Russell Body Cervicitis: Report of A Case and Review of The Literature

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INTRODUCTION

Normal cervix includes a population of inflammatory cells including lymphocytes and plasma cells that is regarded similar to Waldeyer's ring in the pharynx. Chronic cervicitis is relatively a common pathology in the cervix and can only be diagnosed when the women is symptomatic or in the presence of lymphoid follicles. Russell bodies are accumulation of condensed immunoglobulin within the cytoplasm of plasma cells which can be seen in inflammatory as well as neoplastic processes such as plasmacytoma and B-cell lymphomas.

Russell bodies in cases of chronic gastritis have been described previously in the literature some of which are associated with Helicobacter pylori infection. However, to the best of our knowledge, there is only one previously reported case in the English literature of Russell body cervicitis.

CASE REPORT

A 29-year-old female, with a history of miscarriage (three weeks previous to current presentation), presented with a short history of post-coital bleeding. On clinical examination, a small polyp was found protruding from the cervix, which was subsequently excised and sent for histological examination. There was no history of cervical intraepithelial neoplasia or HPV infection.

Macroscopically, there were two pieces of hemorrhagic tissue one of which included a light brown polypoid fragment 2cm in maximum dimension.
**DISCUSSION**

It is widely accepted that Russell bodies are accumulation of immunoglobulin within the rough endoplasmic reticulum of plasma cells and are commonly found in inflammatory conditions. However, they have also been demonstrated to be associated with some neoplastic conditions such as lymphomas and multiple myeloma.

Russell body gastritis has been described previously in the literature, some of which are associated with Helicobacter pylori infection. However, searching the literature identified only one case of Russell body cervicitis. This was a case of an asymptomatic 35-year-old woman who underwent a routine cervical smear test that showed evidence of CIN 1. The subsequent biopsy showed no evidence of CIN and the cervical stroma contained abundant plasma cells with Russell bodies. A follow-up colposcopy and smear were normal six months after the initial investigation.

Our case demonstrated similar histology and immunoprofile to the previous case, however the clinical presentation was different and there was no history of CIN or HPV infection in our case.

It is important to recognize this unusual pattern of inflammation as the infiltrate can sometime be confused with signet ring cells of carcinoma or indeed plasmacytoma. However, high-power examination and immunolabelling help to reach the correct diagnosis.

**ACKNOWLEDGEMENT**

We wish to thank Kay Blackwell and Dawn Clarke for performing the immunohistochemistry.

**REFERENCES**

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