



CERVICAL POLYP IN PREGNANCY

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Introduction

- Cervical polyps are reported to occur in 2%–5% of women of reproductive age. Not surprisingly, they are also commonly present in women in early pregnancy and can cause repeated genital bleeding.
- However, there are no studies on the impact of cervical polyps on pregnancy outcomes and no compelling clinical evidence exists.
- Miscarriage and preterm birth in the second trimester after excision of cervical polyps early in pregnancy have been reported.

Case report

- Our case report is on a 41-year-old woman, para 0+1 with one previous miscarriage. She presented to hospital at 17/40 weeks with PV bleeding and mild lower abdominal cramping x 3/7 days.
- Initially PV spotting on wiping then progressively increased to bright red PV bleeding with clots. On examination clinically well, hemodynamically stable, Soft and non-tender abdomen. FHR auscultated – 142bpm.
- Speculum and vaginal examination - bright red PV loss noted on pad. Normal vulva and vagina, Cervix appears open with active bleeding and query bulging membranes/necrotic tissue/threatened miscarriage seen at cervical os.
- Admitted for observations, IV lines – Bloods including FBC + G&H.

Images

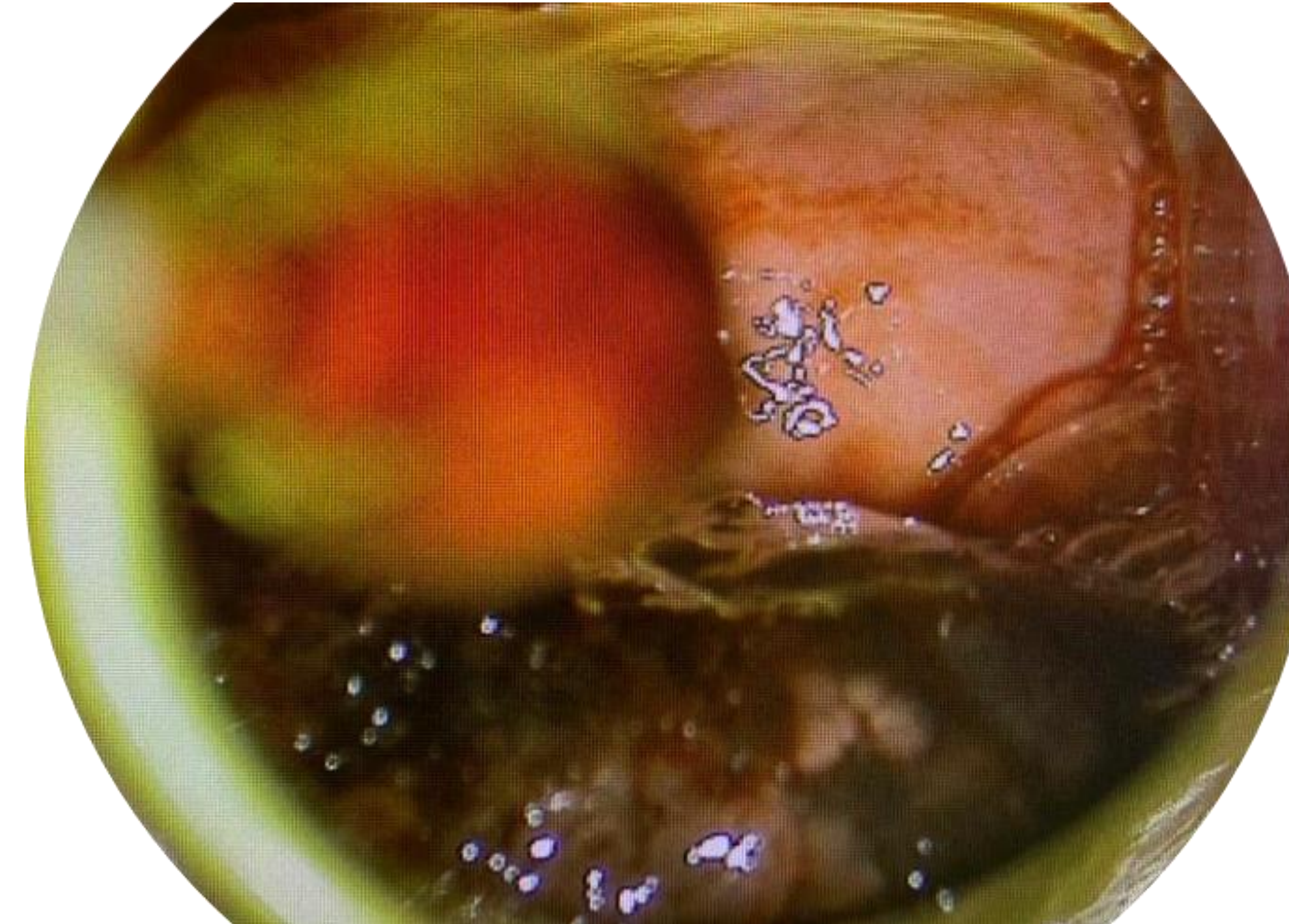


Figure 1. Necrotic polyp at cervix

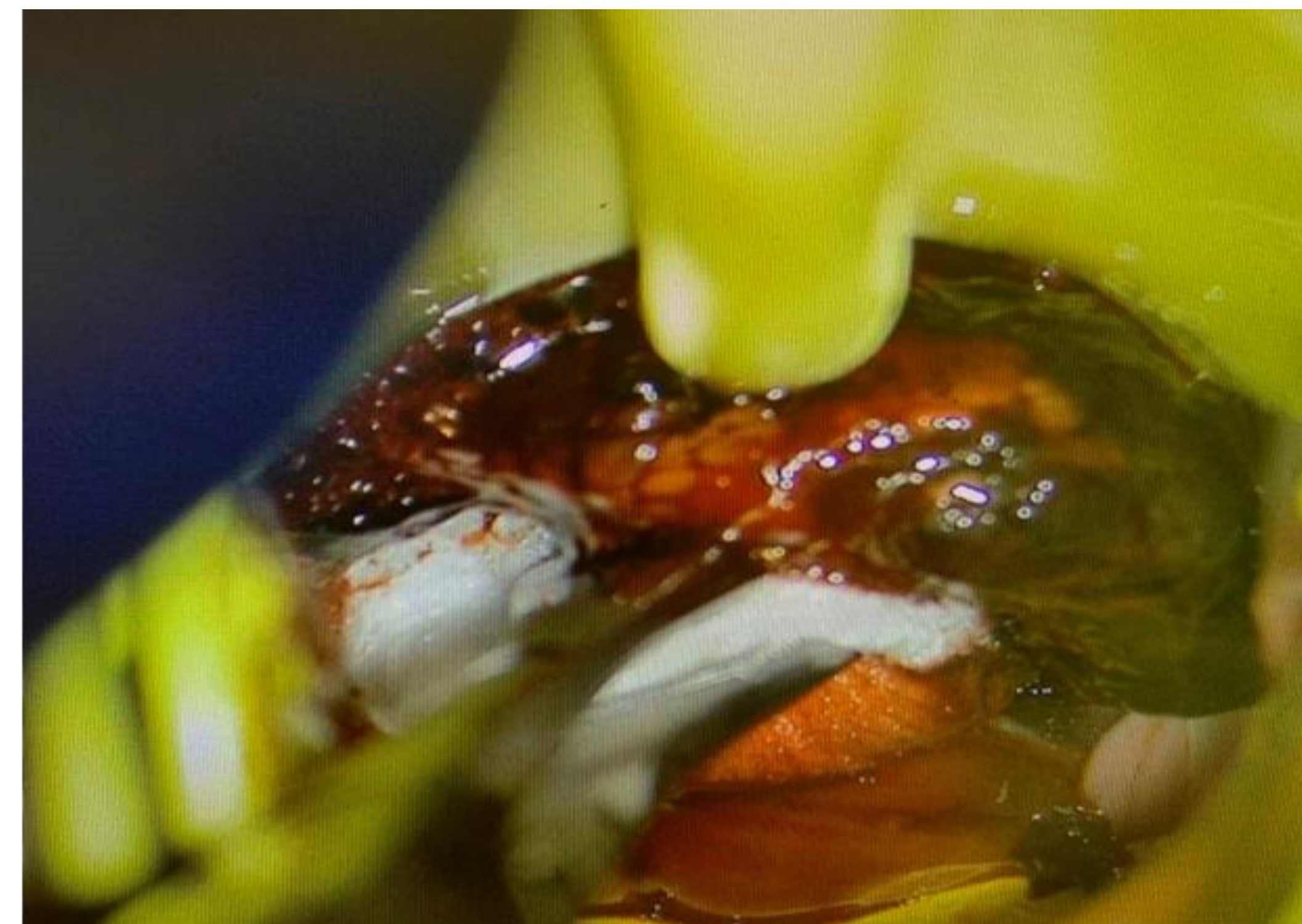


Figure 2. colposcopy exam

- Fluids and analgesia and urgent fetal USS to out rule bulging membrane/ placenta. Bloods unremarkable – HB 14.3 CRP 4. Scan showed singleton pregnancy, transverse lie, AFI normal.
- Placenta position anterior high 4.2cm from internal os on Transabdominal Ultrasound. No evidence of hematoma, no evidence of placental separation or abruption. Fetal movements seen. TVS contraindicated due to PV bleeding. Patient re-examined post scan and Impression – ?Cervical polyp, referred to colposcopy.
- Reviewed in colposcopy – Large necrotic cervical polyp confirmed. Findings explained to patient with management options with associated risk discussed- Conservative management or Polypectomy. Patient opted for conservative management and discharged home well.
- Polyp fell off as per patient at home at 18+4/40 weeks. Presented to colposcopy unit with polyp however it was too necrotic to be sent for histology.
- Seen in ANC since then, stable with no further bleeding episodes. She had an uneventful pregnancy afterwards & had instrumental delivery at 40+ weeks after induction for postdates. live birth of male infant.

Discussion

- Cervical polyps are also a risk factor for cervical insufficiency, as many cases of cervical insufficiency in the second trimester require therapeutic cervical cerclage.
- Cervical polyp should be considered as a differential diagnosis in women with PV bleeding during pregnancy.