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Are We Justified In Doing Hysterectomy???

Benign Endometrial Polyps In Postmenopausal Women

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Abstract: *Endometrial polyps are localised hyperplastic overgrowths of endometrial glands and stroma around a vascular core that form a sessile or pedunculated projection from the surface of the endometrium. Incidence is unknown because many polpys are asymptomatic. Prevalence is reported to be between 7.8% to 34.9% and in women with postmenopausal bleeding, it is around 37.7%. Malignancy is uncommon and occurs in 0% to 12.9% of endometrial polyps. Out of 113 cases with postmenopausal bleeding, 14 patients were suspected to have endometrial polyps. Diagnosis was based on transvaginal USG. Out of 14 patients, 8 patients underwent hysterectomy, 2 underwent saline sonogram with hysteroscopy and 4 underwent hysteroscopy.This study was carried out to emphasize that hysteroscopic removal can be preferred to hysterectomy because of its less invasive nature, lower cost and reduced risk to patient. Removal of histologic assessment is appropriate in postmenopausal women with symptoms, but needs further follow up.*

Keywords: *Endometrial polyp, Hysteroscopy, Postmenopausal bleeding, Hysterectomy, Transvaginal USG.*

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I. Introduction

An endometrial polyp or uterine polyp is a mass in the inner lining of the uterus. They may have a large flat base (sessile) or be attached to the uterus by an elongated pedicle (pedunculated)[1,2].Pedunculated polyps are more common than sessile ones[3]. They range in size from a few millimeters to several centimeters[2]. If pedunculated, they can protrude through the cervix into the vagina[1,4]. Small blood vessels may be present, particularly in large polyps. Prevalence is reported to be between 7.8% to 34.9%. In women with postmenopausal bleeding, it is around 37.7%. About 0.5% of endometrial polyps contain adenocarcinoma cells[5]. Polyps can be surgically removed using curettage with or without hysteroscopy[6]. A hysterectomy would usually not be considered if cancer has been ruled out[7]. This study was carried out to emphasize that hysteroscopic removal can be preferred to hysterectomy because of its less invasive nature, lower cost and reduced risk to patient.

II. Methods

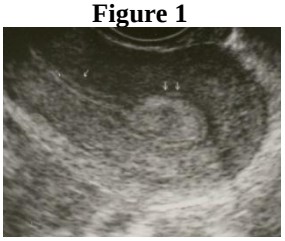
This is a prospective observational study conducted at Sri Ramachandra Medical Centre and Research Institute (2016-2018). A total of 113 cases of postmenopausal women with bleeding per vaginum were identified. Out of the 113 patients, 14 patients were suspected to have endometrial polyps. Others had various other causes for postmenopausal bleeding. This study included the 14 postmenopausal women with bleeding per vaginum who were diagnosed with endometrial polyps. Various diagnostic and treatment modalities of those 14 patients with endometrial polyps were observed and analyses.

I.1. Diagnosis

I.1.1 Transvaginal Ultrasound

Diagnosis was primarily made by transvaginal ultrasonography. Endometrial polyps appear as a hyperechoic lesion with regular contours within the uterine lumen, surrounded by a thin hypoechoic halo.

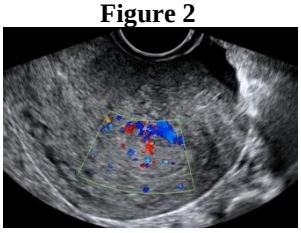
Figure 1



I.1.2. Colour flow doppler

It may demonstrate the single feeding vessel, typical of endometrial polyps.

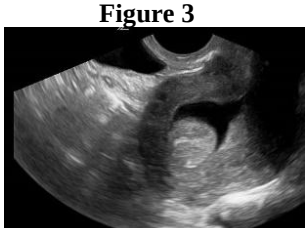
Figure 2



I.1.3. Saline sonogram

Saline sonogram was used to reconfirm the ultrasound findings. Saline sonogram with the fluid in the cavity clearly defines the endometrium and demarcates an intra-cavitary polyp.

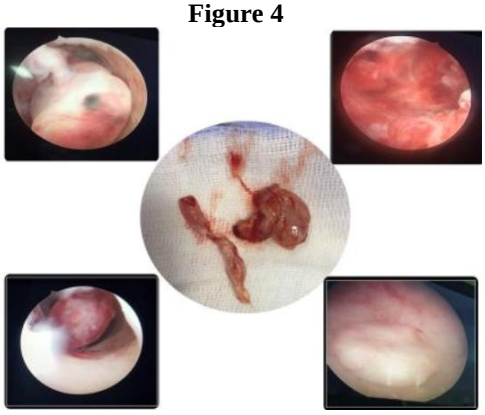
Figure 3



I.1.4. Hysteroscopy

It permits panoramic visualisation of the uterine cavity and direct biopsy or excision of the lesion.

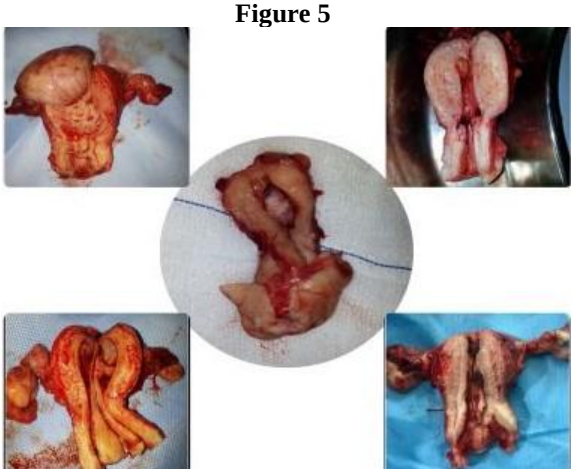
Figure 4



I.2. Management

Out of the 14 patients with postmenopausal bleeding who were suspected first and later diagnosed to have endometrial polyp, 8 patients underwent hysterectomy, 4 patients underwent hysteroscopic polypectomy and 2 patients underwent saline sonography with hysteroscopy.

Figure 5



III. Discussion

Most endometrial polyps are asymptomatic. Symptomatic premenopausal women with endometrial polyps most commonly suffer from abnormal uterine bleeding (inter-menstrual bleedings/spotting and/or menorrhagia). Previous studies have reported that the prevalence of endometrial polyps is increased in infertile women, and the results of a randomized controlled trial indicates that removal of endometrial polyps may improve fertility in infertile women[8,9].Postmenopausalbleeding is the most common symptom of endometrial polyps in postmenopausal women. The aetiology and pathogenesis of endometrial polyps is unknown. Endometrial polyps are commonly benign.

Risk factors include increasing age, obesity, use of Tamoxifen, hypertension, a possible association between endometrial polyps and other benign gynaecological conditions such as fibroids, cervical polyps and endometriosis has been reported.

Endometrial polyps are diagnosed by transvaginal ultrasound examination or by hysteroscopy. Final diagnosis is by histological examination. Installation of saline in the uterine cavity increase the sensibility of the examination and is recommended when the occurrence of endometrial polyp is suspected based on ultrasonic findings in women with abnormal uterine bleeding, infertile women and in postmenopausal women[10]. Endometrial aspiration is a blind technique and not sensitive for diagnosing structural abnormalities.

Endometrial polyps should be removed by transcervical resection (hysteroscopy)[10]. Treatment of endometrial polyps by curettage is not recommended as the risk of leaving the polyp behind is relatively large[11]. Transcervical resection of endometrial polyps is effective in women suffering from spotting/inter-menstrual bleeding and postmenopausal bleeding[12]. In women with endometrial polyps and menorrhagia, a concomitant resection of the endometrium in perimenopausal and postmenopausal women should be considered in order to reduce periodic blood loss and the risk of recurrent menorrhagia[13]. When atypical hyperplasia or malignancy is diagnosed by histopathological examination within an endometrial polyp, the woman should be treated in accordance with the guidelines for treatment of atypical endometrial hyperplasia or endometrial cancer, respectively.

Complications during transcervical resection of endometrial polyps is most frequently related to the dilatation of the cervix in nulliparous and postmenopausal women. Preoperative treatment with local oestradiol is recommended in order to reduce the risk of such complications in postmenopausal women[14].

AAGL practice report: Practice guidelines for the diagnosis and management of endometrial polyps

- Hysteroscopic polypectomy remains the gold standard for treatment of endometrial polyp. There does not appear to be differences in clinical outcomes with different hysteroscopic polypectomy techniques.
- Removal for histologic assessment is appropriate in postmenopausal women with symptoms, but needs proper follow up.
- Hysteroscopic removal can be preferred to hysterectomy because of its less-invasive nature, lower cost and reduced risk to the patient.

IV. Conclusion

Hysteroscopic polypectomy may be considered to hysterectomy in post menopausal women with an endometrial polyp because of its less invasive nature , reduced risk and favourable outcome, provided malignancy is ruled out.

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