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## Case Report

# Giant uterine cervical polyp: a case report

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### ABSTRACT

Cervical polyps are benign growths, usually protruding from the surface of the cervical canal. Two out of three women with cervical polyps present asymptotically. However, symptomatic women usually present with abnormal uterine bleeding, such as heavy menstrual bleeding, intermenstrual bleeding, or postmenopausal bleeding, as well as vaginal discharge. Giant cervical polyps often are misdiagnosed as malignant in view of their appearance, however most of them are benign in nature. They are also confused with uterine prolapse and uterine inversion. Proper evaluation and diagnosis should be provided so as to ensure complete care to the individual and adequate management.

**Keywords:** Cervical polyps, Cervical canal, Adequate management

### INTRODUCTION

Cervical polyps are benign growths, usually protruding from the surface of the cervical canal.

The size of the cervical polyp is typically less than three cm in diameter, however they can vary in size and can be large enough to fill the vagina or be present at the introitus. Anatomically, a cervical polyp is connected to the surface by a pedicle, which is usually long and thin but may, as well, present as short and broad-based.

Two out of three women with cervical polyps present asymptotically. However, symptomatic women usually present with abnormal uterine bleeding, such as heavy menstrual bleeding, intermenstrual bleeding, or postmenopausal bleeding, as well as vaginal discharge.<sup>1</sup>

### CASE REPORT

A 40-year-old para 4, woman complained of a mass protruding from her vagina for the past 3 months and was associated with episodes of intermittent spotting in between her cycles. Her menarche was at the age of 13 and her menstrual interval was 30 days with a duration of 5

days. There was no associated menorrhagia or dysmenorrhoea. Her pelvic examination revealed a 6×3 cm soft pink pedunculated polypoid mass arising from the endocervix. There was no extension of the mass into the paracervix, paravagina or parametrium. The uterus was normal size and the adnexa and pelvic soft tissues were freely movable without fixation. There was also no inguinal lymphadenopathy.

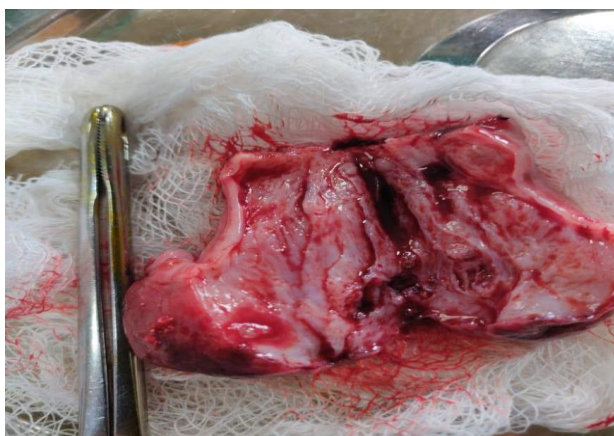


**Figure 1: Polyp during OPD examination.**

After taking a pap smear of the patient, the mass was excised from the base with the help of electrocauterization with minimal blood loss. The specimen was then sent for pathologic examination which revealed features of leiomyomatous endocervical polyp with cervical metaplasia.



**Figure 2: Polyp in its entire length.**



**Figure 3: Cut section of the polyp.**

## DISCUSSION

Cervical polyps are relatively common lesions. They are thought to be the result of reactive changes from long-standing chronic inflammation. Other suggested factors include multiparity and foreign bodies.<sup>2</sup> Amesse et al pointed out that giant cervical polyps exhibit distinct clinical and pathologic features, suggesting that they may

represent an uncommon variant of the classical cervical polyp.<sup>3</sup>

In a study conducted by Ota et al, it was observed that only nine cases giant cervical polyps have been reported.<sup>4</sup> Polyps originated from the ectocervix in eight cases and from the endocervix in two. They were all histologically benign in spite of their grossly malignant appearance.

Duckman et al suggested that primary treatment of this tumor should be excision unless the pathology report of the excised specimen indicates malignancy.<sup>5</sup>

## CONCLUSION

Giant cervical polyps often are misdiagnosed as malignant in view of their appearance, however most of them are benign in nature. They are also confused with uterine prolapse and uterine inversion. Proper evaluation and diagnosis should be provided so as to ensure complete care to the individual and adequate management.

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