A giant cervical polyp in a young woman
Pólipo cervical gigante na mulher jovem

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Abstract

A 15 years-old woman presented with an abnormal mass prolapsing through the introitus. An operative hysteroscopy revealed an elongated mass with 7 cm in length consistent with an endocervical polyp. The histopathology confirmed the diagnosis. At 3 months follow-up, there was no evidence of recurrence. Cervical polyps are rare in adolescents, with few cases with a size ≥3 cm reported in the literature. Minimally invasive surgery through vaginoscopic approach is a good option to see and treat genital tract pathology in women with intact hymen or limited vaginal access.

Keywords: Giant cervical polyp; Polypectomy.

Cervical polyps commonly occur in adult women, being extremely rare in adolescents[1]. The etiology isn't completely understood, but chronic inflammation of the cervical canal and hormonal factors are implicated. Cervical polyps are usually asymptomatic but may cause postcoital spotting and sporadic bleeding. We describe the case of a young woman with a prolapsed cervical polyp.

A 15 years-old nulliparous woman presented at our department with an abnormal small mass that occasionally prolapsed through the vulva. She reported no other symptoms, such as abnormal uterine bleeding. Speculum examination wasn't performed due to no history of sexual intercourse. On examination, the vulva was unremarkable, but a mass was visualized prolapsing through the introitus during a Valsalva maneuver. Transrectal sonography revealed a normal uterine configuration and empty uterine cavity appearing as a thin white line. At this time, an office polypectomy with torsion was performed. Histopathology confirmed the diagnosis of an endocervical polyp. Two months later, the patient returned with an elongated, lobular, soft and pedunculated lesion prolapsing through the vulva (Figure 1). An office diagnostic hysteroscopy was performed and revealed an elongated mass with 7 cm in length. The appearance was consistent with an endocervical polyp originating from the anterior lip of the cervix and extending out of the introitus. No further examination was performed due to intolerance of the patient. An operative hysteroscopy under general anesthesia was performed where a polypectomy using a re-

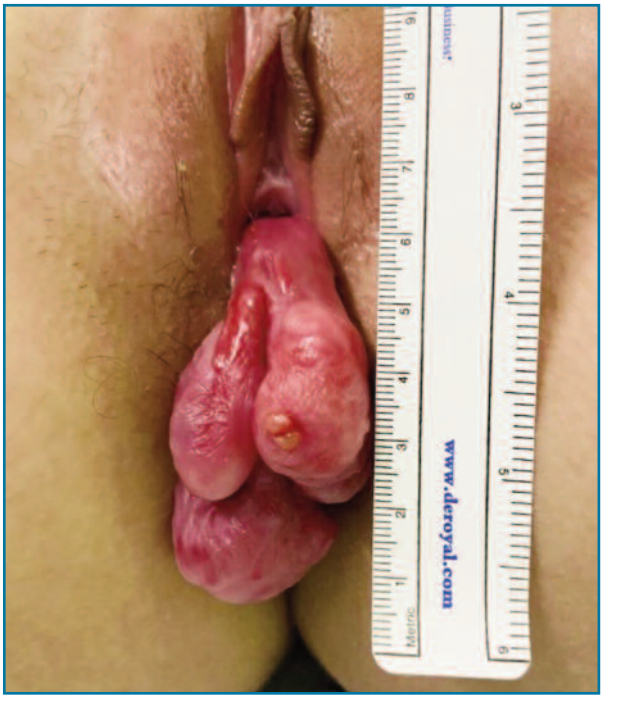

FIGURE 1. Prolapsing mass at the introitus.

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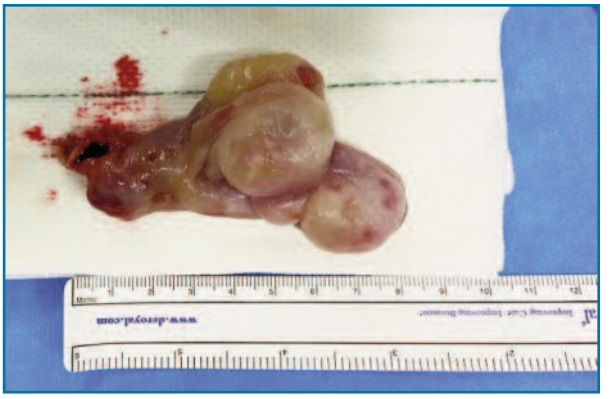

FIGURE 2. The endocervical polyp specimen after hysteroscopic polypectomy.

sectoscope with a cutting loop took place without complications (Figure 2). The histopathology confirmed the diagnosis of an endocervical polyp. At a 3 months follow-up ambulatory visit, there was no evidence of recurrence.

Giant cervical polyps with a size ≥3 cm are rarely reported in the literature[2]. Differential diagnosis include endometrial polyps or prolapsed leiomyomas. Malignancy is rarely reported[3]. Polypectomy should be considered if the polyp is large, atypical or if symptoms occur. Polypectomy can usually be performed by grasping the base with forceps and twisting it off. If the base is wide, electrosurgery or laser can be used to reduce the likelihood of recurrence[4]. Women who undergo removal of a prolapsed endocervical polyp, without assuring a complete removal, should be advised about the potential for recurrence. Rarely, polyps recur after removal. In these cases, care should be taken to completely remove the polyp in a repeated polypectomy procedure. In women with intact hymen, the use of conventional vaginal examination may damage the hymen, which limits its use. In these cases, transabdominal or transrectal sonography and hysteroscopy through vaginoscopic approach are useful tools to explore the genital tract[5]. Polypectomy under hysteroscopic guidance is a good option for the diagnosis and management of endocervical polyps. This approach allows to distinguish endocervical from endometrial polyps and fibroids in inconclusive examinations. It also permits an efficient and complete treatment as it enables a precise visualization of the polyp peduncle and allows to see and treat concurrent intrauterine pathological conditions. This case highlights the importance of minimally invasive surgery that preserves the hymen's integrity in the management of adolescent patients without a history of intercourse or limited vaginal access.

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