Screening for Cervical Polyp among Women Attending Salah-Aldin General Hospital

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Abstract

Background: Cervical polyps are the commonest cervicallesions, affecting up to 10% of women, with a reported recurrence rate of 6.2%, they arise from the endocervical canal or, less frequently, from the ectocervix, and vary in size from 5 mm to 50 mm. Symptomatic polyps are significantly more frequent in the premenopausal women, while asymptomatic polyps are significantly more common in post-menopausal women.

Aim of the Study: Screening for cervical polyps among women attending Salah-Aldin general hospital.

Patients and Method: A cross sectional study conducted in outpatients clinic and obstetrical ward in Salah El-Din general hospital at the period from the 1st of March 2018 to the end of August 2018. Simple random sample of (200) women in different ages were included.

Results: 200 women were enrolled in this study with the mean age of them were (27.30±6.8 years),the BMI mean of the patients with polyp was (30.2±2.1),4(40%) in age group between 26-35years. Patients with polyps have ≥ 1 parity 9(9%) and 1(10%) in nulliparous.

Conclusion: The frequency of cervical polyp was 5% with no relation to the age, and 60% of the patients were healed.

Keywords: *Cervical polyp;women; Salah-Aldin general hospital.*

Introduction

Cervical polyps, affecting up to 10% of women[(1)], with a reported recurrence rate of 6.2%[(2)], They arise from the endocervical canal or, less frequently, from the ectocervix[(3)], and vary in size from 5 mm to 50 mm.[(4)] They are commonly cherry red to purplish red in color, soft, pliable, fleshy, pedunculated, friable and readily bleed when touched[(3)].

It is hypothesized that they result from chronic inflammation causing focal hyperplasia, reaction to foreign bodies, a localized congestion of cervical vasculature and/or an abnormal local response to estrogen stimulation.

Cervical polyps may present with intermenstrual bleeding, postcoital bleeding, postmenopausal bleeding bleeding after trauma (e.g. gynaecological examination or coitus), vaginal discharge[(5)] which may be white or yellow mucus, dyspareunia which may be deep or superfacial, symptomatic polyps are significantly more frequent in the premenopausal women, while asymptomatic polyps are significantly more common in postmenopausal women[(6)].

There is still a widely held view that all cervical polyps should be removed and subjected to histological examination to identify an unsuspected malignancy, and that further investigation (ultrasound scan and/ or hysteroscopy) should be performed to identify endometrial polyps or other pathology[(7)], so only about 2.5% of polyps develop neoplastic changes and about 0.4% become frankly malignant. Malignancies include adenocarcinomas, squamous cell carcinomas, and Mullerian adenosarcomas. Malignancy cannot be distinguished by polyp size or appearance; hence, all cervical polyps should be removed completely and submitted for histologic evaluation. Most patients who

have malignant cervical polyps also have an associated cervical malignancy. It is unclear whether the malignancy arises first in the polyp or in the cervix. Patients with a malignant polyp should be examined carefully with colposcopy [8].

Patients with cervical polyps may have one of several types of associated endometrial lesions. These include endometrial polyps, hyperplasia (simple, complex, or atypical). adenocarcinoma, and adenosquamous carcinoma. Endometrial polyps are also common in women who are on tamoxifen therapy. Most women who have endometrial carcinoma associated with cervical polyps have symptoms that include bleeding or leucorrhea (white, thin, sticky vaginal discharge) Patients with both cervical polyps and associated symptoms have a much higher incidence of premalignant or malignant endometrial lesions than those who are asymptomatic. Up to 25% of symptomatic postmeno-pausal women also have associated endometrial pathology [9].

Aim of the Study: Screening for cervical polyps among women attending Salah-Aldin general hospital.

Patients: Across sectional study conducted in Salah Al-Din general hospital from first of march 2018 to end of August 2018, which included 200 married women attending obstetrical ward and gynecology and obstetrics outpatients clinic during study period sample selected simple random sampling method. The study included 200 married women in their reproductive age and their parity between 1-6,while Exclusion criteria as Adolescent, menopause,unmarried and pregnant women were not included in this study.

Dataanalysis: By using manual statistical analytic method.

Results

The current study included 200 women and found 10 patient had cervical polyp.

Table 1: Frequency of cervical polyp in the studied group.

Cervical polyp	Number	%
Positive	10	%5
Negative	190	%95
Total	**200**	**%100**

The mean age of them was (27.30±6.8 years), and the most dominant age group was between 16-25 years 99(49.5%).

Table 2: Age of the studied group .

Variable	Number. (negative)	%	Number. (postive)	%
Age mean±SD (27.30±6.8 years)				
16-25 years	96	50.5	3	30
26-35 years	70	36.8	4	40
≥36 years	24	12.6	3	30
Total	**190**	**100**	**10**	**100**

Regarding to the occupation it was found that he majority of the women were housewife 191(95.5%).

Table 3: Body Mas Index of the studied group

Variable	Number. (negative)	%	Number. (postive)	%
BMI **Mean±SD (29.3±3.6 Kg/m^2), while for patients only=(30.2±2.1)**				
Normal	17	8.9	0	0
Overweight	100	52.6	7	70
Obese	73	38.4	3	30
Total	**190**	**100**	**10**	**100**

Variable	Number. (negative)	%	Number. (postive)	%
Occupation				
Employed	3	1.5	2	20
Student	2	1.05	2	20
Housewife	185	97.3	6	60
Total	**190**	**100**	**10**	**100**

The distribution of polyp according to the parity, it was found that majority of patients with polyps have ≥1 parity 9(9%) and 1(10%) in nulliparous .

So, the mean BMI of them were (29.3±3.6 Kg/m^2) while for patients only (30.2±2.1) while the overweight represents more than half (53.5%) of the respondents while for patients only (30.2±2.1),

Table 5 shows that 57% of the patients had 1-3 parity, 27% in patients have 4-6 parity. 77.5% of them delivered with vaginal delivery, and with no one of the respondents have previous history of polyp as in table 5.

Table 4: Parity of the studied group

Variable	Number.	%
Parity		
Null parity	10	5.0
1—3	114	57
4—6	54	27
>6	22	11
Total	**200**	**100.0**

Table 5: Mode of delivery of the studied group .

Variable	Number	%
Mode of delivery		
None	10	5.0
VD	155	77.5
C/S	18	9.0
VD+C/S	17	8.5
Total	**200**	**100.0**

Postcoital bleeding is present in 8(4%) of the studied group, Dyspareunia were found in 4(2.0%), infertility in 1(0.5%), 10(5%) of the patients have vaginal discharge, and backpain is found in 9(4.5%) of the studied group. Color of vaginal discharge either white (2.5%), Bloody in (2 only), Green, yellow and brown were found in 1 patients for each color (Table 6).

Table 6: Sign and symptoms of cervical polyp with Color of vaginal discharge.

Variable	Number	%
Post coital bleeding	8	4.0
Dyspareunia	4	2.0
Infertility	1	0.5
Vaginal discharge	10	5.0
Back pain	9	4.5
Color		
1.Bloody	2	20
2. White	5	50.0
3. Yellow	1	10.0
4. Green	1	10.0
5. Brown	1	10.0
Total	10	100

Discussion

Cervical polyps arise from the endocervical canal or less frequently from the ectocervix [10]. Polyps are predominantly gland-like structures with a fibrous core and can be composed of columnar or squamous epithelium similar to the cervical tissues depending on the location of origin. The etiology of these lesions are largely unknown however, it is hypothesized that they result from chronic inflammation, from a localized collection/congestion of cervical vasculature or from an abnormal local response to hormonal stimulation[10,11,12]. Cervical polyps have been shown to have a significant association with endometrial hyperplasia and endometrial polyps suggesting that high levels of estrogen may be an etiologic factor[13].

Cervical polyps are a common, and usually benign, finding of the cervix. Prior data suggest that 2%–5% of women develop cervical polyps, and in one analysis of benign tumors of the cervix, (76% were found to be cervical polyps)[14]. This is in agreement with the current study when the prevalence of polyp was found in 10 (5%) of the studied group.

In this study the polyps were present in different age group, which means that it happened without age bearing. This is in accord with [15] 0 who mentioned that patients' age and polyp size did not have any bearing on the results.

In current study the BMI of the patients with polyp were 30.2±2.1 which means it is obese, which is same that found in Mustafa G *et al*,[16] 2016 who revealed that women with cervical polyp had higher body mass index than the controls, but the difference was not statistically

Symptoms attributable to polyps include inter-menstrual bleeding, post coital bleeding, heavy menses, postmenopausal bleeding and vaginal discharge [5]. In this study the main symptoms were vaginal discharge, then post coital bleeding.

According to Neri *et al,*[17] while symptomatic or asymptomatic cervical polyps in premenopausal years do not indicate the need for subsequent D & C, symptomatic cervical polyps in postmenopausal years must be excised with mandatory subsequent D & C since they are associated with a statistically significant incidence of severe pathological conditions. Asymptomatic simple polyps in postmenopausal women on the other hand do not indicate the need for subsequent D & C since they are not associated with malignant changes of endometrium. Other hands do not indicate the need for subsequent D & C since they are not associated with malignant changes of endometrium. In the current study, it was found that (60.0%) of the patients were healed and (40.0%) were relapse (not healed).

Conclusions

The frequency of cervical polyp was 5% with higher frequency at 26- 35 years old . So vaginal discharge and postcoital bleeding is the most common sign and symptoms of cervical polyp.

Conflict of Interest: None

Source of Findings: None

Ethical Clearance: The study was approved by the ethical committee of the Ministry of health scientific council and Tikrit Medical College. The purpose and procedures explain to all participants and were give the right to participate or not, verbal consent was taken with reassurance that interpret gained will be kept confidentially and not to be used for other research object.

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