

## CERVICAL POLYP IN PREGNANCY

**Dr. Saloni Pugalia\***

Resident, Mahatma Gandhi Mission Hospital, Kalamboli. \*Corresponding Author

**Dr. Pradnya Dongargaonkar**

Senior Resident, Mahatma Gandhi Mission Hospital, Kalamboli.

**Dr. Sushil Kumar**

HOD, Mahatma Gandhi Mission Hospital, Kalamboli

**ABSTRACT**

Polyps are the most common neoplastic growths of cervix.

It may arise from the endocervical canal(common) or from the ectocervix.It can be two types i.e., mucous and fibro epithelial polyps where mucous polyp is the commonest cervical polyp.

We present you the case report of cervical polyp in pregnancy

**KEYWORDS :** cervical polyps, pedunculated, conservative management during pregnancy**INTRODUCTION**

Cervical polyps are the commonest cervical lesions and occur in about 2-5% of women<sup>1</sup> Cervical polyp is very rare condition to encounter in pregnancy. They are more frequent in parous women over 20 years of age and most of them (60-70%) are asymptomatic and found on routine

speculum examination of cervix.<sup>2,3</sup> While cervical polyps may be asymptomatic in most cases, symptomatic women may present with vaginal bleeding, postcoital bleeding, vaginal discharge, cervical infection or even with symptoms mimicking threatened preterm labour<sup>4,5,6</sup> Management depends on presence of associated symptoms. 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.<sup>7</sup>

**CASE REPORT**

A Patient Mrs XYZ, 27years old, unbooked and unregistered Primigravida with 38weeks and 4days of gestation, came with complaints of pain abdomen since 1 day.

She was known case of hypothyroidism since third month of pregnancy, was on Tab Thyronorm 50mcg OD She had no other history of hypertension, diabetes, TB, asthma or any other chronic illness

**On examination**

General condition fair

Pulse rate- 88/min

Blood pressure-110/70mm/Hg

No pallor No edema

Systemic examination- normal

Per abdomen examination-

Uterus term size

longitudinal lie/Cephalic presentation

Fetal heart sound present/140 beats/minute

Uterine contractions -1-2 in 10min lasting for 20 sec

Per speculum examination- An endocervical polypoidal mass measuring approximately 2.5\*2.5 cm in its greatest dimension, soft to firm consistency, and had a smooth external surface, does not bleed on touch, was seen at 7 o'clock on cervix and was protruding outside the vagina.

Per vagina examination- Cervix was 5cm dilated, 40% effaced, station-1, bulging membranes.

Patient and relatives were explained about the incidental finding of polyp and presence of minimal chance of it obstructing the descent of baby.

Patient was observed for spontaneous progression of labor.

Patient delivered vaginally



**Figure 1: Cervical polyp seen on per-speculum examination**

**DISCUSSION**

Cervical polyps are polypoid growths projecting into the cervical canal. They are 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.<sup>(1)</sup> The polyps commonly occur as a result of chronic endo cervicitis. These are soft, spherical, glistening red masses and bleed easily when touched. Often<sup>(2)</sup> they are mostly asymptomatic. Most polyps measure < 1 cm in diameter. Giant cervical polyps measuring > 4 cm are rare.<sup>(4)</sup> They occur in adult women, rarely are in adolescents and frequently interpreted as malignant

neoplasm at the time of the presentation<sup>[5]</sup> Cervical polyp is very rare condition to encounter in pregnancy<sup>[6]</sup>. It is generally small, and the patient remains asymptomatic<sup>[7]</sup>. Many a times, the polyp is asymptomatic and the pregnant woman does not know about its existence. It can be also be found incidentally during vaginal examination in labour. Although many times, polyps does not affect the dilatation of cervix. Asymptomatic polyps disappears itself after 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 could lead to a premature labor, difficulties of delivery or increased risks of bleeding during labor<sup>[8]</sup>. Mostly Cervical polyps are benign in nature during pregnancy, yet careful examination is mandatory to exclude malignancy and appropriate counselling and reassurance must be given to the pregnant woman.

### CONCLUSION

Cervical polyps in pregnancy are risk factors for late abortion and preterm labor. Although most cervical polyps are usually benign, malignancy should be ruled out in any abnormal looking or giant polyps more than 4cm diameter in size. The incidence of malignant transformation is 1.7% in cervical polyps<sup>[1]</sup> during pregnancy. Hence, conservative line of treatment proves to be better alternative in asymptomatic patients. This avoids unnecessary surgical intervention.

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