

Microglandular Hyperplasia of Cervix, in Pregnancy Mimicking as Endocervical Carcinoma: A Case Report

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ABSTRACT

Microglandular hyperplasia of endocervix, a not so common entity is a diagnostic dilemma as it mimics malignancy although being benign. Often associated with the hormonal changes, it appears in pregnancy and disappears after that. We present

such a case where primigravida presents with a growth on cervix, clinically looking malignant but histologically proven microglandular hyperplasia of endocervix. It disappeared within 6 weeks of delivery.

Keywords: Diagnostic dilemma, Non-neoplastic proliferation, Paps smear

CASE REPORT

A 24 year old primigravida female, a booked case, at 37 weeks of gestation came to the outdoor of the Obstetrics and Gynaecology Department with complains of spotting per vagina on and off for the past 3 days. All blood investigations were under normal limits and the term scan also showed anterior placenta in upper segment. Per abdomen examination showed uterus was term size, cephalic fixed and foetal heart sound was good. A per speculum examination was performed which revealed a friable, polypoid growth nearly 3x3 cm on anterior lip of cervix, which was soft and there was bleeding on touch. The os was 1 finger dilated and cervix was uneffaced. Clinical diagnosis of cervical cancer was made and since the growth was soft and bled on touch, no biopsy was taken. Patient was posted for elective caesarean section the next morning. The section was uneventful, with delivery of a healthy baby. A biopsy was taken from the growth and sent for histopathology. The report came out to be microglandular hyperplasia of cervix. The patient was discharged on the fifth postoperative day. At 6 weeks patient was called for follow up and cervix was examined, paps smear was taken. Cervix looked healthy and the smear showed normal squamous cells. Patient was reassured and advised for annual paps smear.

DISCUSSION

The genital tract of a female undergoes numerous benign, proliferative, or reactive processes in a lifetime. These may be

reactive and hyperplastic processes either due to inflammation or repair and hormone or gonadotropin stimulation. However, the problem arises when they mimic neoplasms and pose diagnostic challenges.

Microglandular hyperplasia of endocervix is one such entity. It is a localized, non-neoplastic proliferation of the glandular epithelium of endocervix, which, occasionally, can be misinterpreted like a premalignant or malignant neoplasm of the endocervix. This lesion is classified in the group of tumor-like lesions of the uterine cervix [1].

This entity was first discovered in a study of cervical changes in pregnant women and the term microglandular hyperplasia was first used by Kyriakos and co-workers [2]. The lesion is seen in young women, often linked with use of oral contraceptives, pregnancy, or postpartum; hence, reflecting the progesterone influence. It is said that most of the time, the lesion is incidentally discovered by clinician, as single or multiple, plate like or polypoid, sessile or pedunculated, friable, erosive formations with diameter of maximum 2 cm. In this case the growth was polypoid, friable and size was nearly 3x3 cm.

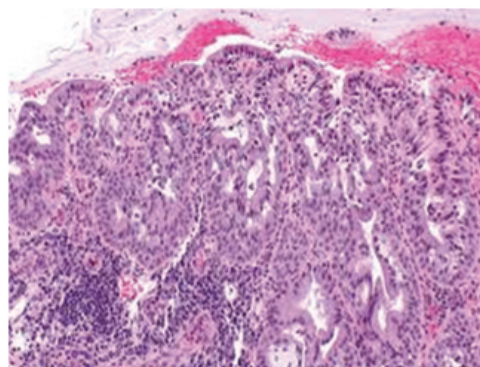
Histologically, microglandular hyperplasia is composed of closely packed, small tubular or irregular glands with areas of cystic dilatation [Table/Fig-1]. There is scanty intervening stroma and no sharp separation between glands and stroma. In this case report, the histopathology showed characteristic

microglandular hyperplasia, with proliferation of cervical glands situated close together, back to back. The uncommon patterns that can pose problems in the differential diagnosis include solid, sheet like proliferations of cells, pseudo infiltrative growth, signet ring cells, hobnail-like cells, increased nuclear atypia, and mitotic figures [3]. These are instances when diagnosis becomes difficult. However, there are differences in

	MGH	EC
Age	Reproductive	Peri or post menopausal
Background	Endocervix	Benign or hyperplastic endometrium
Glandular architecture	Complex	Complex
Cytoplasm	Mucinous with Subnuclear vacuoles	Endometroid and/or mucinous
Nuclei	Bland	Atypical
Mitotic activity	Absent or rare	Present

[Table/Fig-1]: Comparison of Endocervical Microglandular Hyperplasia (MGH) and Well-Differentiated Endometrioid Adenocarcinoma (EC) [4]

histopathology between microglandular hyperplasia and well differentiated adenocarcinoma of endometrium as discussed in [Table/Fig-2].



[Table/Fig-2]: Showing low-power view of typical histopathologic features of microglandular hyperplasia with crowded glands with focal cystification

CONCLUSION

Microglandular hyperplasia of the cervix is a benign entity with histopathological mimics of carcinoma. Correct diagnosis and its differentiation from its malignant counterpart is detrimental to the management.

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