

Pregnancies Complicated By Large Endocervical Polyp: Varied Presentations And Perinatal Outcome



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Introduction

Endocervical polyps

Incidence: 2–5% reproductive age women¹, even rarer in pregnancy

Etiology: Unknown; Arise secondary to:

1. Chronic inflammation: Reactive changes from high estrogen
2. Congestion of blood vessels in cervix from increased estrogen
3. Idiopathic



Clinical Presentation: Vaginal Bleeding, Leukorrhoea, Discomfort, Asymptomatic
Rarer cause of bleeding in pregnancy (Often misdiagnosed)

Large masses cause **repeated** genital bleeding; Source of **anxiety** and **concern**

We report findings of two cases with large symptomatic cervical polyp in 1st trimester, emphasizing its varied presentation & perinatal outcome

Objective

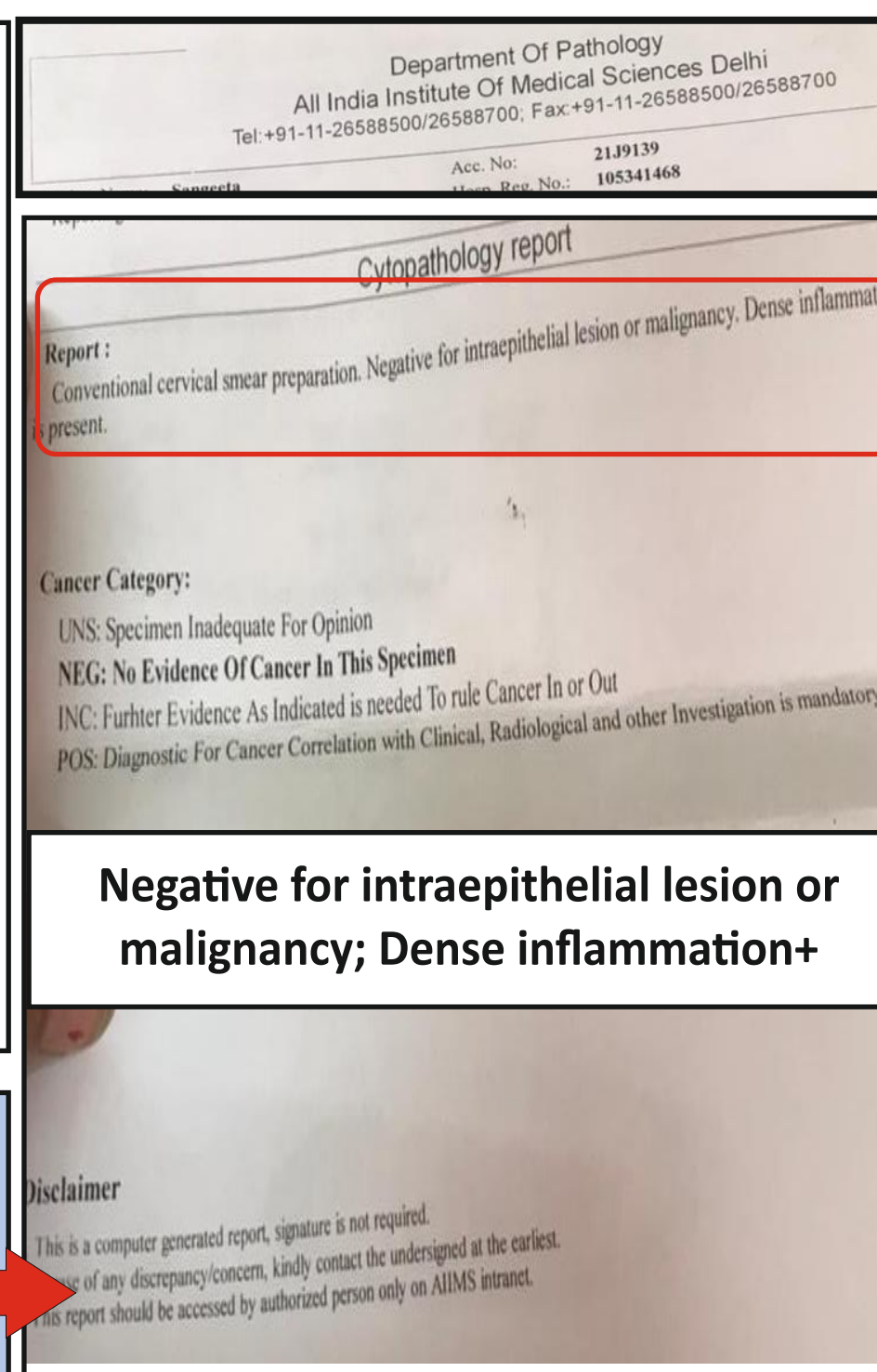
Endocervical polyps

Significance:

1. Cervical polyp associated **local inflammation** may lead to **miscarriage** or spontaneous **preterm birth**²
2. It might not be safer either to remove polyps during pregnancy³, except where histologic diagnosis desired to rule out dysplasia or malignancy⁴

A larger sized polyp is associated with higher risk of malignancy^{5,8}

Figure 1: Cervical Cytology (Pap Smear) Report Of First Case: BENIGN



Case 1

Clinical Presentation

23-year-old G3P2L0 with Previous Caesarean; Bad Obstetric History (Previous 1 Preterm Intrauterine Fetal Death and Previous 1 Early Neonatal Death)

Presented at **11 weeks** gestation with recurrent painless vaginal bleeding since 10 days

Diagnosis

Speculum examination: Large endocervical polyp (~4 cm size), from posterior cervical lip (Figure 2)

Transvaginal Ultrasonography (TV USG):

Placenta well clear of internal os; Cervical length 3.5 cm

Routine ANC investigations and Coagulation profile within normal limits; APLA negative



Figure 2: Speculum Examination: Large Endocervical Polyp (Approximately 4 Cm In Size)

No Active Bleeding, No Discharge

Case 1: Management and Outcome

Conservative/ Expectant Management: Cervical polyp in 1st trimester; **Cervical polypectomy deferred due to the risks associated (Bleeding, miscarriage)**

Progesterone support continued in view of clinical high risk factors, and BOH

Serial monitoring of cervical length by TV USG; Within normal limits

However, Preterm Prelabor rupture of membranes (PPROM) ensued at 24 weeks gestation

Spontaneous preterm vaginal birth (at 26 weeks) with fetus weighing 550 g: Required intensive neonatal resuscitation, prolonged NICU stay; Succumbed to neonatal sepsis in 2nd month of life

Cervical cytology: Benign (Figure 1)

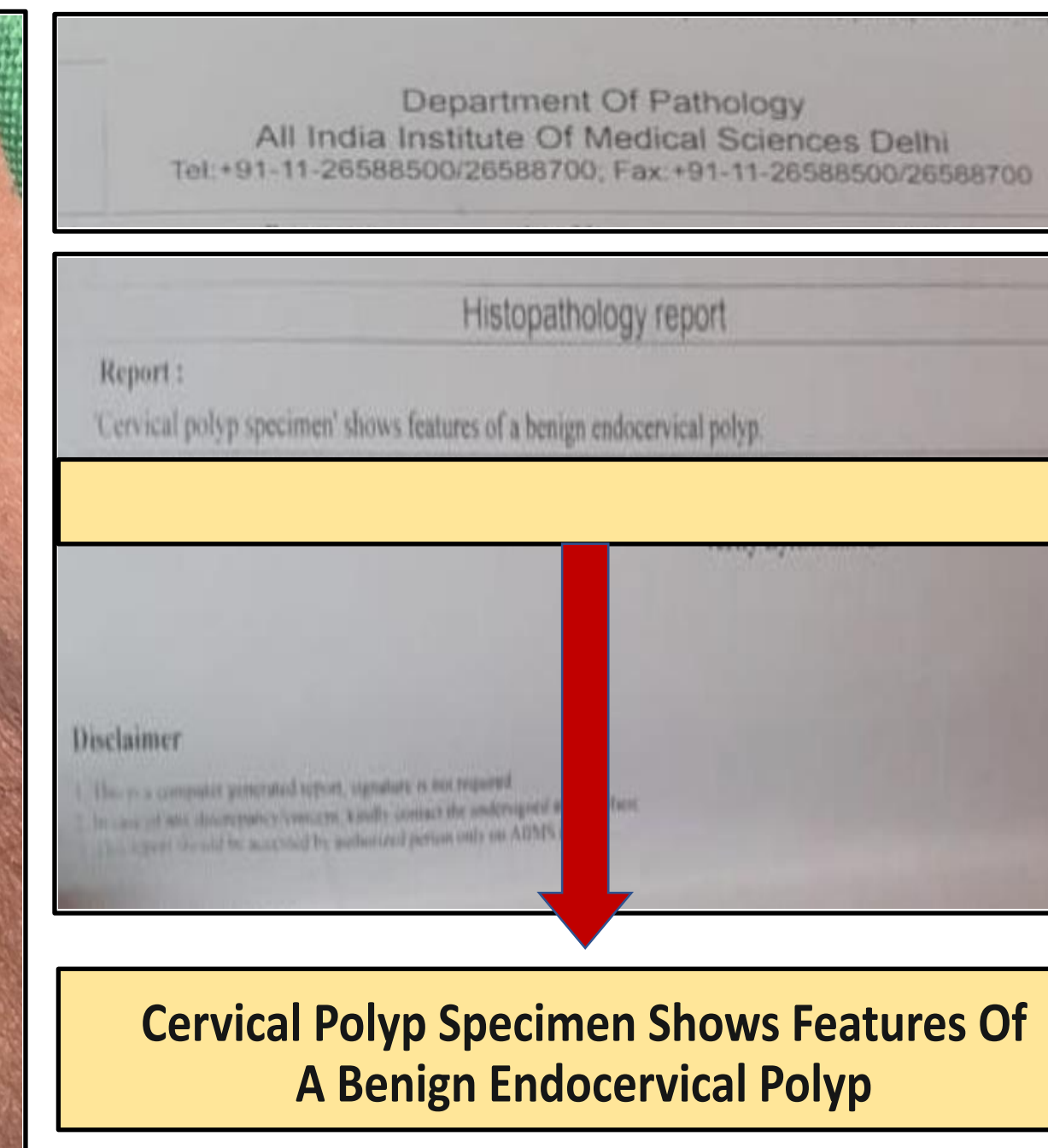


Figure 3: Close-up view: Cervical Polyp

Case 1: Follow-up



Figure 4: Postnatal Speculum Examination: Cervical Polyp Biopsy Taken & sent for HPE



Cervical Polyp Specimen Shows Features Of A Benign Endocervical Polyp

Histopathological Examination (HPE) Report Of Cervical Polyp

Case 2

- 35-year-old Primigravida; GDM
- Conceived after infertility work-up
- Clinical presentation** at 11 weeks gestation (Recurrent Vaginal Bleeding)
- Diagnosis:** Speculum examination: Huge cervical polyp with broad stalk (Figure 4)
- USG: Normal cervical length; placenta upper; multiple small fibroids
- Management:** Conservative; Serial antenatal cervical length surveillance
- Outcome:** Delivered by Term LSCS
- Cervical cytology: Benign

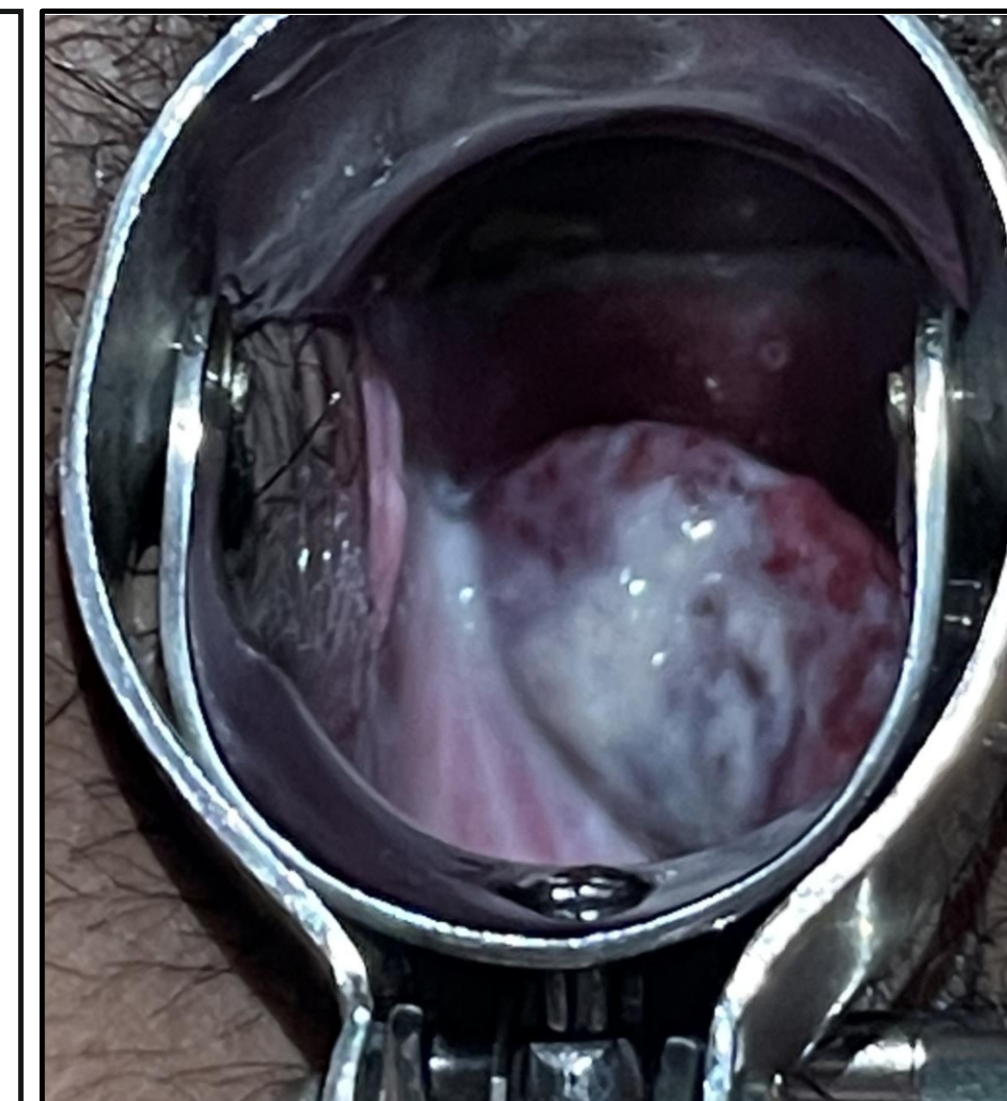


Figure 5: Speculum examination: Confirmed Presence of Large Endocervical polyp, Copious discharge+

Discussion

Bleeding from highly vascular cervical polyps can pose both a diagnostic dilemma and management challenge in the perinatal period; significant polyp **growth** during pregnancy also a concern⁵

Malignant potential: An important consideration with cervical polyps

- a) Neoplastic changes in cervical polyp: 1.7%⁶
- b) Retrospective series of 362 patients⁷
 - No malignant changes in asymptomatic group
 - 5.0% of symptomatic group had precancerous/ cancerous polyps (six atypical hyperplasia, two endometrial carcinoma)

Histology of these polyps should therefore be obtained

Conclusion

Very limited reports available on the presentation, diagnosis and management of large endocervical polyps in pregnancy

Although polyps mostly **benign**, **malignancy should be ruled out**, especially larger ones

Strict antenatal cervical length surveillance necessary since polyps may lead to spontaneous preterm birth; Reassess symptom severity, clinical risk factors and prognosis during pregnancy

No definitive management guidelines exist currently for cervical polyps during pregnancy⁸

In general practice, **Expectant management** of cervical polyps in early pregnancy seem a logical option in order to avoid problems of heavy bleeding during polypectomy and miscarriage

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