Cervical polyp in the menopause and the need for fractional dilatation and curettage

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Received 24 April 1995; accepted 24 April 1995

Abstract

Objective: To investigate the need for fractional dilatation and curettage following excision of symptomatic versus asymptomatic cervical polyps. Study Design: A prospective study was carried out on 467 women who were referred for treatment of symptomatic (accompanied by vaginal bleeding or discharge) or asymptomatic cervical polyps, from January 1, 1990 to December 31, 1992. Of these, 204 were premenopausal and 263 postmenopausal. Every excision of a cervical polyp was followed by a dilatation and curettage. The histological data were evaluated statistically using the x²-test. Results: Postmenopausal women had more asymptomatic than symptomatic cervical polyps (P = 0.004). Cervical polyps were associated with more endometrial polyps in the postmenopausal than in the premenopausal women (P = 0.0009). Postmenopausal women with symptomatic cervical polyps had more endometrial abnormalities on histological examination than those with asymptomatic ones (P < 0.0001); this difference was not significant in the premenopausal group (P = 0.49). Conclusions: While neither symptomatic nor asymptomatic cervical polyps are an indication for dilatation and curettage (following excision) in women in their reproductive years, and do not affect their management or prognosis, this is not the case in postmenopausal women. Symptomatic cervical polyps after the menopause must be excised and followed by mandatory fractional dilatation and curettage, because there is a marked incidence of associated severe pathological conditions in this age group.

Keywords: Cervical polyp; Menopause; Reproductive years

1. Introduction

Cervical polyps constitute the most common growths found in the uterine cervix [1–3]. They are considered to be focal hyperplastic protrusions of the endocervical folds, including the epithelium and substantial proprium, rather than true neoplasms. Since no cases of carcinomatous degeneration have been reported, cervical polyps are not considered precancerous lesions [1]. Carcinoma, either in situ or invasive (adenoc or squamous), arising in cervical polyps is extremely rare, with an incidence of 0.2–0.4% [1,4]. Benign cervical polyps and polyps that harbour primary malignancy of the cervix are distinguishable on the basis of whether or not the base of the polyp is free of malignancy [5]. It is generally accepted that in cases of symptomatic cervical polyps, dilatation and curettage is mandatory [6].

This study investigates the need for fractional curettage following excision of cervical polyps in postmenopausal versus premenopausal women.

2. Materials and methods

This prospective study was carried out in the Department of Obstetrics and Gynecology, Beilinson Medical Center on 467 women who were referred for treatment of symptomatic or asymptomatic cervical polyps, from
January 1, 1990 to December 31, 1992. Of these women, 204 were in the premenopausal years (study group, 2 year range at polypectomy 23–51 years, mean 32 years) and 263 were in the postmenopause (age range 47–80, mean 60 years). Menopause was defined as cessation of menstrual periods, with vaginal cytology finding or hormonal blood levels characteristic of menopause. Patients who presented with abnormal vaginal bleeding or discharge (leukorrhea) without overt vaginitis were considered symptomatic. The distribution of vaginal bleeding and/or discharge was similar in the two groups. Patients on hormonal therapy or on contraceptive pills and patients with overt cervical pathology (other than cervical polyp) were excluded from the study.

The specimens were referred for histologic examination. Other parameters evaluated were present age, age at menarche and menopause, menstrual span, gravidity, parity, duration of nursing, weight/height, smoking and Pap smear. Data were evaluated statistically by the $\chi^2$-test.

3. Results

Age at menarche and menopause, menstrual span, gravidity, parity, duration of nursing, weight/height, smoking and Pap smear were not significantly associated with the presence of a symptomatic or an asymptomatic cervical polyp.

Symptomatic cervical polyps were significantly more frequent in the premenopausal group compared with the menopausal group ($P < 0.0001$). Asymptomatic cervical polyps occurred significantly more often than symptomatic ones in the postmenopausal group ($P = 0.004$). Cervical polyps were associated with more endometrial polyps in the post menopausal group than in the premenopausal group ($P = 0.0009$). More pathological conditions (malignancy or potential premalignancy) of the endometrium were associated with symptomatic than with asymptomatic polyps in the postmenopausal group ($P < 0.0001$); this difference was not significant in the younger women ($P = 0.49$) (Table 1).

4. Discussion

Although bleeding due to benign cervical polyps may be provoked by defecation, or by contact, especially during coitus, many polyps cause no bleeding at all and are discovered only incidentally [1–3]. The high vascularity of the cervical polyp, together with the frequency of infection and ulceration, explain the frequent bleeding and discharge with which it is associated. In some cases the intermenstrual or postcoital bleeding is slight and resembles that seen in the early stages of cervical carcinoma [7]; hence the importance of correct diagnosis and the need for fractional curettage.

Although many symptomatic menopausal patients experience just one event of light, short-term bleeding before seeking medical help, the incidence of malignancy in these cases is quite high (10–25%) [6]. In the present study, various parameters were investigated to determine whether patients with cervical polyps were at high or low risk of malignancy. A link emerged between increased age and incidence of malignancy. This study indicates the importance of thorough investigation and the need for ablation of cervical polyps with simultaneous fractional curettage in symptomatic postmenopausal women (Table 1). It is desirable that this procedure be performed as early as possible in order to detect malignant changes.

Regardless of whether the patient is pre- or postmenopausal, or whether the polyp is symptomatic or asymptomatic, a pathological evaluation is needed to confirm the diagnosis and to rule out other possibilities [8].

In a small percentage of cases, epidermoid cancer may arise in a cervical polyp, in which the carcinomatous change is found only in the polyp and not in the adjoining portion of the cervix [1]. Adenocarcinoma may likewise arise in cervical polyps. It must be remembered

<table>
<thead>
<tr>
<th>Study group</th>
<th>Atroph. or proliferative endomet.</th>
<th>Secretory or proliferative polyp</th>
<th>Endomet. polyp</th>
<th>Total</th>
<th>CGH</th>
<th>Adeno. hyperp.</th>
<th>Adeno-Ca Ca</th>
<th>Adenosq. Ca</th>
<th>Total</th>
<th>% of B per all admissions (B/A + B)</th>
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<tbody>
<tr>
<td>Menopausal</td>
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<tr>
<td>Symptomatic</td>
<td>31 (66)</td>
<td>7 (14.9)</td>
<td>9 (19.1)</td>
<td>47 (100)</td>
<td>5 (31.3)</td>
<td>5 (31.3)</td>
<td>5 (31.3)</td>
<td>1 (6.2)</td>
<td>16 (100)</td>
<td>16/63 (25)</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>181 (93.3)</td>
<td>10 (5.1)</td>
<td>3 (1.5)</td>
<td>194 (100)</td>
<td>2 (33.5)</td>
<td>4 (66.6)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>6 (100)</td>
<td>6/200 (3)</td>
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<tr>
<td>Premenopausal</td>
<td>6 (7.1)</td>
<td>77 (91.7)</td>
<td>1 (1.2)</td>
<td>84 (100)</td>
<td>3 (42.9)</td>
<td>4 (57.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>7 (100)</td>
<td>7/91 (7.7)</td>
</tr>
<tr>
<td>Symptomatic</td>
<td>11 (10.3)</td>
<td>96 (89.7)</td>
<td>0 (0)</td>
<td>107 (100)</td>
<td>5 (83.3)</td>
<td>1 (16.7)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>6 (100)</td>
<td>6/113 (5.3)</td>
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that adenocarcinoma may in certain forms begin as a small polypoid excrescence; therefore, examination of the base or pedicle of the polyp is of great importance.

While symptomatic or asymptomatic cervical polyps in the premenopausal years do not indicate the need for subsequent dilatation and curettage (following excision of the cervical polyp) and do not change the management and prognosis of the case, this is not so in postmenopausal years. Symptomatic cervical polyps during the menopause must be excised with mandatory subsequent fractional dilatation and curettage, since they are associated with a statistically significant incidence ($P < 0.0001$) of severe pathological conditions, as seen in our study. Asymptomatic simple polyps in postmenopausal women on the other hand, do not indicate the need for subsequent dilatation and curettage since this condition was not associated with malignant changes of the endometrium.

References