

HUGE ENDOCERVICAL POLYP WITH PATIENT IN LABOR- A CASE REPORT

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INTRODUCTION

Cervical polyp is a rare finding in pregnancy.^[1] The incidence is about 4 to 10% of all cervical lesions.^[2] They are soft, spherical, glistening red masses and bleed easily when touched. In most cases they are small and asymptomatic.^[3]

CASE REPORT

A 25-year-old, G2P1, presented to our emergency department at 36 weeks 3 days gestation in labor pain and complaint of something coming out of introitus. She had an uneventful antenatal care in primary health care centre. Routine first and second trimester ultrasound scans were normal. No pathology was detected. Obstetric palpation revealed a fundal height corresponding to full term and regular fetal beat. Obstetric ultrasound confirmed a single, viable fetus, compatible with dates. Placenta previa was ruled out.

Speculum examination revealed the presence of a huge, endocervical polyp, approximately 5 X 6 cm in size, protruding from the right lateral wall of the cervix.

Vaginal examination confirmed the findings of speculum inspection and revealed a soft and central cervix with dilatation of about 6cm, 50% effaced, membranes present, vertex at -1. Pelvis was adequate for average sized baby. Uterine contractions were 5 minutes apart lasting for 20 seconds. Labor was managed partographically. She delivered a 2.7kg female child.

Under aseptic precautions, the polyp was removed under antibiotic cover. The pedicle was clamped and ligated. She was discharged the next day. The histology of the cervical polyp showed a benign endocervical polyp.



DISCUSSION

The cause of cervical polyps is not well understood. Cervical polyps can occur alone or in groups. They may be associated with chronic endo cervicitis, an abnormal local response to increased levels of oestrogen, or local congestion of cervical blood vessels.

The polyp can be present with vaginal discharge, bleeding after intercourse, discharge that can be foul smelling if there is an infection, or recurrent vaginal infections. The recurrent bleedings or infection risks or because the possible existence of a protruded growth which could lead to a premature labor, difficulties of delivery or increased risks of bleeding during labor.^[4]

CONCLUSION

Cervical polyp in pregnancy occurs mainly in multiparous women. They are usually small in size. In pregnancy it should be differentiated from other obstetrics conditions that can have similar presentation. Although cervical polyps are mostly benign, malignancy

should be ruled out in any abnormal looking or large polyps more than 4cm diameter in size. The incidence of malignant transformation in pregnancy is 1.7 % and 5% of symptomatic cervical polyp were precancerous or cancerous ones.

The management depends on the type of polyp. If the polyp is pedunculated and small without evidence of infection, conservative management is advised. On the other hand, if symptoms occur with intermittent vaginal bleeding, vaginal discharge, change in the appearance aspect of the polyp such as ulceration with additional cervicitis, removal is the rule under antibiotic cover.^[5]

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