

**Case Report**

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Giant Polyp of the Cervix - A Case Report

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***Corresponding author:** Hjalmar A Schiøtz, Senior consultant gynecologist, Department of Gynecology and Obstetrics, Vestfold Hospital trust, Tønsberg, Norway.**Received Date:** July 08, 2021**Published Date:** October 18, 2021**Abstract**

A 45-year old woman was diagnosed with a giant polyp arising from the cervix of the uterus and reaching out 4-5cms beyond the vulva. The polyp was excised with diathermy knife without complications and was benign on histological examination. At four years there has been no recurrence. Giant cervical polyps are rare, with only about 20 cases reported in the international literature. The field of giant cervical polyps is discussed.

Keywords: Cervix; Giant; Polyp**Introduction**

Polyps arising from the uterine cervix are common, but they are usually small. Giant polyps, defined as more than 4cms in size, are rare, with only about 20 cases reported in the literature (overview

of reports in Table 1). In this case history a giant cervical polyp measuring 12cms in length and 4cms in width is presented.

Table 1: Overview of published reports.

First author	Reference	Year of publication	Age of patient	Size of polyp (cms)
Saier	1	1973	61	13
Lippert	2	1974	26	17
Duckman	3	1988	56	10
Aridogan	4	1988	17	14
Adinma	5	1989	30	5
Branger	6	1991	22	15
Gögöüs	7	1993	5	7
Khalil	8	1996	27	17
Amesse	9	2002	12	5.2
Wu (2 cases)	10	2005	45 and 47	5 and 7
Bucella	11	2008	47	5.5
Yi	12	2009	35	12.6
Abdul	13	2012	40	30
Massinde	14	2012	55	6

Simavli	15	2013	46	6
Soyer	16	2014	14	4.7
Yadav (2 polyps)	17	2015	51	4 and 5
Ota	18	2017	48	12
Nair	19	2019	45	10
Rexhepi	20	2019	51	11

Case Presentation

The patient was a 45-year-old Caucasian woman. She had experienced a painless lump protruding outside the vagina for more than a year. She was para 2, her menstrual periods were regular and there had had been no irregular bleeding. She had no other health issues.

On gynecological examination a lobulated pink polyp measuring at least 12cms in length and 4 cm in width was found. The consistency was soft to firm. There was no ulceration. The polyp arose from inside the cervical canal 2cms above the external os and reached 4-5cms outside the vulva (Figures 1&2). Gynecological examination including sonography was otherwise unremarkable.



Figure 1: polyp extending outside the vulva.

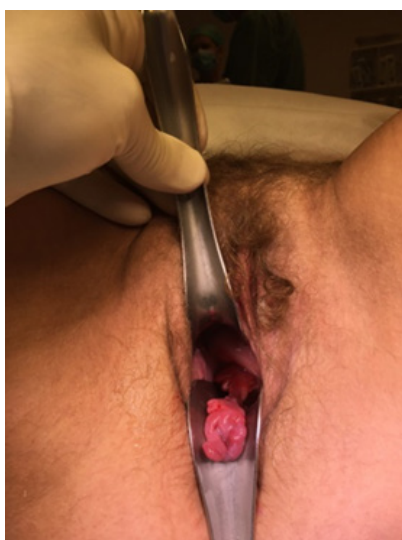


Figure 2: Polyp arising from inside the cervical canal.

The polyp was excised under general anesthesia with a diathermy knife without any bleeding or other complications. Suturing was not necessary. The postoperative course was uneventful, and the histological report confirmed a benign cervical polyp. At 4 years there has been no recurrence.

Discussion

Polyps of the cervix are common. They are usually small (<2cm) and are often asymptomatic and thus found during routine gynecological examination [1]. Polyps can appear at any age but are generally found in parous women during the fourth to sixth decades of life [2,3]. Most cervical polyps are benign, but malignancy does occur, at a reported rate of 0.1% [4] to 1.7% [5], the risk of malignancy increasing with rising age. A recent review showed that 3.7% of removed polyps had abnormal pathology [6]. It is recommended that all polyps be removed and examined histologically [7].

Because concurrent endometrial pathology occurs in around 10 % of cases, a specimen from the endometrium should also be obtained.

In contrast, giant polyps (defined as measuring > 4cms), are rare and are usually symptomatic. Presenting symptoms can be bleeding, vaginal discharge, or a palpable mass. Pain is usually not a problem [8]. Approximately 20 cases of these giant polyps have so far been reported. The polyps have been found in both parous and non-parous women of all ages, mostly in early middle age (Table 1), but also during pregnancy [9,10], in adolescents [11,12] and even in a 5-year-old girl [13]. Only 3 reported women were postmenopausal. The largest reported polyp measured 30cms [14]. Giant polyps are usually single, but multiple polyps have been described [3].

Clinically the polyps can be suspicious of a malignancy, especially if there is ulceration on the surface, or they may be mistaken for a prolapsed uterus [15,16] or imminent miscarriage [7]. Due to the rarity of giant polyps and their unknown prevalence it is not possible to give an estimate of malignancy risk.

Differential diagnoses include the large variety of cervical tumors that can present clinically as a polyp: cervical cancer, fibromyoma, angioleiomyoma, leiomyoblastoma, endocervical or endometrial adenocarcinoma, cervical embryonal rhabdomyosarcoma, müllerian adenocarcinoma, cervical lymphoma, endometrial polyp protruding through the cervix, endometriosis. After adequate diagnostic procedures have been done the polyp can be excised. Simple excision of cervical polyps is usually sufficient, and recurrence is rare [17-20]. As mentioned, the endometrium should also be sampled.

Conclusion

Giant polyps of the cervix are rare, usually symptomatic, and

usually benign. Simple excision represents adequate treatment in most cases. All polyps should be sent for histological examination after removal and concurrent sampling of the endometrium is recommended [21-28].

Acknowledgement

None

Conflicts of Interest

The author declares no conflict of interest. The patient has given written permission for her case to be presented.

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