

Management of Cervical Polyp during Pregnancy

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Abstract

Cervical polyps are small, pedunculated as well sessile neoplasm a of the cervix. Most originate from endo cervix; a few arise from the portio vaginalis Cervical polyp is one of the most common lesions of cervix that occurs in about 2-5%

all of women mostly after the fourth decade of life. Cervical polyps are typically diagnosed incidentally during vaginal examination. Their size is often small, with mostly less than 2 centimeters. Giant cervical polyp is an uncommon variant of classical polyps defined by with a size greater than 4 centimeters. Prevalence of cervical polyp in pregnancy is unknown. There are very limited reports. Cervical polyp is very rare in pregnancy, usually asymptomatic and small. The finding of a cervical polyp during pregnancy is uncommon condition. In some cases, a polyp can be symptomatic, in others it is an incidental finding during vaginal examination. However, in both situations it can be a cause of major anxiety for the pregnant woman. There are several reports of different sizes of cervical polyp in pregnancy but, huge cervical polyp causing funnelling and shortening of cervical length. It was managed by polypectomy causing cervical length to return to normal value. pregnant woman despite their benign nature in the majority of cases. The management depends on the symptoms. Most of the time conservative approach is preferred. This article summarises the essential points of the current management and gives a recent review of literature of cervical polypectomy during pregnancy

Keywords: Endocervical polyp, Cervical funnelling, Polypectomy, Conservative management during pregnancy

INTRODUCTION

The diagnosis of a cervical polyp during pregnancy is not an uncommon condition [3]. These polyps can give concern to the pregnant woman despite their benign nature in the majority of cases [4]. protruded cervical polyp out of the vulva are rare and Their management depends on the symptoms [1]. Most of the time, conservative approach is preferred only for small polyps [3,2].

Cervical polyp is very rare condition to encounter in pregnancy [7]. It is generally small, and the patient remains asymptomatic [8]. Some patients may be symptomatic whilst in others the finding is incidental [3]. They can range from small polyps on the cervix to large pediculated ones that can protrude through the introitus [2,3]. Management depends on presence of associated symptoms. Regardless of its size, asymptomatic polyp in pregnancy; should be managed by polypectomy [1]. Huge cervical polyp causing funnelling and shortening of

cervical length it managed by polypectomy causing cervical length to return to normal value [6]

Goal: to describe Cervical polyp and management of cervical polyp during pregnancy

Uterine Cervical Polyp during pregnancy: Case Report and Review of Literature

Cervical polyps are polypoid growths projecting into the cervical canal. It can be two types i.e., mucous and fibro epithelial polyps, mucous polyp is the commonest cervical polyp which may be extended, They can be one of the most common causes of intermenstrual vaginal bleeding. Polyps are almost always benign. The sparse literature available suggests rates of 0.0 – 1.7% malignant change in cervical polyps [1].

The incidence is about 4 to 10% of all cervical lesions. The polyps develop as a result of chronic endo cervicitis. They are soft, spherical, glistening red masses and bleed easily when touched. Often [2] they are most present as an asymptomatic. And also found in women who present for intermenstrual or postcoital bleeding, dyspareunia, lower abdominal discomfort and profuse vaginal discharge [3]. Most polyps measure < 1 cm in diameter. Giant cervical polyps measuring > 4 cm are rare[4]They occur in adult women, rarely are in adolescents and frequently interpreted as malignant neoplasm at the time of the presentation [5]The diagnosis of a cervical polyp during pregnancy is not an uncommon condition. These polyps can give concern to the pregnant woman despite their benign nature in the majority of cases. Protruded cervical polyps out of the vulva are rare and their management depends on the symptoms. Most of the time, conservative approach is preferred only for small polyps. Polyps are relatively common in pregnancy, especially in women older than 20 who have had at least one child. Many times, the polyp is asymptomatic and the pregnant woman does not know its existence. Occasionally it can be diagnosed during vaginal examination in labour. If asymptomatic, it disappears most of the times itself during the delivery. If the polyp remains intact at the time of delivery the obstetrician may consider removing it. The polyp can be present with various signs such as vaginal discharge, bleeding after intercourse, discharge that can be foul smelling if there is an infection, or recurrent vaginal infections. The recurrent bleedings or infection risks or because the possible existence of a protruded growth which could lead to a premature labor, difficulties of delivery or increased risks of bleeding during labor[6].

When a polyp is found during pregnancy the examination must be thorough in order to exclude malignancy. Most polyps are small, less than 2 centimeters long. Because rare types of cancerous conditions can look like polyps, all polyps should be removed and examined to exclude malignancy, the cause of cervical polyps is not well understood. Cervical polyps can be single or multiple. Chronic inflammation and abnormal local response to increased estrogen levels, or sometimes cervical blood vessels local congestion. The management depends on the type of polyp. In case of pedunculated, small without evidence of infection polyp conservative management is advised. On the other hand, if symptoms occur with intermittent vaginal bleeding, vaginal discharge, change in the appearance aspect of the polyp such as ulceration with additional cervicitis, removal is the rule under antibiotic cover [7].

Polyps can be long and big enough to provoke discomfort during pregnancy. protruded, visible out of the vulva giving. in these cases, polypectomy is to be undertaken. Metaplasia and precancerous changes can occur in inflamed polyps. It is not certain what the influence of these long-protruded polyps is on the matrix of the cervix. presence of polyps on the cervix in pregnancy may modify the consistency and enzyme Properties of the cervix. In a paper granulocyte elastase activity in cervical mucus was measured and showed significant difference between pregnant women with polyps. From this research the authors conclude that polyps

encourage inflammation and may risk local infection or even chorioamnionitis! It is suggested that cervical polyp during pregnancy should be removed. If polypectomy cannot be performed, local anti-inflammatory and anti-microbial therapy would be needed [8].

POLYPECTOMY TECHNIQUES a polyp forceps is used to grasp the base of the polyp stem, and the polyp is taken off with twisting motion. Depending the shape of the polyp, twisting is to be avoided in pregnancy because the polyp basis can bleed significantly. In this case electrocoagulation of the site can be used with the necessary settings to assure good hemostasis. More often during pregnancy a polyp is removed by tying a surgical ligature around the base and cutting it off. Removal of the base is done by electro cautery or laser vaporization. Because many polyps are infected, antibiotics may be administered after the removal, either prophylactically or with any early signs of infection. Once removed, polyps tend not to have recurrence on the same site. Extremely rarely, aggressive tumors can be imitating polypoid formation such as pseudo-sarcoma botryoides of cervix, Cervical polyps can present in other clinical situations in pregnancy such as an inevitable abortion in early pregnancy expulsion of decidualized polyps was described in association with uterine malformations [9].

WE PRESENT A CASE OF PROTRUDED CERVICAL POLYP DURING PREGNANCY
 A 37 YEARS OLD, PRIMIGRAVIDA presented with blood-stained discharge at 19 weeks gestation. She had normal smears in the past and the ultrasound scan at 19 weeks shown a posterior fundal placenta and excluded any placental cause of bleeding. Since then, she had intermittent light blood-stained discharge and at 21 weeks of gestation a pediculated polyp measuring 5X3cm was diagnosed on vaginal examination. A week later, the polyp increased in size and shape measuring 5X7 cm, it was becoming more inflamed and elongated. She was given oral cephalexin to treat cystitis, her symptoms improved but a week later; she was readmitted for moderate antepartum haemorrhage and vaginal discomfort. The polyp was visible as it protruded out of the vulva. Steroids were given, smear was taken from the polyp that excluded malignancy and finally, at 29 weeks under spinal anesthesia the polyp was removed. The pedicle was clamped and ligated She was discharged the next day. Her symptoms of discomfort and recurrent bleeding disappeared. Finally, she had a normal vaginal delivery at term plus 10 days. The histology of the pedunculated cervical polyp showed a benign endocervical polyp with extensive microglandular hyperplasia and superimposed squamous metaplasia. No evidence of dysplasia or malignancy was diagnosed. Follow up has been arranged in 3 months



Figure 1

The polyp after exc

Conclusion & Recommendations

In our best knowledge there is no description or papers studying the effect of pedunculated polyp and the overall pregnancy duration. There is limited data about the cervical molecular changing with presence of polyp. It is accepted that such types of polyps do not usually provoke problems during labour and do not influence the overall dilation of the cervix. It is important to notice that there are no papers or studies done the last two decades confirming these empirical beliefs. Most polyps are asymptomatic and are an incidental finding on clinical examination. Based upon the available empirical evidence it can be concluded that these polyps do not cause problems in labour and delivery. Despite the benign nature of the cervical polyps during pregnancy, careful examination is mandatory to exclude malignancy and appropriate counselling and reassurance must be given to the pregnant woman. A large cervical polyp in pregnancy can be an underlying cause of preterm labour. Although it is agreed that symptomatic cervical polyp in pregnancy should be managed by polypectomy, conservative management in this patient, after excluding malignancy, proves it still has a place in such situations, thus avoiding any surgical intervention and complications at an earlier period of gestation. Cervical polyp in pregnancy occurs mainly in multiparous women but the exact incidence in pregnancy is unknown the usual complaint in patients of reproductive age group is intermittent vaginal bleeding, postcoital bleeding or vaginal discharge. If it occurs in pregnancy it should be differentiated from other obstetrics conditions that can have similar presentation. Although cervical polyps are mostly benign, malignancy should be ruled out in any abnormal looking or large polyps more than 4cm diameter in size. The incidence of malignant transformation in pregnancy is 1.7 % and 5% of symptomatic cervical polyp were precancerous or cancerous ones.

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