



EP.0332 - EARLY ATTENTION TO A POLYP APPEAR MALIGNANT ON HYSTEROSCOPIC VIEW: a case report



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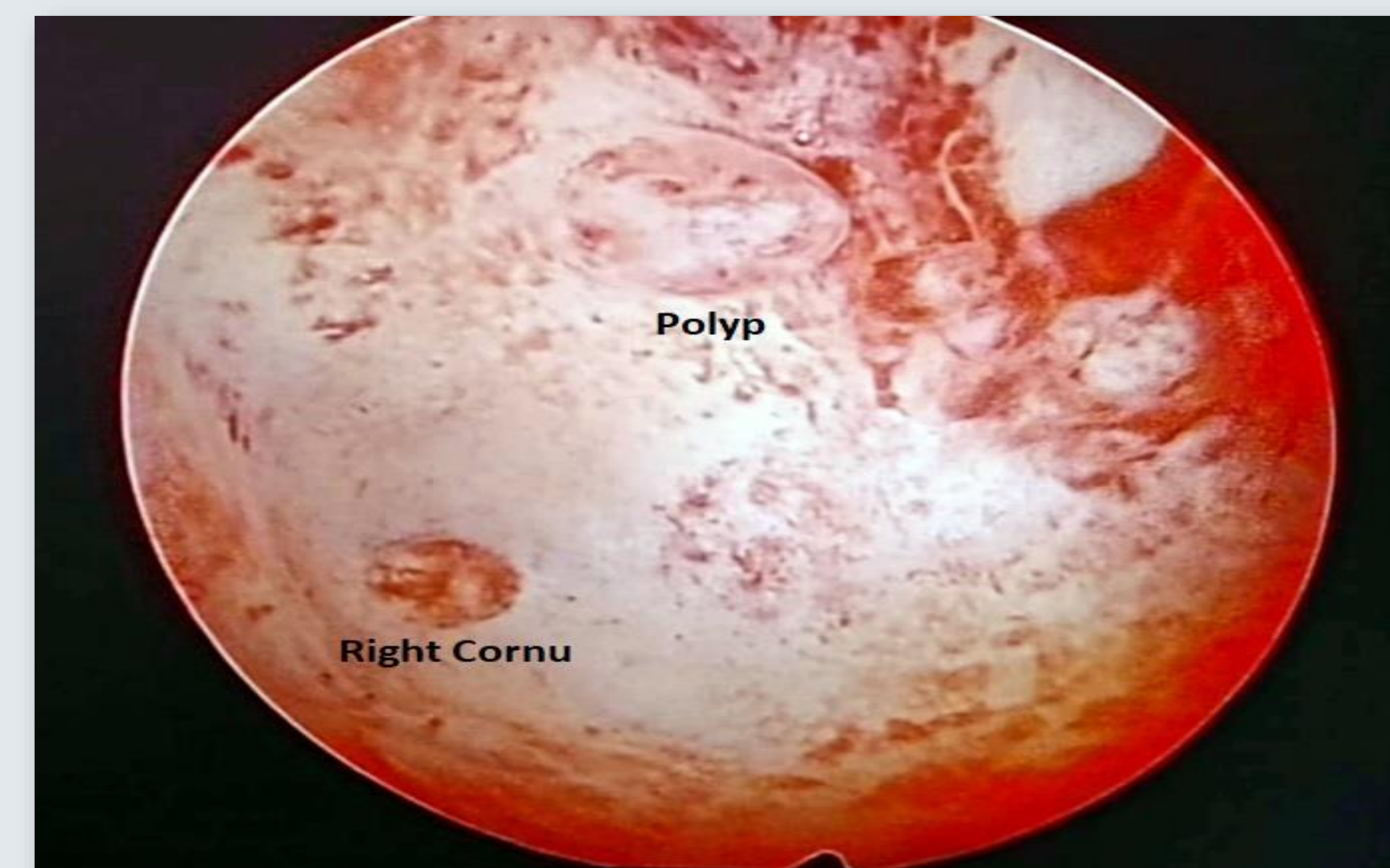
OBJECTIVE

Hysteroscopic visualization of a symptomatic endometrial polyp (EP) is a novel approach to look for features of malignancy, so histological analysis can be prioritized for early diagnosis and early definitive treatment. This is a case of a malignant EP, which was completely resected transe-cervically (TCR), avoiding extensive surgery and adjuvant therapy.

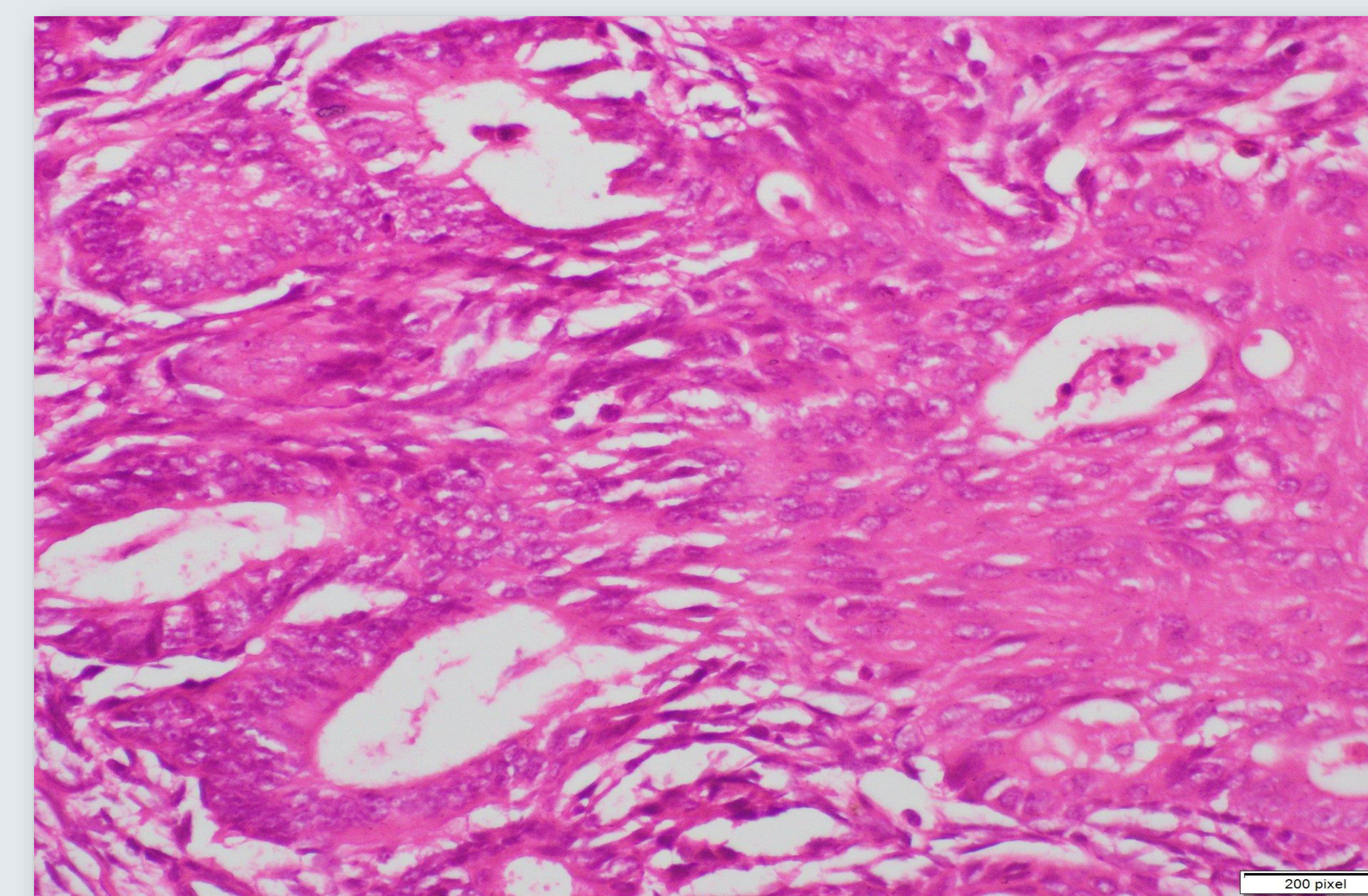
CASE REPORT

A 42 -year-old otherwise healthy mother of one child, presented to the gynecology clinic complaining of prolonged menstrual bleeding and inter-menstrual bleeding for over three months. On ultrasonography, uterus was normal except for focal thickness noted at upper endometrium. Diagnostic hysteroscopy confirmed a small, broad based, EP located at the anterior wall close to the right cornua. Despite a smooth contour, focal hemorrhagic spots and relative peri-lesional hyperaemia was noted. TCR was performed achieving a wider perimeter and depth. Histology confirmed a small (4mm) focus of endometrioid type endometrial carcinoma (FIGO Grade I) within this polyp. As she didn't have fertility wishes, she underwent total abdominal hysterectomy and bilateral salpingo-oophorctomy within 1month of resection. The specimen was confirmed as no residual tumour.

HYSTEROSCOPIC VIEW OF THE POLYP



FOCUS OF CARCINOMA IN POLYP



DISCUSSION

Prevalence of symptomatic EP varies from 13% to 80%. 95.6 % of polyps are benign, and the rest are either pre-malignant or malignant. Known risk factors for EPs include age, hypertension, obesity & tamoxifen use. 10%-40% of women suffering from premenopausal abnormal bleeding have EPs. Symptomatic polyps in postmenopausal women need histological analysis as risk of malignancy is high. Diagnostic sensitivity and complete removal capacity are significantly lower in blind biopsy (sensitivity 46%) compared to hysteroscopic-guided biopsy (sensitivity: over 90%). Furthermore, TRC can provide precise histological grading information with minimal intrauterine synechiae formation compared to curettage.

The major hysteroscopic features of a malignant EP include hypervascularity (72%), ulceration (64%), irregular surface (24%) and focal hemorrhages. Thus, specific hysteroscopy findings can differentiate malignant polyps from benign EP with sensitivity & specificity exceeding 93%.

Despite positive peritoneal cytology rate being higher in hysteroscopy due to iatrogenic peritoneal spillage, that doesn't increase risk of intraperitoneal, adnexal or lymph node spread of endometrial cancer.

Patients with fertility wishes with grade I & FIGO stage IA disease could be offered fertility preservation following hysteroscopic resection & progestin therapy as complete response rate is about 95%.

CONCLUSION

Diagnostic hysteroscopy and looking for features of a malignancy in an endometrial polyp can, not only predict cancer with accuracy, but also expedite histological confirmation and individualized management.

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