



CLINICOPATHOLOGICAL ANALYSIS OF UTEROCERVICAL POLYPS:A RETROSPECTIVE STUDY.

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ABSTRACT

Background: Regardless of the menopausal status or symptoms uterocervical polyps should be removed and pathological examination is necessary. This study was done to analyze the spectrum of histopathological diagnosis on cases of endometrial and cervical polyps. This would help in improving management of cases of symptomatic and asymptomatic polyps.

Methods: This study was conducted in the Department of pathology In a tertiary care teaching hospital over a period of one year .Women with polypoidal growth from cervix and endometrium were included in the study. Polypectomy was done and the specimen was sent for histopathological examination and data analysed.

Results: Total of 110 polyps were reported over a period of one year.

Out of 110 polyps, seventy polyps were diagnosed as endometrial polyps and forty were end cervical polyps.

Most of endometrial polyps were seen in the age group of 35 to 44 years . Most of cervical polyps were seen in the age group of 45 to 54 years.

Conclusion: Both our data and review of literature suggest that the incidence of malignancy in Endocervical and endometrial polyps is a very low and management strategy needs to be individualized.

KEYWORDS

INTRODUCTION

Polyps of female genital tract are diagnosed more frequently than were previously because of the widespread use of ultrasound as a supplement to gynecological examination.

Endometrial polyp is defined as localized hyperplastic overgrowth of endometrial glands and stroma around a vascular core that project from the surface of endometrium. Endometrial polyps have been associated with symptoms such as postmenopausal bleeding, menorrhagia, intermittent bleeding and infertility.

Endometrial polyps are most commonly seen in the premenopausal and post menopausal age group and are found in 25% of endometrial specimens performed for abnormal uterine bleeding. (1).

Endometrial polyps are seen as single or multiple, sessile or pedunculated and the size range differs from mm to cm.(2).

In 10% of cases endometrial polyps mimic endo cervical polyps due to prolapses from external os (3,4). From clinical and prognostic standpoint, it would be emphasized that these lesions may harbor premalignant and malignant lesions particularly in older age group, therefore careful histological examination for ruling out any malignancy is essential.

It is estimated that prevalence of endometrial polyp is s is higher in infertile woman and also in women who take tamoxifen are at increased risk and prevalence of endometrial polyp in these patients may increase up to 32%.(5).

Cervical polyps are usually the outgrowths of columnar epithelium of the cervix. They are more frequent in parous woman over 20 years of age and most of them (60 – 70%)are asymptomatic and followed on routine speculum examination of cervix.(6-11).

Cervical polyps cause symptoms such as intermittent bleeding, post coital and post menopausal bleeding as well as vaginal discharge. It is a common practice to remove the polyps whenever they are identified and the main reason for this is the concern over the potential for malignant transformation.(11-14). Some researchers also think that regardless of menopausal status or symptoms uterovesicle polyps should be removed and pathological examination is necessary.(15). Other reason for removal include presence of symptoms as well as request from patients (16).

Cervical polyps can vary in size from 5mm to 50 mm. Grossly they are cherry red to purplish red in color, soft ,fleshy pedunculated ,friable and

readily bleeds on touch (17). Symptomatic polyps are more frequent in the premenopausal females while asymptomatic polyps are significantly more common in postmenopausal females (18).

Cervical polyps result from chronic inflammation causing focal hyperplasia, reaction to foreign bodies, a localized congestion of cervical vasculature and or an abnormal local response to estrogen stimulation. (17,19).Many clinicians believe that routine removal of polyps is reasonable because they are easy to remove, unlikely to resolve ,many become asymptomatic and it is not known if they progress to malignancy(19).

MATERIALS AND METHODS:

The study was conducted at the Department of Pathology Government Medical College Jammu. Retrospectively cases diagnosed as endometrial and endo cervical polyps for a period of one year from January 2017 to December 2017 were noted.

• Exclusion Criteria

Women who were using using hormonal contraception, HRT or medication that affected the endometrium such as Tamoxifen.

• Inclusion Criteria

Women with abnormal uterine bleeding, which is defined as women's subjective reporting of excessive menstrual blood loss, intermenstual bleeding, irregular periods or post menopausal bleeding.

Complete spontaneous regression was noted when a previously diagnosed polyp was no longer detectable on follow-up ultrasound in females who did not undergo any medical or surgical treatment that could result in removal of the polyp.

Specimens were received in 10% formalin in the Department of Pathology, studied grossly and multiple sections were processed in automated tissue processor, four to six micron thick paraffin embedded sections were taken and stained by Haematoxylin and Eosin .The slides were examined under microscope by the pathologist and the various histopathological patterns identified and classified.

RESULTS

Total of 110 polyps were reported over a period of one year.

Out of 110 polyps, seventy polyps were diagnosed as endometrial polyps and forty were end cervical polyps.

Endometrial polyps were in the age group of 25- 74 years. Functional endometrial polyps were found to be most common followed by

endometrial hyperplastic polyp and leiomyomatous polyp. All types of Endometrial polyps were most common in the age group of 35- 44 years.

Table 1: Age related frequency in endometrial polyp.

AGE GROUP	FREQUENCY	PERCENTAGE
25-34 yrs	2	2.8%
35- 44yrs	28	40%
45- 54yrs	22	31.5%
55- 64yrs	14	20%
65- 74 yrs.	4	5.7%

Table 2: Histopathological diagnosis of endometrial polyp.

HISTOPATHOLOGY OF ENDOMETRIAL POLYPS	FREQUENCY	PERCENTAGE
Benign endometrial polyp	28	40%
Endometrial hyperplastic glandular polyp	8	12%
Atrophic polyp	5	7%
Functional Polyp	12	17%
Hyperplastic polyp with complex hyperplasia	2	3%
Hyperplastic polyps with atypia	1	1.0%
Leiomyomatous polyp	8	12%
Polyp with simple hyperplasia	6	8%

There was only one case of endometrial polyp showing endometrial hyperplasia with atypia in a 65 years old female.

Endocervical polyps were in the age group of 16 to 47 years, while endometrial polyps were in the age group of 30 to 70 years.

42.5% of the women with cervical polyps were in the age group of 45 – 54 years followed by 37.5% of women in the age group of 35 – 44 years.

There was only one cervical polyp in the age group of 15 – 24 years..

Table 3: Age related frequency in cervical polyps.

AGE GROUP	FREQUENCY	PERCENTAGE
15- 24	01	2.0%
25 -34	04	10%
35- 44	15	38%
45- 54	18	45%
55- 64	02	5%
>65 YRS	0	-
TOTAL	40	100%

Table 4: Histopathological diagnosis of cervical polyps.

HISTOPATHOLOGY OF POLYPS	FREQUENCY	PERCENTAGE
Endocervical mucosal polyp	22	55%
Leiomyomatous polyp	12	30%
Endocervical glandular polyp	6	15%
Total	40	100%

Endocervical mucous polyp was found to be the most common lesion (55%). Next common was a benign leiomyomatous polyp followed by Endocervical glandular polyp (15%).

All types of cervical polyps were more common in the age group of 45- 54 yrs. of age. Endocervical mucous polyp was the only polyp seen at the age of 15- 24 yrs.

DISCUSSION

In our study there was only one case of endometrial poly showing endometrial hyperplasia.

Our finding correlates with the study conducted by Dastranj et al (2) Who inferred that only rare cases may harbor premalignant, malignant and metastatic lesions

In this study cervical polyps were common in the age group of 45 – 54 years (45%) followed by 35 – 44 years (38%).

In a study conducted by Tirlapur et al found maximum incidence of cervical polyps in age group of 25 – 45 yrs (20). Similarly in a study conducted by Gopalan U et al cervical polyps were more common in age group of 40 – 49 years (47.7%) followed by 30 – 39 years (26.2%)(21).

Wachokor FNN et al found peak incidence of endo cervical polyps in the fifth decade (22).

Detecting malignancy in Endocervical polyp is a rare event .In our study there was no case of cervical polyp with malignant change .Our study correlates with study conducted by Fauth C et al (24).

In our study most of the endometrial polyps were were in the age group of 35 – 44 years (40%) followed by women in age group of 45 – 54 years (31.4%). Our results contradicts with the study conducted by Salim et al(23).who reported that more postmenopausal females are effected by endometrial polyps than premenopausal women.

Most common type of endometrial polyp I our study as were benign endometrial polyps followed by functional polyps and leiomatous polyps.

There was only one case of endometrial polyp showing hyperplasia with atypia in a 65 years old woman. Our findings correlate with the study conducted by Dastranj et al ,who inferred in his study that only rare cases may harbor premalignant, malignant and metastatic lesions.(2).

CONCLUSION

Both our data and review of literature suggest that the incidence of malignancy in Endocervical and endometrial polyps is a very low and management strategy needs to be individualized.

Here it is suggested that in cases of asymptomatic polyps, there is a role for expectant management / restrictive approach with no intervention after proper discussion with the patient and these patients can be followed up except in cases of Abnormal uterine bleeding and infertility and if risk factors for endometrial cancer (age, obesity, long term treatment with unopposed estrogen are present, in such cases' where a range of atypical, premalignant and malignant change can be found in both glandular and stromal components of these lesions .In rare cases a small proportion of polyps can undergo spontaneous regression especially in females of premenopausal age and in those who present with abnormal uterine bleeding.

Therefore polyps only from asymptomatic females and those with abnormal smears and doing histopathological examination of only these polyps would result in significant health resource savings.

REFERENCES

- Cement PB, young R. Atlas of gynecological surgical pathology. third edition St. Louis Saunders:Elsevier,2014.
- Ali Dastranj Tabrizi. Histopathological features and differential diagnosis of endometrial polyps: An update and review: International journal of women's health and reproduction sciences. Vol 4, no. 4, Oct 2016, 152 – 156.
- Rackow BW, Jorgensen E, Taylor HS. Endometrial polyps affect uterine receptivity. Fertil Steril. 2011;95:2690-2. doi: 10.1016/j.fertnstert.2010.12.034.
- Capmas P, pourcelot AG, Giral E, Fedida D, Fernandez H. office hysteroscopy: A report of 2402 cases. J Gynecol Obstet Biol Reprod (paris).2016;45:445 – 50. doi : 10.1016/j.jgyn.2016.02.007.
- Dibi RP, Zettler CG, Pessini Sa, Ayub AV, de Almeida SB, da Silveira GP. Tamoxifen use and endometrial lesions: hysteroscopic, histological and immunohistochemical findings in postmenopausal female with breast cancer. Menopause. 2009;16:293 – 300. doi:10.1097/gme.
- Tiras. MB. Current diagnosis and treatment :Obstetrics and Gynaecology. Chapter 40. Benign disorders of uterine cervix .11th ed. Newyork NY: Lange(McGraw- Hill); 2014:657- 59.
- Cortan RS, Kumar V, Collins T. Robbins Pathologic Basis of Disease. Female genital Tract. Philadelphia, PA: Elsevier; 1992:1042 – 8.
- Berzolla CE, Schnatz PF, O Sullivan DM, Bansal R, Mandavilli S, Sorosky JL. Dysplasia and malignancy in Endocervical polyps. J Womens health (Larchmt). 2007;16(9): 1317-21.
- Abramovici H, Bornstein J, Pascal B. Ambulatory removal of cervical polyps under colposcopy. Int J Gynaecol Obstet. 1984;37(1):47-50
- Golan AI, Ber A, Wolman I, David MP. Cervical polyp: Evaluation of current treatment. Gynaecol Obstet Invesr. 1994;37(1):56-8.
- Mackenzie IK, Naish C, Rees CM, Manek S. why remove all cervical polyps and examine them histologically? BJOG. 2009;116(8):1127 – 9.
- Medline plus Medical Encyclopedia. August 2009. http://www.nlm.nih.gov/medlineplus/ency/article/001494.htm.
- GP notebook. Cervical polyp. 2007 http://www.gpnotebook.co.uk/cathe/-16239
- National patient pathways. Management of cervical polyps.
- Salim MA, Shalodi AD. Benign diseases of uterine cervix. Ruling out neoplasia diagnostic priority. postgrad Med. 1985 jul;78(1):141-3.
- Tirlapur SA, Adeyemo A, O'Gorman N, Sele- Ojeme D. Dan selo – ojeme . clinicopathological study of cervical polyps. Arch Gynecol Obstet. 2010;282:535-8.

17. Schnatz PF, Ricci S, O'Sullivan DM. Cervical polyps in postmenopausal women: is there a difference in risk? *Menopause*. 2009;16:524-8.
18. Neri A, Kaplan B, Rabinerson D, Ovadia J, Braslacskey D. Cervical polyp in menopause and the need for fractional dilatation and curettage. *Eur J Obstet Gynecol Reprod Biol*. 1995;62:53-5.
19. Berzolla CE, Schnatz PF, O'Sullivan DM, Bansal Endocervical polyps. *J Womens Health (Larchmt)*. 2007;16(9):1317-21.
20. Tirlapur SA, Adeyemo A, O'Gorman N, Sele-Ojeme D, Dan selo-ojeme. Clinicopathological study of cervical polyps. *Arch Gynecol Obstet*. 2010;282:535-8.
21. Gopalan U et al. Clinicopathological analysis of cervical polyps. *International journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2017 Apr;6(4):1526-1529.
22. Nwachokor FN, Forae GD. Morphological spectrum of non-neoplastic lesions of uterine cervix in warri, South-South, Nigeria. *Niger J Clin Pract*. 2013;16(4):429-32.
23. Salim S, Won H, Nesbitt-Hawes E, Campbell n, Abbott J. Diagnosis and management of endometrial polyps: a critical review of literature. *J Minim Invasive Gynecol*. 2011;18(5):569-81.
24. Fauth CL, Franko a, Duan Q, Wood S, Duggan MA. Clinicopathological determinants of vaginal and premalignant - malignant cervico-vaginal polyps of lower female genital tract. *J Low Genit Tract Dis*. 2011;15(3):210-8.
25. Jones MA, Young RH. Atypical oxyphilic metaplasia of the Endocervical epithelium: A report of six cases. *Int J Gynecol Pathol*. 1997; 16:99-102.