

Cervical Polyp - Unusual Presentation

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Two interesting cases of cervical polyp which were diagnosed and being treated as prolapse of uterus by local doctors are being reported. These cases due to wrong diagnosis were treated by rubber ring pressary and presented as a case of postmenopausal bleeding in one case and chronic vaginal discharge in other case.

Case No. 1: Mrs, S D 65 years was seen in OPD for something coming out of vagina for 20 years for which she was given a pressary 20 years back. She was not sure whether it was removed or not during this period. She developed intermittent post menopausal bleeding and foul smelling discharge since two months. There had been no history of any urinary symptom. She had undergone menopause 15 years back and was para five with all normal home deliveries. Last delivery was 22 years back.

On examination she was an old lady of weak built. Her vitals and systemic examinations were normal. Abdomi-

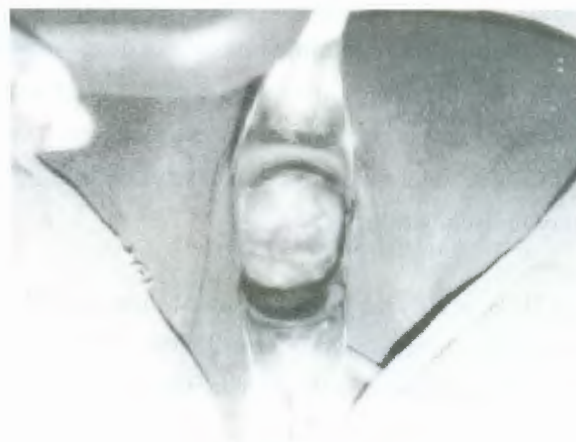


Fig. 2: Showing rubber ring pressary around a polypoidal mass in vagina of L. D. 35 years.

nal examination did not reveal any abnormality.

On speculum examination a pink mass like hypertrophied cervix with lower surface bilobed was seen in the vagina. Bilobed surface was looking like cervical lips with a tear scar extending towards left fornix. On vaginal examination a rubber ring pressary was felt tightly fitting around the neck of this mass at the level of vaginal vault. There was mucopurulent discharge around the mass, uterus was atrophic. With difficulty pressary was removed and patient was admitted for EUA and vaginal hysterectomy with pelvic floor repair. Her preoperative investigations were normal. Local vaginal irrigation and betadine vaginal packing was done for 8 days and patient was posted for EUA and surgery since a definite diagnosis could not be made.

Under anaesthesia vaginal examination revealed that uterus was atrophic. Posterior to the bilobed mass a thin cervical lip was felt high up in the vaginal fornix, and mass appeared to be arising from cervical canal. Sound could not be passed. So it was decided to remove the uterus abdominally.

Abdomen was opened by infraumbilical midline incision.



Fig. 1: Specimen of hysterectomised uterus of SD 65 years showing a bilobed cervical polyp from anterior lip of cervix and artery forceps showing uterine cavity.



Fig. 3. Specimen of hysterectomized uterus showing a cervical polyp from anterior wall of isthmus and cervical canal.

Uterus and both ovaries were atrophic. Lower end of uterus and cervix were significantly broad. Total abdominal hysterectomy with salpingo-oopherectomy was done and uterus with the bilobed cervical polyp of 5 cm arising from cervical canal and anterior lip of cervix was removed (Fig. 1). Vaginal tissues were very edematous and fibrosed. After closing vaginal vault peritonization was done and abdomen was closed. Patient was discharged on 10th postoperative day without any complication.

Case No. 2: Mrs. L.D. 35 years, was admitted with complaints of something coming out of vagina for 6 months for which a pessary was fitted by a local doctor. Since then she developed watery and foul smelling discharge and spotting on and off. Her menstrual cycles were irregular with metrorrhagia for one year. But there was no h/o menorrhagia in the past. She was para 6 with all normal deliveries at home. Last delivery was 5 years back.

General and systemic examinations were normal. Vital signs were normal. Speculum examination showed a rubber ring pessary around a pink smooth polypoidal mass in vagina (Fig. 2) Vaginal mucosa was congested, mucopurulent discharge was present all around the mass.

Vaginal examination revealed it to be a polyp arising from anterior lip of cervix; posterior lip of cervix was felt behind the polyp. Uterus was of normal size. There was no rectocele or cystocele. A diagnosis of cervical polyp was made and total abdominal hysterectomy was done after routine preoperative investigations and local treatment. Specimen showed a cervical polyp arising from anterior wall of isthmus and cervical canal (Fig. 3). Postoperative period was uneventful.