



Diagnosis and Surgical Management of a Prolapsed Endocervical Polyp in the Second Trimester

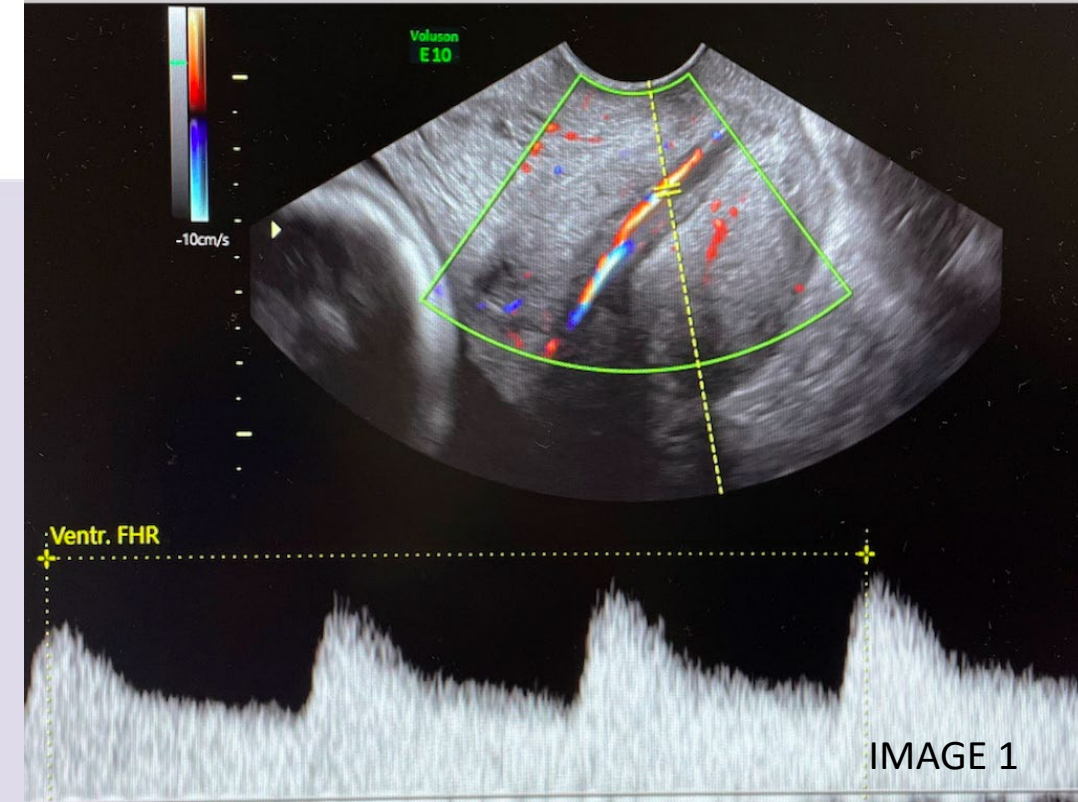
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Case: A 33-year-old primip presented at 22+4 weeks gestation with vaginal fluid loss and a pulsatile, prolapsing mass extending beyond the level of the introitus on speculum examination. This was on a background of a low-risk antenatal course and known posterior placenta with a velamentous cord insertion. The patient had normal vital signs, a soft, non tender abdomen and bedside dopplers returning a foetal heart rate of 150bpm. Transvaginal ultrasound using colour doppler imaging identified the mass as a pedunculated polyp originating from the cervix with maternal arterial blood flow [Image 1].

Results: Due to the high risk of ascending infection, the patient underwent a polypectomy via diathermy ligation of the peduncle and had nil peri-operative complications. Histopathology confirmed a benign endocervical polyp. The patient was discharged home after a 24hour course of broad-spectrum antibiotics with close follow-up.

Discussion: Cervical polyps arising in pregnancy may present similarly to spontaneously ruptured membranes, vasa previa or cord prolapse. Colour doppler ultrasound remains the recommended imaging modality to aid diagnosis and management.² A brief review of cases currently published in the literature concluded that both conservative observation and surgical resection at the time of presentation are possible treatment options.^{3,4,5} There is limited evidence to suggest the diagnosis and subsequent resection of cervical polyps is associated with pre-term birth or miscarriage, however it is an important consideration. A multi-disciplinary approach with extensive patient counselling is necessary to evaluate the safest management option depending on symptom burden and risk of pre-mature labour, ascending infection and further bleeding.



References

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Background: Cervical polyps are hyperplastic growths of the cervical ecto- and endothelium that occur uncommonly in pregnancy but may present with abnormal bleeding and vaginal discharge. Ultrasound is the preferred modality for diagnostic evaluation of cervical polyps and other intra-uterine pathology. They occur uncommonly in pregnancy and management is conservative or via surgical resection, determined by symptoms, gestational age and risk of ascending infection.¹

Aims: To describe the diagnosis and management of a pedunculated endocervical polyp presenting in a primigravida woman at 22+4 weeks gestation.