

Congenital Elongated Cervix - A Rare Case Report from a Tertiary Medical Hospital, Burdwan

Arpita Pramanik¹, Manojit Sarkar*²

¹Senior Resident, Dept. of Gynecology & Obstetrics, Burdwan Medical College & Hospital

²Senior Resident, Dept. of Surgery, Burdwan Medical College & Hospital

Received: 18-10-2023 / Revised: 21-11-2023 / Accepted: 26-12-2023

Corresponding author: Dr. Manojit Sarkar

Conflict of interest: Nil

Abstract:

The normal length of an adult non-pregnant cervix is about 2.5 cm to 3.0 cm. Isolated cervical descent with a normally positioned uterus is found in the case of true cervical elongation, which is a form of congenital elongation of the cervix and is a rare presentation in adolescence and young women. We report a case of a 2 days old newborn girl baby with congenital elongated cervix delivered vaginally, uneventfully, of a 21 year's old primiparous.

Keywords: Congenital, Elongated Cervix.

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

Introduction

The normal length of the cervix is about 2.5 cm. Cervical elongation is defined as the presence of cervical length >3.38 cm or cervix to corpus ratio > 0.79. Supravaginal parts are of equal length.

The elongation may affect either part of the cervix. Elongation of the supravaginal part is commonly associated with uterine prolapse. Vaginal part is always elongated congenitally. Isolated cervical descent with normally positioned uterus is found in a case of true cervical elongation, which is form of congenital elongation of cervix [3] and is a rare presentation in adolescents and young women.

Some of it may presents with congenital prolapse due to inherent congenital weakness of pelvic support in 1.5 -2 percent of cases. In paediatric age group this condition is May associated with congenital spinal defect, such as meningocele, myelomeningocele, bladder exostrophy etc.

Two possible mechanisms for this condition could be either inherently longer cervix or downward traction due to developing uterine prolapse causing cervical elongation. Congenital elongated cervix may presents with synonyms of 1. sensation of something coming down, [2]. Dyspareunia/

Infertility later in life. This is a rare case as congenitally elongated edematous cervix is protruding externally of a 2 days old newborn girl baby.

Case Report:

Baby of Mrs X, 2 days old newborn girl baby with Congenital elongated cervix. A primi 21 year old mother without any past medical disorder, also an unbooked case, delivered vaginally in Burdwan Medical College, a tertiary Medical care centre [4]. Delivery was uneventful.

Baby delivered by vertex presentation, without undue prolongation of labor. weight of the baby was 3 kg . Baby immediately cried after birth. No injury to the baby during delivery happened. Within 3 hours of birth, baby passed urine. But on inspection of the external genitalia grossly edematous cervix found protruded outside of the vaginal introitus. Baby did not show any sign and symptoms of sepsis. Mother reassured. Conservative management given as advised by Paediatrician, with dressing with glycerin soaked gauze, oral antibiotic drops and exclusive breastfeeding. [5]



Figure 1:



Figure 2:

Figure 1 & 2: Showing Congenital Elongated Cervix

Conclusion

Congenital elongated cervix rarely presented like this case as protruded cervix. Mainly adoloscene girl presents with something coming down per vaginum, or dyspareunia or infertility in adulthood. (6,7)

References

1. The Manchester-Fothergill technique: browsing in the cutting-edge art gallery. Marquini GV, de Jarmy di Bella ZI, Sartori MG. *Int J Gynaecol Obstet.* 2022; 156:10–16.
2. Conservative operations in genital prolapse. Virkud A. *J Obstet Gynaecol India.* 2016; 66:144–148
3. Modified Gilliam-Doleris hysteropexy for juvenile uterovaginal prolapse. Kai K, Kai Y, Nishida M, Nasu K, Iwanaga S, Narahara H. *Clin Experiment Obstet Gynecol.* 2018; 10(45):109–111.
4. Conservative management of pelvic organ prolapse: Indian contribution. Ryan GA, Purandare NC, Ganeriwal SA, Purandare CN. *J Obstet Gynaecol India.* 2021; 71:3–10.
5. The Manchester-Fothergill procedure as a fertility sparing alternative for pelvic organ prolapses in young women. Skiadas CC, Goldstein DP, Laufer MR. *J Pediatr Adolesc Gynecol.* 2006; 19:89–93.
6. Is cervical elongation associated with pelvic organ prolapse? Berger MB, Ramanah R, Guire KE, DeLancey JO. *Int Urogynecol J.* 2012; 23:1095–1103.
7. Hypertrophic cervical elongation: clinical and histological correlations. Ibeanu OA, Chesson RR, Sandquist D, Perez J, Santiago K, Nolan TE. *Int Urogynecol J.* 2010; 21:995–1000.