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PRVI REGIONALNI SIMPOZIJ O PREVENCIJI, DIJAGNOSTICI I TRETMANU PREMALIGNIH PROMJENA NA GRLICU MATERNICE

*TEMA: Prevenција, dijagnostika i tretman premalignih
promjena na grliću maternice*

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MICROGLANDULAR AND LOBULAR HYPERPLASIA OF THE UTERINE CERVIX IN PATIENT WITH POLYMYOMATOUS UTERUS

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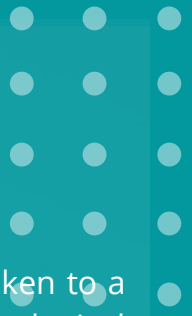
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Introduction: Many benign, proliferative, or reactive processes occur throughout the female genital tract and may mimic benign or malignant tumors. The term "microglandular hyperplasia" (MH) was described for the first time in 1968 by Kyriakos, et al.. Young and Scully reported atypical forms of MH of the cervix which mimics carcinoma. The increasing incidence of malignant and premalignant endocervical glandular lesions can lead to a more challenging differential diagnosis with benign conditions. MH is proliferative reaction of endocervical glands. Association with oral contraceptives or hormonal exposition - as in pregnancy, has been proposed and observed in several studies, however, this is not yet consensual, as MH is also present in postmenopausal women cervical biopsies (6.5%).

Case report: We present a case of 47 old patient who underwent abdominal hysterectomy with bilateral adnexectomy due to a polomyomatous uterus and abnormal uterine bleeding. During the pathological analysis, on sagittal dissection of the uterine body, at the level of the isthmus towards the cervix, a polypoid structure with a diameter of 0.8 cm was found and due to this, cervix was taken according to the protocol for conization. The described structure showed morphology of the endocervical polyp built of a multiplied cervical stroma involving a vascular loop and proliferated endocervical glands with signs of microglandular and lobular glandular hyperplasia. This change was present in multiple positions on the cervix. In the cervical stroma there were groups of multiplied endocervical glands with the formation of a Tunnel Cluster, and parts of the glands were cystically dilated and filled with stagnant mucus. A sparse to focally moderate lymphocytic inflammatory substrate was present in the surrounding stroma.

Discussion: Premalignant and malignant endocervical glandular lesions are much more uncommon than their squamous counterparts in the cervix, but are increasing in prevalence. MH is a cause of false positive findings in cervical cytology because of the presence of endocervical glandular atypia. Due to this possible confounder, diagnosis can be challenging specially in young reproductive women, where reproductive potential is an issue.



Conclusion: MH is a benign lesion with clinical exuberant manifestation, often mistaken to a possible advanced adenocarcinoma. We emphasize the requirement of a histological assessment of suspicious lesions. The awareness of health-care providers ensures an appropriate diagnostic approach and patient counseling.

Key words: microglandular hyperplasia, endocervical glandular lesions, suspicious lesions

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