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An intrapartum giant cervical polyp

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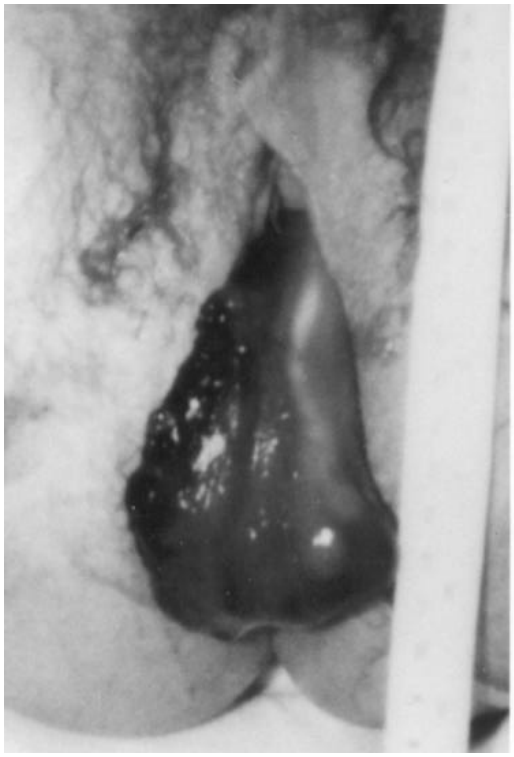
Case report

A 44-year-old woman, gravid six, para three, 11 days past term, was admitted for induction of labour. Her current antenatal course was uncomplicated. Labour was induced with vaginal prostaglandin E2 gel. No cervical abnormality was noticed at this time.

Labour commenced and, when examined vaginally after 6 hours, the cervix was noted to be 5 cm dilated, with a 2 cm cervical lump palpable anteriorly. Three hours later the midwife reported a golf ball-sized swelling protruding from the introitus. In less than 2 hours, the protrusion had enlarged into an 80 x 40 mm smooth, red, polypoid mass. By now, the cervix was fully dilated and she delivered normally.

The third stage of labour was uncomplicated. The protrusion from the introitus remained unchanged in size but it was causing discomfort and some alarm because of its size and appearance. After discussion, the woman gave consent for a surgical removal of the mass. Examination under general anaesthesia revealed a 100 x 40mm oedematous polypoid mass arising from the left edge of the cervix (see Figure 1).

Figure 1. Giant cervical polyp prolapsing through the introitus postpartum



No other abnormality was found. There was minimal bleeding from the contracted uterus. We were concerned that the polyp may have been extremely vascular. Therefore the descending branches of the uterine artery to the cervix were ligated bilaterally. The wide base of the lesion was infiltrated with 0.25% Bupivacaine with adrenaline, and the polyp-base transfixed with sutures thereby obtaining good haemostasis.

Her postoperative course was uneventful. The histology report described a very oedematous and haemorrhagic mass with recognisable, dilated endocervical glands, and a lining of attenuated squamous epithelium without atypia, dysplasia, or malignant change.

Discussion

We believe this is the first reported case of a giant cervical polyp that evolved and grew rapidly intrapartum. Seven cases[1–7] of giant cervical polyps have been reported in the English medical literature. Cervical polyps constitute 4%–10% of all cervical lesions;[8] they are usually pedunculated measuring between 2–30 mm. Ectocervical polyps are uncommon.

Cervical polyps can reach a large size and protrude beyond the vulva, but gigantic polyps are rare. No meaningful correlation with gravidity or age can be derived from the seven cases of giant cervical polyps previously reported.[1–7]

Aridogan et al[4] suggested multiparity, chronic cervicitis, foreign bodies, and unpredictable oestrogen secretion as aetiological factors causing the development of cervical polyps. In our case, the aetiology is unclear, however.

In Israel's[7] series, carcinomatous changes were reported in 1.7% of cervical polyps. Golan et al[10] looked retrospectively at 362 patients admitted for cervical polypectomy and found no malignant changes in those patients whose polyps were discovered incidentally (218 women or 60% of the total). However in the symptomatic group, six cases of atypical hyperplasia and two cases of endometrial adenocarcinoma were found.

Obtaining the histology on all cervical polyps is recommended because clinical assessment alone is not foolproof. The malignant potential of giant cervical polyps may well remain elusive because of their rarity. Our patient achieved a vaginal delivery of a normal size baby with relative ease. Concerns about the large polyp obstructing labour, and excessive haemorrhage when the polyp was removed, did not eventuate but caution in this situation is still recommended.

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