Olgu Sunumu / Case Report

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Giant cervical polyp in a postmenopausal female patient

Postmenopozal bir hastada dev servikal polip

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ÖZET

Muayene esnasında tesadüfen saptanan servikal polipler en sık görülen jinekolojik patolojilerdendir. Vajinal kanama, kötü kokulu akıntı veya kitle şeklinde şikâyete neden olurlar. Tedavi şekli cerrahi olarak çıkarılmasıdır. Büyük servikal polipler ise nadiren görülür. Bu dev polipler rahim sarkmasına neden olabilirler. Malignansileri taklit edebildikleri için cerrahi işlem öncesi mutlaka kanser ayrımı yapılmalıdır.

Anahtar Kelimeler: Servikal polip, menopoz, uterin prolapsus

ABSTRACT

Cervical polyp incidentally determined during examination is the most common gynecological pathology. Vaginal discharge, vaginal bleeding, malodorous discharge, protruding or palpable mass are the symptoms of cervical polyp. It can be treated with surgical polypectomy. Giant cervical polyp, however, is quite rare and usually seen in women. It causes uterine prolapse. Since it can mimic malignancy should absolutely be ruled out before surgery.

Key Words: Cervical polyp; menopause, uterine prolapse

Indroduction

Cervical polyp smaller than 2 centimeters and incidentally determined during examination is the most common gynecological pathology (1). It is usually seen at the end of the reproductive period in multiparous women (2). Leucorrhoea, vaginal bleeding, malodorous discharge, protruding or palpable mass can be listed among the symptoms of cervical polyp (1). It is thought to occur as a result of chronic inflammatory events in etiology. Dilated cervical glands and microglandular hyperplasia can be seen during histopathological examination (3). It can be treated easily and simply with polypectomy (4). Giant cervical polyp, however, is quite rare and usually seen in the reproductive period of nulliparous women (2). It causes uterine prolapse due to its large size (5). Since giant cervical polyps can mimic cervical neoplasia, malignancy should absolutely be ruled out before surgery (2).

Case Report

A 58-year-old female patient referred to our gynecology unit with a protruding vaginal mass and malodorous vaginal discharge. She has not been able to continue with sexual intercourse.

She was gravida 3, parity 3 and she had Type 2 diabetes mellitus and also, she has been in postmenopausal state for 8 years. She did not receive any hormonal replacement therapy.

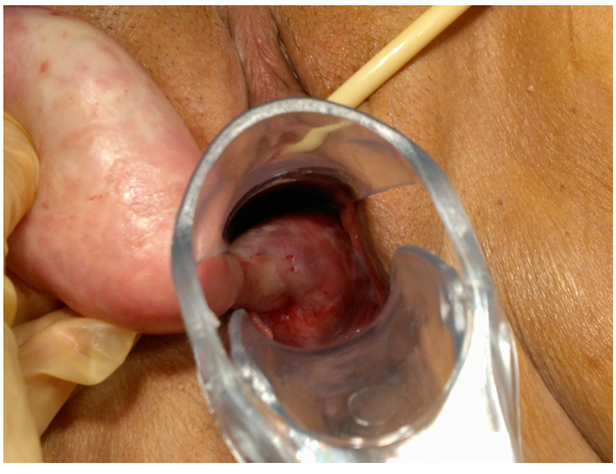
Physical examination, revealed no pathological findings. The vaginal examination, however, indicated a large-pink solid mass (the tumor measured 9x8 cm) originated from the lateral lip of the ectocervix with a stalk which filled the entire vaginal cavity (Fig 1). The external cervical os and posterior lip were identified and appeared to be normal. The clinical impression suggested a myoma of the lateral lip, but not malignant pathology. Additionally, a PAP smear test of the cervix, endometrial sampling and a colposcopy were performed. The results of these tests were normal (pathological reports of the smear test and endometrial sampling were appropriate with postmenopausal status, a normal squamo-co-

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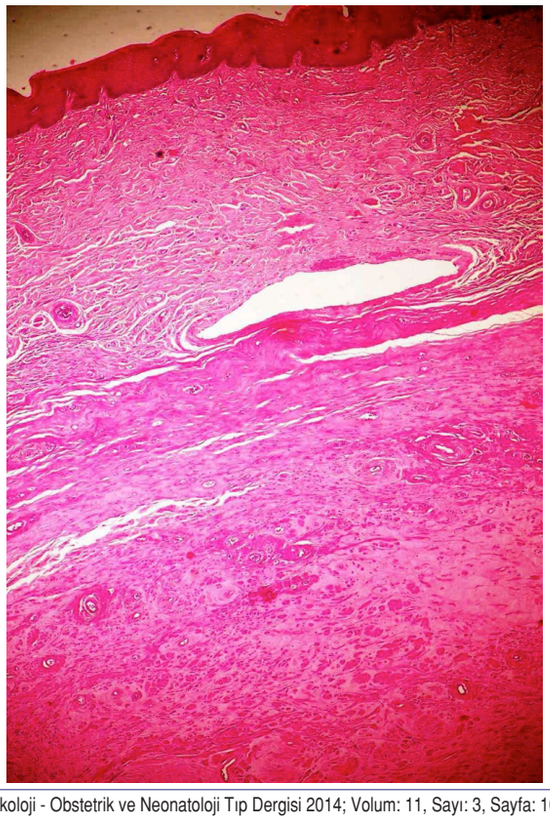
lumnar junction with a normal cervical os). The vaginal ultrasound was performed and revealed a normal textured uterus and the mass arising from the ectocervix with no extention to the endocervix. The patient was informed about the excision of the polyp.

Figure 1: Preoperative clinical appearance of the cervical polyp.



With the patient under general anesthesia, the polyp was excised by electro surgery. The specimen was taken to pathology for histological examination. The postoperative recovery was unremarkable without any complication. The patient was discharged on postoperative day 2. (Ten on physical exmination in post operative 10th day. There is no abnormality days later, she was examined again and (was seen to be recovering). Two weeks later, histopathological findings confirmed that the mass was a giant polyp originated from the ectocervix (Fig 2). The result of pathological assessment was explained to the patient and classic annual menopausal control was suggested.

Figure 2: Microscopic appearance of the polyp after resection.



Discussion

Giant cervical polyps generally occur in adult nulliparous women (6). We reported the case of a giant cervical polyp in a multiparous postmenopausal female patient. This pathology is rarely seen. Duckman et al. (7) described it for the first time in a 56-year-old woman in 1988. Our patient was also a multiparous postmenopausal woman. Thus, our case report accounts for the second time this condition has been defined.

Leucorrhoea, vaginal bleeding, malodorous discharge, protruding or palpable mass are clinical symptoms of the cervical polyp. The size of cervical polyps defined in literature varies between 5 and 17 cm. They were determined intra or outside of the vagina (2-4).

The importance of giant cervical polyp is complicated as a malignant pathology in most cases. Therefore, the differential diagnosis should be done with benign or malign pathologies (cervical myom or cancer, endometrial or endocervical adenomyoma or adenosarcoma, large Nabothian cyst). If there is doubt about malignancy, colposcopy or colposcopy associated biopsy can be performed. Radiological imaging (ultrasonography, computerized tomography or MRI) may be useful to determine the size of the polyp (2, 4).

The treatment of these polyps is surgical polypectomy in most cases. But hysterectomy can be performed in appropriate cases as well (1). The excision of the polyp should be performed as complete resection with electro surgery. If the stalk of the polyp is not resected, there can be recurrence (5).

In conclusion, the giant cervical polyp can resemble neoplasia, therefore, it should be examined very carefully. Biopsy should absolutely be performed in doubt of malignancy. The treatment of this rare entity can be surgically performed in safe hands.

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