CASE REPORT

Conservative Management of Huge Symptomatic Endocervical Polyp in Pregnancy: A Case Report

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Abstract

Cervical polyp is very rare in pregnancy, usually asymptomatic and small. There are several reports of different sizes of cervical polyp in pregnancy but, huge cervical polyp causing funnelling and shortening of cervical length was first reported in 2014. It was managed by polypectomy causing cervical length to return to normal value. We present the second case report in literature of a huge endocervical polyp in pregnancy that caused funnelling and shortening of cervical length. Unlike the earlier report this patient presented with preterm contractions and antepartum haemorrhage (APH). She was managed conservatively by polypectomy at 38 weeks of gestation without complications. This is the first case report in the literature of a huge symptomatic endocervical polyp in pregnancy presenting with preterm contractions and APH that was conservatively managed. The role of such management has been emphasized. *(Afr J Reprod Health 2018; 22[2]: 88-90).*

Keywords: Endocervical polyp, Cervical funnelling, Polypectomy, Conservative management

Résumé

Le polype cervical est très rare dans la grossesse, souvent asymptomatique et petit. Plusieurs cas de polypes cervicaux de grossesses différentes ont été rapportés pendant la grossesse, mais d'énormes polypes cervicaux causant un entonnement et un raccourcissement de la longueur cervicale ont été rapportés en 2014. Ils ont été traités par la polypectomie, ce qui a ramené la longueur cervicale à la valeur normale. Nous présentons le deuxième rapport de cas dans la littérature d'un énorme polype endocervical dans la grossesse qui a provoqué l'entonnoir et le raccourcissement de la longueur cervicale. Contrairement au rapport précédent, ce patient présentait des contractions prématurées et une hémorragie antepartum (HAP). Elle a été traitée de façon conservatrice par une polypectomie à 38 semaines de gestation sans complications. C'est le premier rapport de cas dans la documentation d'un énorme polype endocervical symptomatique dans la grossesse présentant des contractions prématurées et HAP qui a été géré de manière conservatrice. Le rôle de cette gestion a été souligné. *(Afr J Reprod Health 2018; 22[2]:88-90).*

Mots-clés: polype endocervical, entonnoir cervical, polypectomie, gestion conservatrice

Introduction

Cervical polyp is very rare condition to encounter in pregnancy. It is generally small, and the patient remains asymptomatic. Management depends on presence of associated symptoms. Regardless of its size, asymptomatic polyp in pregnancy; should be managed by polypectomy[1]. Huge cervical polyp causing funnelling and shortening of cervical length was first reported in by Kribas *et a* [2] and managed by polypectomy causing cervical length to return to normal value[2]. We present a second gravy in her mid-thirties who presented with irregular labor-like pains in the early third trimester. She was diagnosed to have a large endocervical polyp and managed conservatively until 38 weeks gestation when polypectomy was performed. Two days after the procedure, she delivered normally and both mother and baby were discharged in satisfactory condition. This is the first case in the literature of conservative management of a huge endocervical polyp in later pregnancy.

Case Presentation

A 35-year-old, G2 P1, presented to our emergency room at 32 weeks gestation complaining of mild

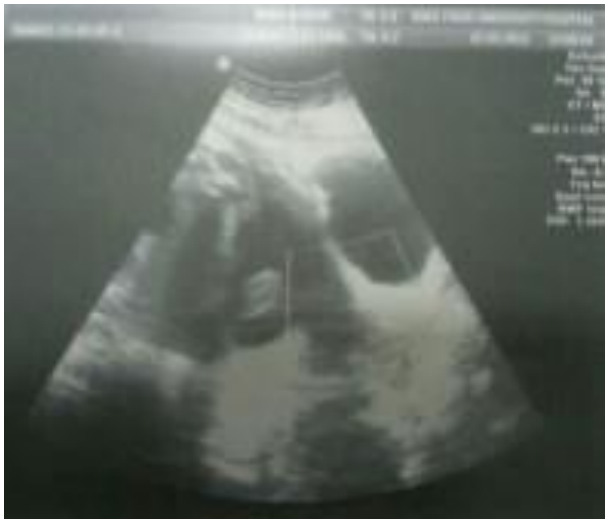

Figure 1: Gray Scale Appearance Demonstrating Funnelling of the Cervix

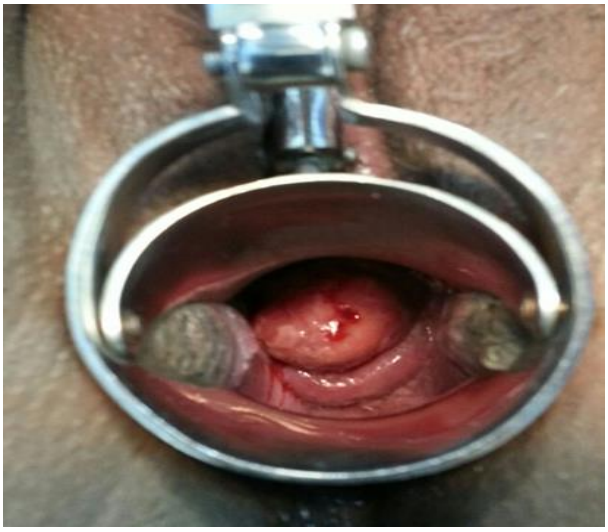

Figure 2: Endocervical Polyp seen by Speculum Examination, Bleeding to Touch 4cm in Size

vaginal bleeding and labor-like pain for the last few hours. She had an uneventful antenatal care in a primary health care centre. Routine first and second trimester ultrasound scans were normal. No pathology was detected. On examination, the patient was mildly distressed, and vital signs were normal. Obstetric palpation revealed a soft, lax abdomen, fundal height of 30 cm and regular fetal heart sound. Obstetric ultrasound confirmed a single, viable fetus, 31 weeks size, with cervical funnelling (Figure 1). Placenta previa was ruled out. Speculum examination revealed the presence of a huge, endocervical polyp, approximately 4 cm in diameter, protruding from the anterior lip of the cervix, and bleeding easily on touch (Figure 2). Vaginal examination revealed the findings of speculum inspection dilating the external cervical, but the internal cervical canal was closed. Cervical length was 2.1 cm on transvaginal ultrasound (Figure 3). There were one to two mild uterine contractions per 10 minutes demonstrated on cardiotocography.

The patient was admitted to our labor and delivery ward for observation, intravenous fluids infusion, tocolytics and steroids were administered, and the pain and contractions completely subsided. Colposcopy showed no suspicion of malignancy. She was counselled to have conservative management currently and cervical polypectomy at 38 weeks gestation and try for normal delivery. Another option of

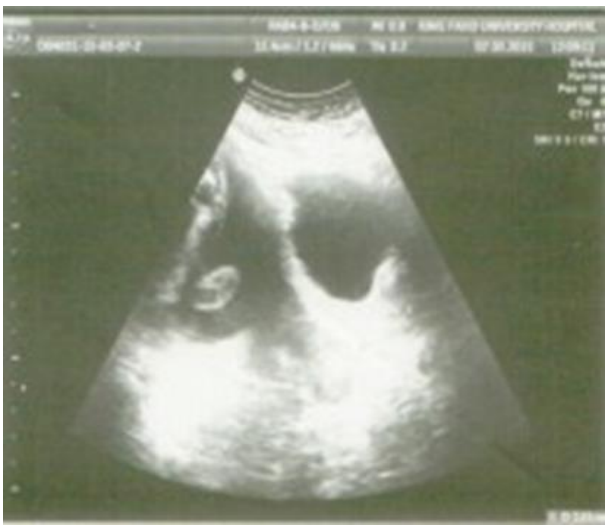

Figure 3: Gray Scale Appearance Demonstrating Cervical Length 2.1cm

management was to have caesarean section at 38 weeks, or earlier if active vaginal bleeding occurred or labor ensured, followed by cervical polypectomy after 6 weeks post operation. As her complaints settled she was allowed home with regular follow up appointments to the outpatient clinic. She progressed well in the pregnancy. Serial transvaginal ultrasound showed no changes in cervical length. At 38 weeks, cervical polypectomy was performed smoothly under spinal anesthesia. The pedicle was ligated, and the mass excised by electro surgery. Histopathology

evaluation confirmed the diagnosis. Two days later, the patient had spontaneous onset of labor and delivered a live, female baby. Both the patient and her baby were discharged in satisfactory condition. She was seen six weeks later in our outpatient clinic. There was no complaint or complications from our management of this patient.

Conclusion & Recommendations

A large cervical polyp in pregnancy can be an underlying cause of preterm labor. Although it is agreed that symptomatic cervical polyp in pregnancy should be managed by polypectomy, conservative management in this patient, after excluding malignancy, proves it still has a place in such situations, thus avoiding any surgical intervention and complications at an earlier period of gestation.

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Conflict of Interest

Authors declares that there is no conflict of interest.

Ethical Approval

The article does not contain any studies with human participant or animal performed by any of the authors.

Consent

Informed consent was obtained from all individual participants included in this study.

Contribution of Authors

Treating team: Dr. Sameer Hamadeh, Dr. Bishr Addas, DR. Nasreen Hamadeh and Dr. Jessica Rahman

Dr. Sameer Hamadeh wrote the manuscript. Dr. Bishr Addas revised the manuscript. Dr. Nasreen Hamadeh provided the pictures and the explanations. Dr. Jessica Rahman revised the vocabulary of the case.

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