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HYSTEROSCOPY ASSESSMENT OF ENDOMETRIAL CAVITY IN PATIENT PRESENTING WITH CERVICAL POLYP

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Conflicts of Interest: Nil

ABSTRACT:

Background: Cervical polyps are common benign lesions occurring in 2%-5% of adult women.

Methods- This prospective study was conducted in the obstetrics and gynaecology department at SMS Medical College, Jaipur. As a part of routine gynaecological examination, patient with cervical polyps were taken for hysteroscopy.

Result- Most of the patients were in the age group 40-49yrs (53.84%) and this was the age group in which maximum association between cervical and endometrial polyps 42.30% of total study population

Conclusion- Hysteroscopy allows not only a precise visualization of the polyp peduncle but also gives the possibility to identify and treat concurrent asymptomatic intrauterine pathological conditions.

Keywords: cervical polyps, diagnostic hysteroscopy, hyperplasia

Introduction

Cervical polyps are common benign lesions occuring in 2%-5% of adult women [1], lesions that are believed to develop as a result of focal hyperplasia of the glandular epithelium of the endocervix. It is not clear whether this is due to chronic inflammation, an abnormal local responsiveness to hormonal stimulation or a localised vascular congestion of cervical blood vessels. Cervical polyps are often associated with endometrial hyperplasia which suggests that high levels of estrogen may have a significant aetiologic role [2].

They constitute 4%-10% of all cervical lesions[3], they are usually pedunculated measuring between 2-30 mm. Ectocervical polyps are uncommon. The classical cervical polyp arises anywhere in the cervical canal and is predominantly a gland-like structure with fibrous core. A columnar cell epithelium similar to that of the normal cervical canal is most common but low cuboidal epithelium is not infrequent.

Squamous metaplasia is common, usually at the tip of the polyp. Most cervical polyps are benign, but malignant change can occur in 0,2-1,5% of the cases [4]. Occasionally, some cancers can also appear themselves as a polypoid mass. Mullerian adenosarcoma has been reported presenting as a cervical polyp[5]. Botryoid rhabdomyosarcoma of the cervix has been described presenting as a polypoid cervical mass [6]. Atypical lymphoid tissue in a cervical polyp has been reported in a patient with non- Hodgkin lymphoma [7]. Also, an asymptomatic female had serous papillary carcinoma of the ovary, metastatic to a cervical polyp and first noticed on routine cervical smear [8].

In the present study we attempted to identify potential risk factors associated with the finding of endometrial poyps in women undergoing diagnostic hysteroscopy. In addition to the presence of cervical polyps,we investigated the specific effects of age,parity, menopausal status on the prevalence of hysteroscopically diagnosed endometrial polyps.

MATERIAL AND METHODS

This prospective study was conducted in the obstetrics and gynaecology department at SMS Medical College, Jaipur. As a part of routine gynaecological examination, patient with cervical

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polyps were taken for hysteroscopy. Total no of patients 26 who had cervical polyps on examination, they presented to us with complaints of AUB, infertility, discharge per vagina. Out of 26 patients, hysteroscopic examination revealed associated endometrial polyps in 13 cases (50.00%).

Inclusion criteria- All women presenting with vaginal bleeding, intermenstrual, postcoital and post menopausal as a result of cervical polyp.

Exclusion criteria

- Contraindication for hysteroscopy
- Patients not fit for anaesthesia
- Patients presenting in emergency.

Data analysis-After entering data into Excel worksheet, it was analyzed with the help of frequency, proportion and tests of significance wherever applicable.

RESULTS

Table 1: Patients with cervical and endometrial polyps

Total number of patients	Patients with cervical polyps	Patients with cervical and endometrial polyps
26	13(50.00%))	13(50.00%)

Table 2: Age wise distribution of polyps

Age group (Yrs)	Total no of patients	Patients with cervical polyps	Patients with cervical and endometrial polyps
20-29	6	5	1
30-39	2	2	0
40-49	14	3	11
>50	4	3	1
Total	26	13	13

Most of the patients were in the age group 40-49yrs (53.84%) and this was the age group in which maximum association between cervical and endometrial polyps 42.30% of total study population

Table 3: Parity wise distribution of polyps

Parity	Total no of patients	Patients with cervical polyps	Patients with cervical and endometrial polyps
Nulliparous	6	5	1
Multiparous	20	8	12
Total	26	13	13

Table 4: Association between USG and hysteroscopy finding

USG finding	Total no of patients	Hysteroscopy	
		Endometrial poly present	Endometrial poly absent
Endometrial poly	5	5	0
Increased ET	6	2	4
Normal finding	15	7	8

As far as diagnosis of endometrial polyp by TVS is concerned, 5 were diagnosed prior by TVS; 6 had increased ET while 15 had normal findings on USG. Of the 15 patients with normal findings, 7 had endometrial polyps on hysteroscopy. Out of 6 pts with increased ET, only 2 had endometrial polyp on hysteroscopy.

This clearly shows that if we would have solely depended on sonography 46.67% of cases (7out of 15) would have been remain undiagnosed

DISCUSSION

Endometrial polyp is a common gynaecological condition, the prevalence of which increases with increasing age. In our study population, prevalence peaks were seen in the fourth decade. In a larger series study by E.Ricciardi et al., 79.8%women were below 60years of age [9]. AAGL practice report says that increasing age is the risk factor for the presentation of an endometrial polyp [10].

In this current study direct visualization of uterine cavity by the hysteroscope was superior in detecting all endometrial polyps, submucous fibroids and endometrial atrophies. These entities represent unique conditions where a hysteroscopic diagnosis can be clearly established.

The incidence and type of abnormal hysteroscopic findings vary according to the age group and presentation. Abnormal hysteroscopic findings were noticed in 73% by Towbin et al [11] in their series of 149 patients with AUB, 91% of them were premenopausal.

On the other side Decloedt and Fenton [12] reported an over all abnormal hysteroscopic findings of 32% in patients with AUB but 69% of them were premenopausal and 31% were postmenopausal.

Jong et al. [13] found that abnormal hysteroscopic findings to be very uncommon or even rare under the age of 35.

CONCLUSION

Hysteroscopy allows not only a precise visualization of the polyp peduncle but also gives the possibility to identify and treat concurrent asymptomatic intrauterine pathological conditions.

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