

Case Report

Multiple Giant Cervical Polyps: A Case Report with Literature Review

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Abstract

Cervical polyps are a common pathology in the female adult population. Giant cervical polyp is described as a polyp greater than 4cm in size and is rarely seen in clinical practice. The size and clinical presentation mimic neoplasia. So far only 14 cases of giant cervical polyps have been reported in medical literature, which are mostly single. We report a case of multiple giant cervical polyps in a 51 yrs old female, presented with white discharge and a mass protruding through vagina. Clinically it was thought to be a neoplasia and panhysterectomy was resorted to. The diagnosis, management and pathologic findings of this entity along with review of literature is presented.

Key words : Polyp, Giant, Cervix.

INTRODUCTION:

Cervical polyp is a quite common pathology in the female adult population. Most polyps are less than 1cm in diameter. Giant cervical polyp with a size greater than 4cm is rare and till now only 14 cases have been reported [1]. They occur in adult women, more rarely in children and are frequently interpreted as malignant neoplasm at the time of the presentation.

CASE REPORT:

A 51year old multiparous female with menopause for 2 years, came with the complaints of white discharge and something coming out from the vagina since one year. There was no history of menstrual irregularity. On examination a mass was protruding through the vagina, which was mobile. Cervical examination was not possible due to presence of the mass. There was no inguinal lymphadenopathy. On abdominal ultrasonography (USG) an ovarian mass just adjacent to bulky

cervix was reported. Routine haematological and biochemical investigations were within normal limits. Patient was subjected to abdominal pan-hysterectomy.

The pan-hysterectomy specimen showed normal sized uterus with an attached cervical polyp measuring 3.0 x 2.5 x 2.0 cm. and two separated polyps 5.0 x 4.0 x 3.0 cm and 4.0 x 4.0 x 3.0 cm. The polyps were pearly white in colour and soft to firm in consistency. Cut section of polyps showed mucin filled cystic spaces (Fig 1). Both adenexae were unremarkable.

The microscopic examination of the polypoidal masses showed dilated glandular spaces lined by flattened to columnar mucin secreting epithelium showing squamous metaplasia at places with fibromuscular stroma (fig 2) and surface stratified squamous epithelial lining (Fig.3). There was no evidence of dysplasia or malignancy in the multiple sections taken from the polyps.

DISCUSSION:

Cervical polyps are most commonly seen in 4th & 5th decade of life [2] and their incidence is 4–10% of all cervical lesions [3]. Although they are mostly benign, carcinomatous change occurs in 1.7% of cervical polyps [3]. Only fourteen cases (Table 1) of giant cervical polyps have been reported so far and there is no case reported from India [1]. All the previous cases are of single polyp except one case in which there were two polyps but one of small size (1cm.). The present case had three polyps and is the first case of multiple giant cervical polyps. In previous cases age of presentation ranged from 5 years to 61 years with mean age of 32 years [4]. Most of the patients presented with leukorrhea, introital mass and variable per-vaginal bleeding. In one pregnant patient, the polyp protruded from the external OS mimicking inevitable abortion [5]. The present case presented with leukorrhea and introital mass. Out of thirteen previously reported cases, two were post-menopausal and above 50 yrs in age and only 4 were parous. The present case is multiparous, postmenopausal and of above 50 yrs age. The possible diagnosis of mass protruding through vaginal introitus include prolapsing submucous fibroids, endometrial polyps, endocervical carcinoma, carcinosarcoma, products of conception and rhabdomyosarcoma [4].

In nine out of thirteen previous cases polypectomy

was done while in one case each radical hysterectomy and pan-hysterectomy was done because of clinical suspicion of malignancy and endometrial hyperplasia respectively. In one case, the youngest one, exploratory laparotomy was done and polyp was resected through an incision in the lower uterine segment because the polyp extended into the endometrial cavity and the clinical impression was rhabdomyosarcoma. In the present case pan-hysterectomy was done because of suspicious ovarian tumour on USG, but ovaries were unremarkable in the specimen received.

The site of origin in ten out of fifteen giant cervical polyps (including present case) was ectocervix (Table 2), while in four cases it was endocervix. In one case site of origin was not reported.

CONCLUSION :

To conclude giant cervical polyps are rare. They can be multiple and polypectomy is sufficient to treat them. All the reported cases of giant cervical polyps are benign and thought to be the result of reactive changes from long standing chronic inflammation. They are misdiagnosed as malignancy and then pan-hysterectomy is resorted to. So proper knowledge of this entity and its clinical & USG presentation can save the patient from major surgery.

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Table 1. Clinical features of patients with giant cervical polyps [1, 4-15]

Author	Age	Parity	Introital mass (duration)	Additional symptoms	Treatment
Saier et al [6]	61	0	+ (2 yrs)	Leukorrhea, PMB	Polypectomy
Lippert et al [7]	26	0	+	Leukorrhea, urinary retention	ARH+BSO+PLND
Duckman et al [8]	56	3	+	PMB	Polypectomy, D&C, TAH+BSO
Aridogan et al [9]	17	0	+ (3 yrs)	Bleeding, discharge	Polypectomy
Adinma [5]	30	1	–	1st trimester bleeding for 2 wk	Polypectomy
Branger et al [10]	22	0	–	None	Polypectomy
Gogus et al [11]	5	0	–	Leukorrhea for 1 yr, bloody discharge for 1wk	Exploratory laparotomy, polyp resection
Khalil et al [12]	27	0	+ (2 days)	Mal-odorous discharge for 2 yr	Polypectomy, D&C
Amesse et al [13]	12	0	+ (1 mo)	None	Polypectomy
Wu WY et al [4]	47	2	+(6 mo)	None	Polypectomy
Wu WY et al [4]	45	0	+ (10 d)	Bleeding	Polypectomy
Yi KW et al [14]	35	0	+	Vaginal bleeding, discharge	Polypectomy
Bucella D et al [15]	47	1	+	Bleeding	Polypectomy
Simavli S et al [1]	46	Multipara	+	None	Electrosurgery
Present case	51	4	+(1 year)	White discharge	TAH

PMB = postmenopausal bleeding; ARH = abdominal radical hysterectomy; BSO = bilateral salpingo-oophorectomy; PLND = pelvic lymph node dissection; D&C = dilatation and curettage; TAH = total abdominal hysterectomy.

Table 2. Histopathologic features of giant cervical polyps [1, 4-15]

Author	Polyp location	Size (cm)	Microscopic description	Diagnosis
Saier et al [6]	Ectocervix, right anterior lip	13 x 6	Endocervical mucosa with squamous metaplasia	Cervical polyp
Lippert et al [7]	Ectocervix	17 x 12 x 4	Endocervical mucosa with squamous metaplasia	Endocervical polyp
Duckman et al [8]	Ectocervix, right posterior lip	10 x 3.5 x 1.8	Squamous mucosa with ulceration	Cervical polyp
Aridogan et al [9]	Ectocervix	14 x 4 x 3.5	Squamous mucosa with ulceration	Cervical polyp
Adinma [5]	External cervical os	5 x 1 x 0.5	Not reported	Cervical Polyp
Branger et al [10]	Not reported	15	Squamous mucosa with pseudo-papillary proliferations; chronic inflammation	Cervical polyp
Gogus et al [11]	Endocervix, posterior midline	5 x 4 x 1.5	Endocervical mucosa with squamous metaplasia	Multiloculated endocervical polyp
Khalil et al [12]	Endocervix, anterior lip	17 x 10 x 5	Fibrovascular tissue with endocervical glands	Giant cervical polyp
Amesse et al [13]	Ectocervix, right anterior lip	5.2 x 2.2 x 1.4	Squamous mucosa admixed with endocervical mucosa	Cervical polyp
Wu WY et al [4]	Endocervix, posterior midline	7 x 2.5 x 1.5	Endocervical mucosa with squamous metaplasia	Endocervical polyp
Wu WY et al [4]	Ectocervix, posterior lip	5 x 2 x 0.7	Endocervical mucosa with focal squamous metaplasia	Cervical polyp
Yi KW et al [14]	Endocervical	12.6x8cm	Not reported	Cervical polyp
Bucella D et al [15]	Ectocervix, posterior lip	5.5 cm in diameter	Focal squamous metaplasia	Giant Cervical polyp
Simavli S et al [1]	Ectocervix	6x1,5cm	Not known	Polypectomy
Present case	Ectocervix	Three polyps ➤ 5x4x4 ➤ 4x3x2.5 ➤ 3x2.5 x 2	Endocervical glands with squamous metaplasia, lining epithelium squamous	Multiple giant cervical polyps

Fig 1. Gross photograph of cut open uterus with multiple giant cervical polyps.



Fig 2. Microphotograph showing endocervical gland with focal squamous metaplasia and fibrovascular stroma in a giant cervical polyp (H & E, 40X).

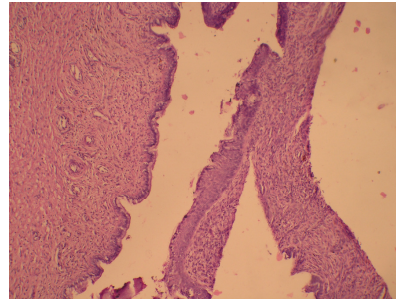
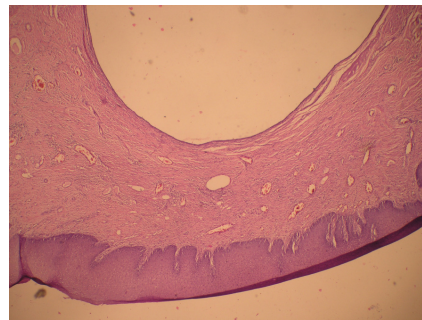


Fig 3. Microphotograph showing giant cervical polyp lined with stratified squamous epithelium (H & E, 40X).



REFERENCES:

1. Simavli S, Kinay T. Giant cervical polyp ; A case report and review of the literature. *Turkiye Klinikleri J Gynecol Obst* 2013;23(2):119-22.
2. Danakas GT. Cervical polyps. In : Ferri FF. *Ferri's Clinical Advisor. Instant Diagnosis and Treatment.* St. Louis : Mosby Inc, 2003:195.
3. Israel SL. A study of cervical polyps. *Am J Obstet Gynecol* 1940;39:45-50.
4. Wu WH, Sheu BC, Lin HH. Giant cervical polyps : Report of two cases and literature review. *Taiwanese J Obstet Gynecol* 2005;44(1):65-8.
5. Adinma JI. Cervical polyp presenting as inevitable abortion. *Trop Doct* 1989;19:181.
6. Saier FL, Hovadhanakul P, Ostapowicz F. Giant cervical polyp. *Obstet Gynecol* 1973;41:94-7.
7. Lippert LJ, Richart RM, Ferenczy A. Giant benign endocervical polyp : report of a case. *Am J Obstet Gynaecol* 1974;118:1140-1.
8. Duckman S, Suarez JR, Sese LO. Giant cervical polyp. *Am J Obstet Gynaecol* 1988;159:852-4.
9. Aridogan N, Cetin MT, Kadayifci O, Atay Y, Bisak U. Giant cervical polyp due to a foreign body in a "virgin". *Aust NZ J Obstet Gynaecol* 1988;28:146-7.
10. Branger C, Dreher E, Burkhardt A, Schmuckle U. Giant polyp of the cervix. *Geburtshilfe Frauenheilkd*

1991;51:148-9. [In German]

11. Gogus S, Senocak ME, Arda IS, Buyukpamukcu N, Akcoren Z. Multilocular endocervical polyp in a five-year-old girl. *Pediatr Pathol* 1993;13:415-9.
12. Khalil AM, Azar GB, Kaspar HG, Abu Musa AA, Chararah IR, Seoud MA. Giant cervical polyp. A case report. *J Reprod Med* 1996;41:619-21.
13. Amesse LS, Taneja A, Broxson E, Pfaff-Amesse T. Protruding giant cervical polyp in a young adolescent with a previous rhabdomyosarcoma. *J Pediatr Adolesc Gynecol* 2002;15:271-7.
14. Yi KW, Song SH, Kim KA, Jung WY, Lee JK, Hur JY. Giant endocervical polyp mimicking cervical malignancy : Primary excision and hysteroscopic resection. *The Journal of Minimally Invasive Gynaecology*. 2009;16(4):498-500.
15. Bucella D, Frederic B, Noel JC. Giant cervical polyp : A case report and review of a rare entity. *Arch Gynaecol Obstet* 2008;278:295-298.

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