

Giant Cervical Polyp: A Case Report and Review of the Literature

Dev Servikal Polip: Olgu Sunumu ve Literatürün Gözden Geçirilmesi

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ABSTRACT Although cervical polyps are a common pathology in the female adult population, giant cervical polyps are rare. Giant cervical polyp is described as a polyp greater than 4 cm in size that is rarely seen in clinical practice and until now only 12 cases have been described in the international literature (PubMed 1966-2012). Giant cervical polyps are uncommon in any age group and tend to appear in younger, nulliparous reproductive-age women. They can achieve a great size and protrude beyond the vaginal introitus. The size and the clinical presentation can mimic a cervical neoplasia. We report the case of a giant cervical polyp of 6x1.5 cm occurring in a multiparous 46-year-old woman who clinically presented vaginal mass. The lesion was resected by electrosurgery. We aimed discuss diagnosis, management and pathologic findings of this rare entity according to the current literature.

Key Words: Polyps; cervix uteri

ÖZET Servikal polip erişkin popülasyondaki kadınlarda sık görülen bir patoloji olmasına rağmen, dev servikal polipler nadiren oluşmaktadır. Klinik uygulamada nadiren görülen dev servikal polip 4 cm'den büyük olan polip olarak tanımlanmaktadır. Günümüze kadar Pubmed'de 1966-2012 yılları arasında toplamda 12 vaka bildirilmiştir. Tüm yaş gruplarında nadir görülmelerine rağmen genellikle, üreme çağındaki genç, doğum yapmamış kadınlarda daha sık rastlanmaktadır. Boyutu ve klinik prezentasyonu servikal neoplaziyi taklit edebilir. Bu yazıda, 46 yaşında multiparvaginal kitle şikayeti ile gelen, 6x1,5 cm boyutlarında dev servikal polipi olan hasta sunuldu. Hastanın polipi elektrocerrahi ile rezeke edildi. Bu raporda dev servikal polip olgusu sunarak dev servikal polip tanısını, tedavisini ve patolojik bulgularını güncel literatür ışığında tartışmayı amaçladık.

Anahtar Kelimeler: Polipler; serviks uteri

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Cervical polyps are quite common in multiparous women between the ages of 30 and 50 years. The incidence is 4-10% and most common of all cervical lesions. They are most commonly asymptomatic and usually discovered incidentally at gynecologic pelvic examination. Cervical polyps usually originate from the ectocervix which are called cervical polyps and rarely from the endocervical canal are called endocervical polyps. Most polyps are less than 2 cm in diameter.¹⁻⁴

Giant cervical polyps with a size greater than 4 cm are rare and until now 12 cases have been reported in the literature.^{1,2,5-14} Giant cervical polyps are uncommon in any age group and tend to appear in younger reproduc-

tive-age women. They can achieve a great size and protrude beyond the vaginal introitus.^{1,2}

Herein we describe a case of a cervical polyp of 6 cm in size occurring in a multiparous 46-year-old woman. The diagnosis, management, outcome, clinical and histological data of this rare entity has been reviewed according to the current literature.

CASE REPORT

A 46-year-old gravida 3, para 3, woman complained of a protruding vaginal mass. She noticed a mass protruding from the vagina especially on defecation and urination for 6 months. She had no history of cervical polyp one year previous at gynecologic pelvic examination. Her menarche was at the age of 13 and her menstrual interval was 28 days with a duration of 5 days. Pelvic examination revealed pink, pedunculated polypoid mass protruding from the vaginal introitus after Valsalva maneuver, and extending beyond the vulva (Figure 1). The pedicle originated from the ectocervix. A mass measuring a 6x1.5 cm arose from the right anterior lip of the ectocervix. Pap smear was negative for intraepithelial lesion and malignancy. The



FIGURE 1: The view of cervical polyp.
(See for colored form <http://jinekoloji.turkiyeklinikleri.com/>)

vaginal ultrasound was performed, uterus and both ovaries appeared normal. The mass was excised from the base by electro cauterization. The excised specimen was measured 6x1.5cm and sent for pathologic examination. The pathological diagnosis was a giant cervical polyp with a size of 6x1.5x1cm and no dysplasia and/or neoplasia.

DISCUSSION

We report the case of a giant cervical polyp in a multiparous adult patient. This pathology is a rare entity, which has been described in 12 reports in literature.^{1,2,5-14}

The clinical features of the reported cases of giant cervical polyps are summarized (Table 1).

The age of the patients varies between 5-61 years. Eight patients were nulliparous, two of the eight was child and five were multiparous, two of the five was pregnant. Two patients were postmenopausal.

The polyp size varies from 5 to 17 cm in greatest dimension and most of the polyps were described as polypoid or pedunculated. Ten patients presented with an introital mass, and most of them protrude out-side the vaginal introitus spontaneously or after Valsalva maneuver. Additional symptoms included vaginal discharge, leukorrhea, and abnormal bleeding. In one pregnant patient, the polyp protruded from the external os mimicking inevitable abortion.⁹ In second pregnant patient, giant cervical polyp prolapsed through the introitus intrapartum.¹²

Treatment and histopathologic features of the reported cases of giant cervical polyp are summarized (Table 2).

Treatment included polypectomy in eleven patients and polyp resection in two. Radical hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymphadenectomy were performed in one patient because the clinician's impression was cervical malignancy.⁶ One patient underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy when cystic and adenomatous hyperplasia of the endometrium was diagnosed by a concurrent curettage.⁷

TABLE 1: Clinical features of patients with giant cervical polyps.

Author	Year	Age (Year)	Parity	Size(cm)	Introital mass	Additional symptoms	Location
Saier et al.	1973	61	0	13	Yes	Leucorrhea, bleeding	Ectocervix
Lippert et al.	1974	26	0	17	Yes	Leucorrhea	Ectocervix
Duckman et al.	1988	56	3	10	Yes	Bleeding	Ectocervix
Aridogan et al.	1988	17	0	14	Yes	Bleeding	Ectocervix
Adinma et al.	1989	30	1, pregnant	5	No	First trimester bleeding	Ectocervix
Branger et al.	1991	22	0	15	No	None	Ectocervix
Gögüs et al.	1993	5	0	5	No	Leucorrhea, bleeding	Ectocervix
Khalil et al.	1996	27	0	17	Yes	Malodorous discharge	Ectocervix
Amesse et al.	2002	12	0	5.2	Yes	None	Ectocervix
Tang et al.	2004	47	6, pregnant	10	Yes	None	Endocervix
Bucella et al.	2008	47	1	5.5	Yes	Bleeding	Ectocervix
Yi et al.	2009	35		12.6	Yes	Discharge,pain	Endocervix
Present case	2012	46	2	6	Yes	Nonee	Ectocervix

TABLE 2: Histopathologic features of giant cervical polyps.

Author	Clinical impression	Treatment	Microscopic description	Pathological diagnosis
Saier et al.	Malignant	Polypectomy	Endocervical mucosa with squamous metaplasia	Benign cervical polyp
Lippert et al.	Malignant	Total hysterectomy	Endocervical mucosa with squamous metaplasia	Benign cervical polyp
Duckman et al.	Not reported	Polypectomy, D&C,TAH+BSO	Squamous mucosa with ulceration	Benign endocervical polyp
Aridogan et al.	Not reported	Polypectomy	Squamous mucosa with ulceration	Benign cervical polyp
Adinma et al.	Abortion	Polypectomy	Not reported	Benign cervical polyp
Branger et al.	Not reported	Polypectomy	Squamous mucosa with pseudo-papillary proliferations	Benign cervical polyp
Gögüs et al.	Rhabdomyosarcoma	Polypectomy by laparotomy	Endocervical mucosa with squamous metaplasia	Multiloculated benign endocervical polyp
Khalil et al.	Not reported	Polypectomy, D&C	Fibrovascular tissue with endocervical glands	Giant cervical polyp
Amesse et al.	Malignant	Polypectomy	Squamous mucosa admixed with endocervical mucosa	Benign cervical polyp
Tang et al.	Malignant	Polypectomy	Squamous mucosa oedematous and haemorrhagic	Benign cervical polyp
Bucella et al.	Benign	Polypectomy	Squamous metaplasia involving glandular epithelium	Benign cervical polyp
Yi et al.	Malignant	Polypectomy+ hysteroscopic resection	Endocervical mucosa with squamous metaplasia	Benign endocervical polyp
Present case	Benign	Polypectomy	Endocervical mucosa with squamous metaplasia	Benign cervical polyp

D&C: Dilatation & Curettage; TAH: Total abdominal hysterectomy; BSO: Bilateral salpingo oophorectomy.

They were all histologically benign in spite of their grossly malignant appearance. In nine cases, the polyp originated from the ectocervix and called

as cervical polyps. Four cases were diagnosed as endocervical polyps, although one polyp actually originated from the ectocervix.

The etiology of cervical polyps are thought to be the result of reactive changes from chronic inflammation, multiparity, chronic cervicitis, foreign bodies, and unpredictable oestrogen secretion as aetiological factors causing the development of cervical polyps.⁸ Giant cervical polyps, are often observed in young, nulliparous women, possibly owing to responses to the estrogen hormone and to inflammatory mediators from chronic inflammation/irritation.^{1,8} In our case, the aetiology is unclear.

Most cervical polyps are found incidentally, but giant cervical polyps often present clinically as a protruding introital mass that is usually accompanied by vaginal bleeding. Ten patients presented with an introital mass. In contrast to the endocervical location of most cervical polyps, their site of origin is usually the ectocervix. They are quite rare

and, unlike the commonly seen cervical polyp, tend to occur in the younger, reproductive-age population.^{1,3} Usually, the gross morphology was a polypoid pink mass with a long pedicle originating from the ectocervix. Their relatively large size and grossly polypoid appearance may mimic a malignant neoplasm. The polyp has to be excised surgically to have the definitive histological diagnosis.

CONCLUSION

Giant cervical polyps usually originate from the ectocervix, present as protruding introital masses with or without vaginal bleeding and commonly in reproductive-age women. Although all reported giant cervical polyps have been benign, their large size and unusual clinical presentation can mimic a cervical neoplasia, and warrant careful evaluation.

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