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Dr. Kanthi Bansa

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M.D., D.G.O., F.I.C.O.G.

Ahmedabad, Gujarat

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Introduction

- An endometrial polyp or uterine polyp is a mass in the inner lining of the uterus
- Large flat base (sessile) OR
- Attached to the uterus by an elongated pedicle (pedunculated)
- Pedunculated polyps are more common than sessile ones
- Pedunculated poly protrudes through the cervix and into vagina through a blood vessel
- Ranges in size from a few millimeters to several centimeters, grows in response to estrogen
- There can be a single or multiple polyps

- Endometrial polyps are usually benign
- But sometimes can be cancerous
- Precancerous changes called endometrial

hyperplasia or uterine cancers may appear as uterine polyps in 5% of postmenopausal women, but occur in only 1% of young

women with polyps

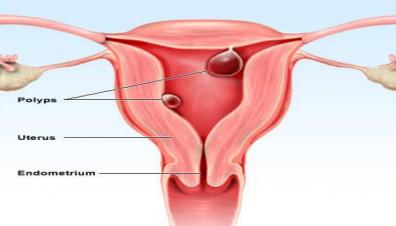
Oxford 2009

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Uterine Polyps

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Risk Factors

Polyps more commonly occur in older

women & in postmenopausal women

Rarely occurs in young women

Prone to:

Women with irregular menstrual cycles

-Polycystic ovarian syndrome (PCOS)

Obesity with high blood pressure

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Benign localised overgrowth of endometrial

glands and stroma, covered by epithelium,

projecting above the adjacent epithelium

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Classification



Morphologically diverse lesions that are difficult to sub

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Most are either hyperplasic, atrophic or functional.

Hyperplasic

resemble diffuse non polyploidy endometrial hyperplasia

no evidence that these have the same significance as diffuse hyperplasia,

so best to avoid the term hyperplasic in the diagnosis

Atrophic

- low columnar or cuboidal cells lining cystically dilated glands
- typically in post-menopausal patients
- **Functional**

resemble normal cycling endometr

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relatively uncommon







Signs and symptoms

Asymptomatic

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Trregular menstrual bleeding

Bleeding or spotting in between periods

Post coital bleeding

Heavy bleeding

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Dysmenorrhea: This may occur when the poly protrudes through the cervix and into vagina

Infertility

Bleeding or spotting after menopause









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• Polyps are associated with infertility Dates: June 16 - 18, 2017 Bengaluru

Prevent the implantation of an embryo **Increase the risk of miscarriage**

Hum Reprod 2008

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Inability to conceive

The presence of a polyp may be

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Diagnosis

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ndometrium

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Transvaginal ultrasound
 Transvaginal ultrasound

Sono Salpingography

Hysterosalpingogram

Hysteroscopy

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Differential Diagnosis

Endometrial hyperplasia

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- diffuse process, majority of fragments in curettage,

absence of thick walled vessels

- Polypoid endometrial carcinoma
 - malignant epithelial cells

Adenofibroma

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Adenosarcoma

stromal cells cytologically atypical & mitotically active

- stromal cells packed tightly around non malignant

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- leaf like pattern







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• Date Endometrial or uterine polyps are very and pengaluru

common in reproductive-age women

One of the most common causes of abnormal uterine bleeding, such as bleeding

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between periods. Dates: June 16 - 18, 2017

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Study: Polycystic ovary syndrome and increased polyp numbers as risk factors for malignant transformation of endometrial polyps in premenopausal women

CONCLUSION:

- The presence of irregular vaginal bleeding was not a predictor of malignancy in the polyp
- Premenopausal women with PCOS and those with 2 or more polyps had an increased prevalence of polyp malignancy
- These groups of patients, whether symptomatic or not, should be evaluated by hysteroscopic

resection of the polyps

Int J Gynaecol Obstet. 2011 Mar

Epub 2011 Jan

Increased prevalence of endometrial polyps in a venezuelan population of PCOS women

- Endometrial polyps are more frequently found in PCOS women than in control ovulatory, non obese non hirsute women.
- Careful evaluation of endometrial thickness and cavity must be performed in this population of
- In cases of long-term infertility due to PCOS, an
- extra level of diagnostics opted to rule out endometrial polyp
- Polyps ore likely in presence of overweight, longer menstrual cycles and a higher waist to hip ratio



Excessive Estrogen:

- Breast fibroids
- Uterine fibroids
- Endometriosis
- Breast cancer
- Menarche

Causes

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Obesity

Low levels of the hormone progesterone

Hormone replacement therapy

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High Blood Pressure



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Excessive Estrogen

• Uterine polyps are rarely diagnosed before

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- Obese women
- Excess levels estrogen over-stimulate the endometrium and play an important role in the

formation of polyps

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- PCOS women
- Women having ovulation induction for infertility,

have higher levels of estrogen brought about by

ovulation induction can leads to polyps

- Menarche: Estrogen levels rise
- Tamoxifen: Women who take this medication (designed to interfere with estrogen levels in the body) have a 30 to 60 percent risk of developing polyps
- Obesity: Body fat cells produce estrogen, the more fat, the higher the levels of estrogen in the body.
- Low levels of the hormone progesterone
- Hormone replacement therapy can increase levels of estrogen.
- Hormone contraceptives: Use of progesterone-only contraceptives such as the IUD device(Mirena), OCPs or the combined oral contraceptives may

reduce the risk of polyps.

- Age

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 - Incidence rate of endometrial polyps ↑es with age
 - Occur in perimenopausal women between the ages of 40
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- Chronic Inflammation
 - Uterine polyps may be a response to irritation or inflammation of the wall of the uterus
- Chronic inflammation seems to present a stronger case for causing cervical polyps
- High Blood Pressure
 - High blood pressure is one of the risk factors for cervical polyps
 - 2008 study published in American Journal of Obstetrics and Gynecology did not find an association between uterine polyps and blood pressure levels

PCOS Histopathology UNRAYELING HISTOPATHONAL COMPANDANCE COMPANDAN



• Irregularly outlined glands that may be out

of phase with endometrium

• Fibrovascular stalk or fibrous stroma with numerous thick walled vessels

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Metaplastic epithelium particularly

squamous may be present

• Those in the lower uterine segment may contain endocervical glands

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Monoclonal endometrial hyperplasia

he Androgen Excess & PCOS Society (International) The Androgen Excess & PCOS Society (International

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• Overexpression of endometrial aromatase and gene mutations

Polyps have characteristic cytogenetic

rearrangements

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n Excess & PCOS Society (Interna

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• Rearrangements in the high-mobility group (HMG) family of transcription factors

appear to play a pathogenic role

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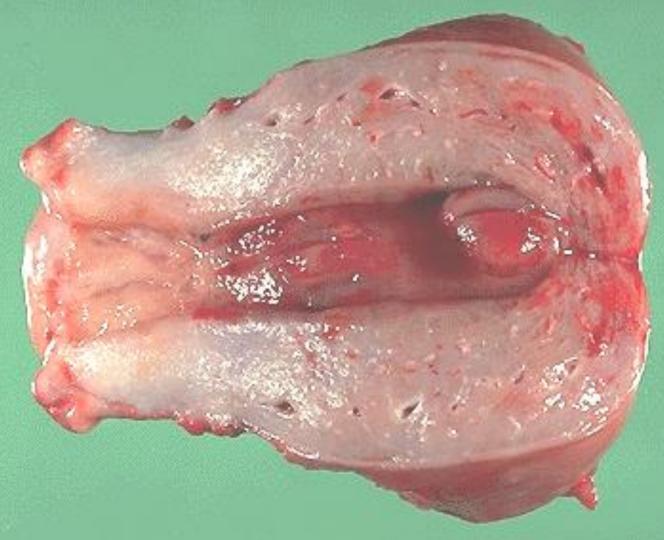












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Management of Polyps

Watchful waiting

own

- Small, asymptomatic polyps might resolve on their

- Follow up for 3-6 months

Medication management

- Hormonal medications: Progestins, GnRH ago

Short-term effect at best

Will reappear when the hormones are stopped

Surgical removal

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Hysteroscopy

Curettage

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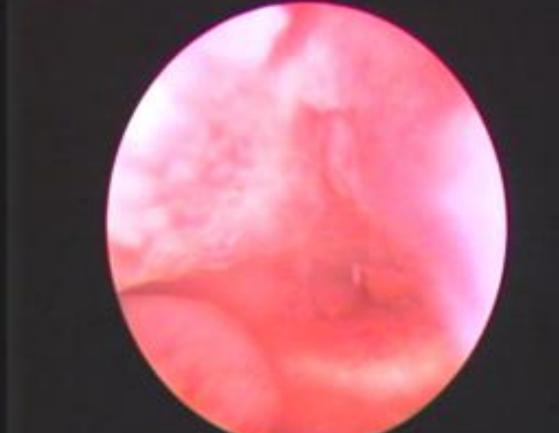
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Post Operative Management

If histopathology report states that the polyp is

benign, then regular follow up is necessary to

ensure that it does not recur

- Rarely polyps recur
- If the polyps are pre cancerous or cancerous then

further treatment will be necessary

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Current Concepts in

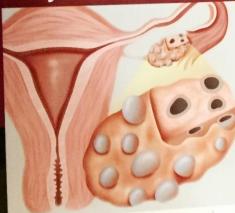
Obstetrics, Gynecology & Infertility Update 2017

Editors:

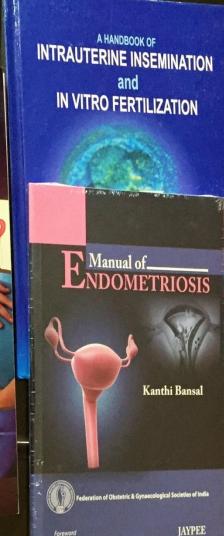
Atul Munshi | C. B. Nagori | Kiran Desai | Kanthi Bansal

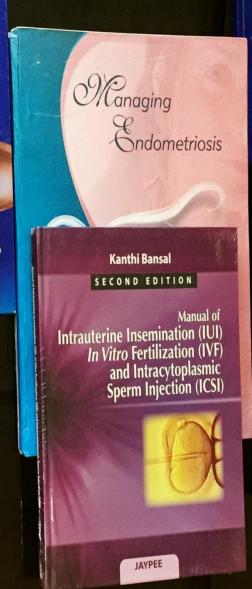


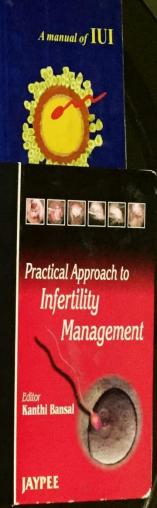
Decoding Polycystic Ovarian Syndrome (PCOS)



Kanthi Bansal Pooja Sharma Dimri Apoorva Pallam Reddy







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