ablation

2-congenital cervical stenosis

3-chronic infection (chronic cervicitis)

4-stenosis secondary to a tumor/mass polyp

5-post radiation therapy

6-cervical endometriosis

Symptoms

1-Hematometra as menstrual blood accumulates in the endometrial cavity

2-Amenorrhoea with severe cyclical dysmenorrhoea like pain

3-In postmenopausal women, cervical stenosis may give rise to pyometra, in which accumulated secretions become a focus of infection.

Treatment

1.Surgical dilatation of the cervix under ultrasound or hysteroscopic guidance.

2-Restenosis can occur and sometimes hysterectomy is required to relieve the pain.

3-Cervix not completely stenosed but scarred from previous surgery may fail to dilate during labour (cervical dystocia), necessitating c/s.

Benign endometrial lesions

Endometrial polyps : are focal endometrial outgrowths containing a variable amount of glands, stroma and blood vessels ,may be pedunculated or sessile, single or multiple and vary in size (0.5–4 cm).

Incidence: They are common and estimated to be present in around 10–20% of women with AUB and 10% of women with subfertility.

Risk factors for endometrial polyp development include obesity, late menopause, the use of the partial oestrogen agonist tamoxifen and possibly the use of hormone replacement therapy (HRT).

Symptomatic:

Asymptomatic

Cause abnormal uterine bleeding (AUB) (heavy menstrual bleeding [HMB], IMB and postmenopausal bleeding [PMB]) Most polyps are relatively insensitive to cyclical hormonal changes, leading them to persist and cause unscheduled vaginal bleeding

Adversely impact on fertility.

Contain hyperplastic foci in 10–25% of symptomatic cases and 1% is frankly malignant. The risk of polyps harbouring serious endometrial disease is increased after the menopause and with the use of tamoxifen.