

A case of elongated cervical canal

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A 29-year-old black female patient presented to the gynaecology department at Ga-Rankuwa Hospital in February 2002 with a complaint of primary infertility.

Findings

All haematological and clinical parameters were normal.

Ultrasound

Ultrasound examination revealed a large uterus with multiple intramural, submucosal and subserosal fibroids. Two huge fibroids were noted. The dimensions were 10.3 cm x 8.9 cm and 8.9 cm x 5.7 cm. No localised area of cystic breakdown was noted (Figs 1 and 2).

CT

An axial CT scan was performed in June 2002. The findings were as follows: A large myometous uterus was visible. Multiple subserosal intramural and submucosal fibroids were noted. The dimensions of the two largest fibroids were 10.1 x 9.4 cm and 6.9 x 7.1 cm.

Density measurements were of soft tissue, i.e. 30 - 40 HFU. No calcifi-



Fig. 1. Transverse sonar scans showing two huge fibroids.



Fig. 2. Transverse sonar scans of the largest fibroid.

cation or areas of breakdown were noted. Coronal and sagittal reconstructions were also performed (Figs 3 and 4).

Hysterosal pingography (HSG)

This demonstrated an extremely elongated cervical canal (15 cm). A filling defect was demonstrated at the fundus of the uterus. The filling defect (fibroid) was demonstrated in all views of hysterosal pingography. The uterus was noted to extend to the extent of L/4 vertebra.

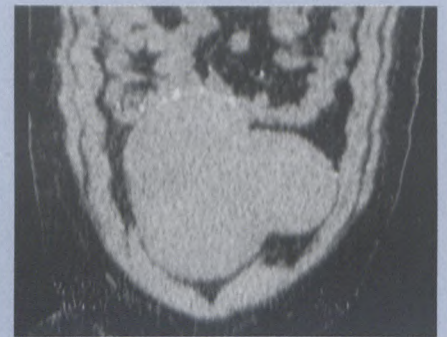


Fig. 3. Post HSG — Reconstructed coronal CT showing fibroid uterus with contrast in the peritoneal cavity.

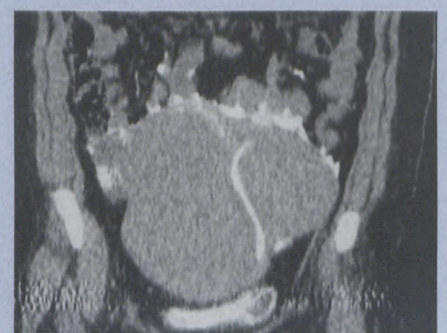


Fig. 4. Coronal reconstructed CT images showing a long cervical canal interspersed between two huge fibroids.

Opacification of the left tubule system was demonstrated and an accompanying free spill was noted. The right tube showed a tapering proximal filling with complete blockage (Figs 5 and 6).

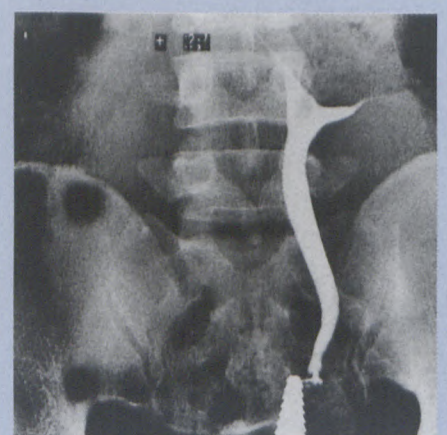


Fig. 5. A very long cervical canal with the uterus becoming an abdominal organ.



Fig. 6. HSG performed in March 2002 showing a long cervical canal. A small filling in the area of fundus of the uterus with opacification of the left fallopian tube only, showing peritoneal spill as well.

Conclusion

To the best of our knowledge similar elongation of the cervical canal

has not been described previously.

The cervical canal, which is best shown on HSG with the vacuum injector, is usually 30 - 40 mm long and tends to become shorter after childbirth.^{1,2} The cervical canal is about one-third of the entire length of the uterus and is often spindle-shaped.⁴⁻⁷

The cervical canal extends upward 1 - 2 cm from the external os to the internal os, above which there is a short narrow isthmus, which opens into the general uterine cavity. The width of the cervical canal varies with the menstrual cycle, being wider in the proliferative than in secretory phase 2.

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