Vasculitis of the cervix—An unexpected finding

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Background

Isolated vasculitis of the cervix is rare and is often an incidental finding after surgical resection. If systemic vasculitis is suspected treatment can be planned but will not be necessary if only a single organ is affected.

Case

A 27 year old had complaints of severe vaginal discharge. Due to her smear being abnormal and biopsy reported as cervical intraepithelial neoplasia grade 2 she was seen urgently in colposcopy. A large necrotic area with suspicion of cancer was noted and hence the patient had a large loop excision of transformation zone. The histology was subsequently reported as acute inflammation of cervix with fibrinoid necrosis of vessel walls suggestive of vasculitis of the cervix. Her past history of Ankylosing spondylitis 8 years ago prompted us to send an urgent referral to rheumatology. A series of blood tests were performed including ANCA, ANA, anticardiolipin, lupus anticoagulant, HLAB27 antigen, ESR and CRP to rule out systemic vasculitis. The HLAB27 was positive but the swabs for sexually transmitted infections and other blood tests were negative. The MRI of the spine, abdomen and pelvis was also normal. Colposcopy follow up 2 weeks later revealed a well healed cervix. Subsequent follow up blood tests were all normal and the patient did not need any systemic treatment.

Conclusion

Isolated vasculitis of the cervix is rare with only 45 cases being reported.¹ Vasculitis of the cervix in association with systemic vasculitis have been reported.² Therefore systemic vasculitis, although usually absent, should be ruled out as the causative factor. This is usually by detailed history, clinical examination and laboratory studies.¹,² The usual tests as stated in the case are usually negative. No treatment other than resection may be necessary if vasculitis is confined to the genital tract.³ In cases where localised and systemic vasculitis are seen a short course of steroids is useful.

References