CASE REPORT

Endocervical Polyp

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Abstract

Endocervical Polyps are uncommon inflammatory non-neoplastic tumours. We report here a case of a young female who presented with a mass hanging out of vagina. The mass was removed mannually under general anaesthesia. Histopathology showed features suggestive of endocervical polyp.

Keywords

Endocervical Polyp, Cervix.

Introduction

Endocervical Polyps are relatively innocuous inflammatory non-neoplastic tumours that occur in 2-5% of adult women (1). They are not true neoplasms but probably the result of chronic inflammatory changes (chronic polypoid cervicitis) and most of them arise within endocervical canal. Their size vary from small and sessile to large mases that may protrude through cervical OS (2). We report here a case of endocervical polyp presenting as huge mass hanging out of vagina.

Case Report

A 29 year old female was referred to SMGS Hospital Jammu with history of abnormal mass hanging out of vagina since two days and retention of urine since one day. Patient was a known case of primary infertility. She was married for 10 years. Her menstrual history was regular but periods were scanty. She was not sure of her last menstrual period. On examination, she was pale, conscious, well oriented. Her pulse rate was 80 per minute, B.P. was 100/70 mm of Hg. No abnormality was detected in chest or cardiovascular system. Per abdomen examination, revealed a 24 week uterine size swelling in her lower abdomen. The swelling was soft to firm in consistency. On per vaginum examination, a large irregular mass was lying outside vagina which was foul smelling, infected and necrosed (Fig. 1). The mass was having flimsy adhesions with vaginal walls and was in continuation with uterus. Patient was given blood transfusion and other supportive treatment and was subjected to ultrasonography which showed a well defined echogenic mass 26×45×55 cms. in cervix. Uterus was normal in size, anteverted, uterine cavity and both the ovaries were normal. Pouch of clouglas was clear (Fig. 2). Patient was operated under general anaesthsia

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and mass was removed mannually. The height of uterus decreased after surgery. The mass was found to be arising from the anterior and lateral lips of cervix. The pedicle was clamped, cut and ligated. The mass was sent for histopathology. Patient was put on antibiotics before and after the surgery. Patient was discharged and advised to come for follow up after one month. Histopathology of the removed mass showed glands, acini having features of both endocervical and endometrial glands with multilayering of cells. Some of the glands showed cystic changes. Features were suggestive of mixed endocervical and endometrial polyp having changes of simple hyperplasia of endometerium.

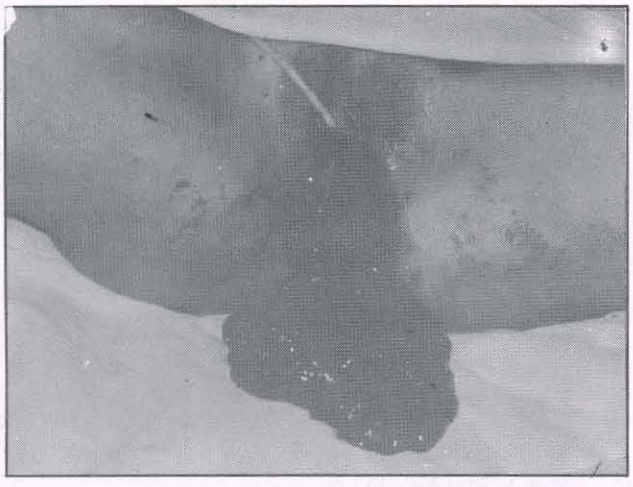

Fig. 1. Showing large infected, necrosed mass hanging out of vagina.

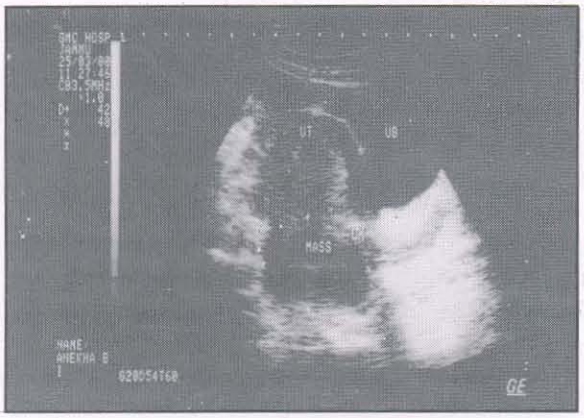

Fig. 2. Showing a well defined echogenic mass in the uterus.

Discussion

Endocervical polyps are of undecided etiology. They represent the growth of redundant folds of endocervical mucosa including both stroma and epithelium. They are sometimes associated with chronic inflammatory diseases of the cervix. They can not be regarded as neoplasms, nor do they arise as a result of cervicitis. They are because of hyperplasia of mucous membrane and mostly occur in women of child bearing age. There is often squamous metaplasia of epithelium especially at the tip (3). Much of the substance of polyp may be the result of cystic dilatation of cervical glands. In very small proportion, malignant change may be seen. Carcinoma in situ can develop from these polyps but not more so than in the cervix as a whole (2). The form where it gets covered with squamous epithelium from metaplasia of columuar epithelium is regarded as fibroadenomatous polyp of cervix which is a pathological misnomer as condition is one of localised hyperplasia.

A preferable attitude is that polyps should be removed under general anaestheisa so that uterine cavity is also explored and curetted.

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