



GIANT ENDOMETRIAL POLYP IN A POSTMENOPAUSAL WOMAN-A RARE CASE REPORT

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ABSTRACT Endometrial polyps are the benign localized overgrowth of endometrial tissue composed of a variable amount of gland, fibroblast-like spindle cells stroma, and thick-walled blood vessels. They develop as a result of unbalanced estrogens and progestin. Polyps greater than 4 cm are considered giant polyps. We report a case of giant endometrial polyp in a postmenopausal woman who presented with postmenopausal bleeding without any history of hormone or drug intake. However, the possible cause may be the age and use of phytoestrogens in the daily routine diet for a long time. We would like to discuss the possible etiology, presentation, diagnosis and management of endometrial polyp.

KEYWORDS : Endometrial polyp, menopausal bleeding, Phytoestrogens**INTRODUCTION:**

Endometrial polyps (EPs) are a common benign endometrial pathology characterized by localized overgrowths of endometrial glands and stroma which may appear as a solitary lesion or multiple lesions occupying the entire endometrial cavity. They occur in approximately one in four women, with the peak incidence between the ages of 40 and 49 years. [1,2]. EPs are usually less than 2 cm, and polyps greater than 4 cm are considered giant polyps [3].

Aim :

To report a case of a giant EP in a postmenopausal woman who presented with postmenopausal bleeding without any history of hormone or drug intake.

Case Presentation

A 65-year-old, 20 years post menopause, visited the gynecology outpatient department with her first episode of postmenopausal bleeding lasting one week. There was no history of exogenous hormone intake. She was obese, with a BMI of 27kg/sqm, known case of hypertension (HTN) and coronary artery disease (CAD) for the past 10 years. Gynecological examination revealed uterus bulky for her age. On ultrasonography (USG), a homogenous hyperechoic mass measuring 48.4 × 38.2 mm with a central anechoic area attached to the fundus occupying the uterine cavity was detected. Uterine mass, suspicious of endometrial cancer was made on USG. As she was on anticoagulation, we could not take up for hysteroscopic evaluation immediately. Endometrial sampling was done with pipelle to confirm malignancy and offer definitive treatment at the earliest. Histopathology of endometrial sample revealed proliferative endometrium without evidence of atypia/malignancy. Total abdominal hysterectomy was done and the specimen was sent for histopathological examination (HPE). The uterus with cervix measured 9 × 6 × 6 cm. On cut section, a sessile polypoidal mass was found attached to the posterior wall of body of uterus, measuring 5 × 4 × 4 cm, filling the endometrial cavity. HPE of the polyp showed variable-sized glands with secretions, fibrotic stroma and thick-walled blood vessels. No atypia was noted in all the sections examined. A histopathological diagnosis of proliferative endometrium with benign EP was made. The postoperative period was uneventful.

DISCUSSION :

The pathogenesis of EP is not well known. As they are associated with endometrial hyperplasia, unopposed estrogen is considered a risk factor. Long term consumption of phytoestrogens, found in abundance in spices, herbs and food, can lead to endometrial polyps [4]. Other mechanisms linked to polyp development include elevated endometrial aromatase activity, TGF-beta, VEGF, BCL-2, chronic Tamoxifen therapy and genetic factors. [5] Among postmenopausal women, menopausal hormone therapy and metabolic syndrome may also be associated with the formation of endometrial polyps with reported symptoms of irregular bleeding and thickened endometrium on ultrasound. [6] Giant EPs are rare and are mostly associated with tamoxifen and raloxifene treatment [3]. Aging has also been linked to

EPs [7]. Our case is aged 65 year with high body mass index, known to have metabolic disorder as evidenced by HTN and CAD which might have contributed to the etiology. There was a history of daily intake of turmeric, garlic, ginger, onion, and the occasional intake of thyme and soybean in her diet, which may be the possible cause of EP. Certain plant-derived phytochemicals known as PEs are functionally and structurally similar to 17β- estradiol (isoflavones) or synthetic estrogens such as diethylstilboestrol (lignins) [2]. Grains, fiber-rich foods, legumes, and nuts used in the diet are rich in PEs and are present as glycosides [2]. Thyme, turmeric, garlic, ginger, onion, soy, pomegranate, licorice, red clover, hops, and Verbena are rich sources of PEs and phytoprogestins which act as agonists and antagonists in vivo. These are commonly consumed foods, herbs, and spices in an average Indian diet. Their activity in a female depends on their concentration, endogenous estrogen concentration, and menopausal status [3]. PEs with their estrogen-like effect can cause an imbalance with progesterone, which may lead to endometrial hyperplasia in postmenopausal women [3].

Transvaginal ultrasound showing increased endometrial thickness greater than 4 mm is related to endometrial pathology, including polyps. [6] The location of the polyp, number, and diameter does not correlate with the reported symptoms. [8] The differential diagnosis includes submucosal leiomyoma, adenomyoma, endometrial hyperplasia, carcinoma, and uterine sarcomas. Malignancy in an endometrial polyp is related to a patient's age and menopausal status. Additional risk factors for malignant endometrial polyps include age greater than 60, large-sized polyps, menopause status, symptomatic bleeding, and polycystic ovarian syndrome. [9]

Tissue sampling should be considered due to the risk of malignancy associated with endometrial polyps. Blind tissue sampling with endometrial biopsy or D&C is inaccurate in the diagnosis of endometrial polyps and should only be used in settings where hysteroscopic treatment is unavailable. [10] Hysteroscopic polypectomy is the standard treatment for endometrial polyps. Polyps can be linked to underlying endometrial issues, so both the polyp and surrounding tissue should be examined histologically. Benign polyps occur in 20% of endometrial carcinoma cases. Though majority of polyps are benign, malignant transformation can occur in 0 to 13%. [9] The prevalence of malignant endometrial polyps in symptomatic postmenopausal females is 4.47% compared with 1.51% in an asymptomatic postmenopausal female. [10] Aging, obesity, arterial hypertension, postmenopausal period, and tamoxifen are also risk factors for malignancy development in EPs. However, malignancy in EPs is uncommon and seen in 1-3% of the cases [2]. EPs larger than 15 mm are associated with endometrial hyperplasia, and in general, polyps measuring more than 10 mm are associated with an increased incidence of malignancy [2]. In the present case, no atypia or malignancy was seen after extensive sampling.

CONCLUSIONS :

The origin and pathogenesis of EPs are still not fully understood.

However, in our case, we assume that aging and use of PEs in the daily routine diet for a long time may be the cause of the giant EP.

REFERENCES

1. Lasmar, B. P., & Lasmar, R. B. (2013). Endometrial polyp size and polyp hyperplasia. *International Journal of Gynecology & Obstetrics*, 123, 236–239.
2. Cil, A. S., Bozkurt, M., Kara, D., & Guler, B. (2013). Giant endometrial polyp protruding from the external cervical os in a postmenopausal woman: magnetic resonance imaging and hysteroscopic findings. *Proceedings in Obstetrics and Gynecology*, 3, 1–9.
3. Unal, B., Dogan, S., Karaveli, F. S., et al. (2014). Giant endometrial polyp in a postmenopausal woman without hormone/drug use and vaginal bleeding. *Case Reports in Obstetrics and Gynecology*, 2014, 518398.
4. Burton, J. L., & Wells, M. (2002). The effect of phytoestrogens on the female genital tract. *Journal of Clinical Pathology*, 55, 401–407.
5. Hu, J., & Yuan, R. (2011). The expression levels of stem cell markers importin13, c-kit, CD146, and telomerase are decreased in endometrial polyps. *Medical Science Monitor*, 17(8), BR221–BR227. PMC free article; PubMed
6. Maia, H., Barbosa, I. C., Marques, D., Calmon, L. C., Ladipo, O. A., & Coutinho, E. M. (1996). Hysteroscopy and transvaginal sonography in menopausal women receiving hormone replacement therapy. *Journal of the American Association of Gynecologic Laparoscopists*, 4(1), 13–18. PubMed
7. Indraccolo, U., Di Iorio, R., Matteo, M., Corona, G., Greco, P., & Indraccolo, S. R. (2013). The pathogenesis of endometrial polyps: A systematic semi-quantitative review. *European Journal of Gynaecological Oncology*, 34, 5–22.
8. Hassa, H., Tekin, B., Senses, T., Kaya, M., & Karatas, A. (2006). Are the site, diameter, and number of endometrial polyps related with symptomatology? *American Journal of Obstetrics and Gynecology*, 194(3), 718–721. PubMed
9. Bakour, S. H., Khan, K. S., & Gupta, J. K. (2000). The risk of premalignant and malignant pathology in endometrial polyps. *Acta Obstetrica et Gynecologica Scandinavica*, 79(4), 317–320. PubMed
10. American Association of Gynecologic Laparoscopists. (2012). AAGL practice report: Practice guidelines for the diagnosis and management of endometrial polyps. *Journal of Minimally Invasive Gynecology*, 19(1), 3–10. PubMed