

Case Report

Giant Endometrial Polyp in a Postmenopausal Woman without any complaints: A Case Report

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Abstract

Endometrial polyps are one of the most common etiologies of abnormal genital bleeding in both premenopausal and postmenopausal women. They are hyperplastic overgrowths of endometrial glands and stroma that form a projection from the surface of the endometrium. They may also be asymptomatic. The great majority of endometrial polyps are benign, but malignancy occurs in some women. Single or multiple polyps may occur and range in diameter from a few millimeters to several centimeters. Giant endometrial polyps associated with tamoxifen and raloxifene use. Here we presented a giant endometrial polyp in a postmenopausal woman without any complaints and hormone or drug use.

Key Words:

Endometrial polyps, uterine endometrial diseases, treatment, management

Introduction

Endometrial polyps are one of the most common etiologies of abnormal genital bleeding in both premenopausal and postmenopausal women [1-3]. They are hyperplastic overgrowths of endometrial glands and stroma that form a projection from the surface of the endometrium (lining of the uterus). They may also be asymptomatic. The great majority of endometrial polyps are benign, but malignancy occurs in some women [2]. Endometrial polyps are localized hyperplastic overgrowths of endometrial glands and stroma around a vascular core that form a sessile or pedunculated projection from the surface of the endometrium [3,4]. Smooth muscle is sometimes present. Single or multiple polyps may occur and range in diameter from a few milli-

meters to several centimeters [5]. Polyps can develop anywhere in the uterine cavity. Several molecular mechanisms have been proposed to play a role in the development of endometrial polyps. These include monoclonal endometrial hyperplasia [6], overexpression of endometrial aromatase [7,8], and gene mutations [9,10]. Like uterine leiomyomas, polyps have characteristic cytogenetic rearrangements. The prevalence of malignancy with endometrial polyps is 1–3% [11]. The risk factors of malignancy within polyps are ageing, obesity, arterial hypertension, postmenopausal period, and tamoxifen [12]. Development of endometrial polyps is affected by unbalanced estrogen therapy, estrogen-like effect, and unbalanced estrogens and progestins. Endometrial polyps occur with increased frequency after tamoxifen exposure. They are characteristically multiple, large, and fibrotic. Giant endometrial polyps associated with tamoxifen and raloxifene use were reported in previous studies [13,14]. Here we presented a giant endometrial polyp in a postmenopausal woman without any complaints and hormone or drug use.

Article History:

Received: 07/04/2016

Accepted: 13/06/2017

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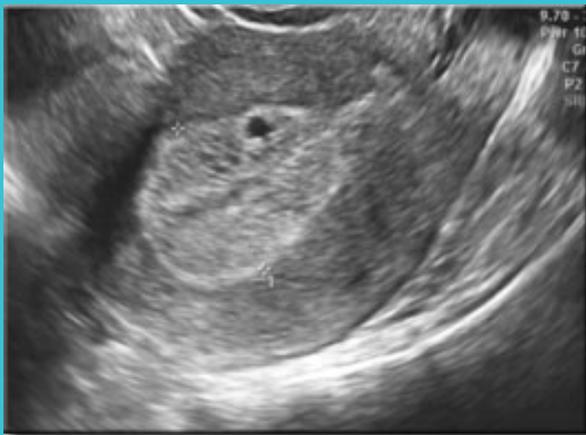
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Case Presentation

A 63-year-old female patient, G5P4, was admitted to our hospital for the gynecological examination due to menopause. She did not have any other complaints. In the history of the patient, there was only a cholecystectomy history which was performed 16 years ago. Drug use, especially hormone derivatives, was not available. Her last menstrual period had been 20 years ago. Her medical history was of mild hypertension treated with a single antihypertensive drug and her past gynaecological history was unremarkable. Her body mass index (BMI) was 30 kg/m². Physical and pelvic examinations were unremarkable. Endometrial thickness measured by transvaginal ultrasonography was 32 mm and endometrial echo and borders were heterogeneous and irregular (Figure 1). Salina infusion sonography was done and showed a 38x32 mm endometrial polyp filling the whole endometrial cavity (Figure 2). For the screening of metastases against the possibility of malignancy, computer tomography was performed and a heterogeneous mass, with a diameter of 40 × 30 centimeters, was detected in the uterine cavity. Preoperative sampling for histopathological diagnosis was benign. Surgical procedure was planned and hysterectomy was performed because of suspected endometrial cancer. Intraoperative pathology consultation was requested. Accordingly, the mass lesion was reported to be compliant with endometrial polyp. (Figure 3)

Figure 1.



Endometrial thickness measured by transvaginal ultrasonography was 32 mm and endometrial echo and borders were heterogeneous and irregular

Discussion

Giant endometrial polyps are uncommon variants of classical polyps. Until today only a few cases are reported in the literature and they were associated with tamoxifen and raloxifene treatment [13,14]. Endometrial polyps express both estrogen and progesterone receptors, although studies differ on whether these appear to have pathogenic importance [15]. Most risk factors for endometrial polyps involve increased levels or activity of endogenous or exogenous estrogen. Polyps develop in 2 to 36 percent of postmenopausal women treated with tamoxifen [16,17]. Polyps in these women may be large (>2 cm), multiple, or show molecular alterations [9,16]. Data from a large randomized trial of breast cancer chemoprophylaxis in postmenopausal women found that the incidence of polyps was higher in women treated with tamoxifen compared with raloxifene [17].

Figure 2.



Salina infusion sonography showed a 38x32 mm endometrial polyp filling the whole endometrial cavity

Endometrial polyps appear to be associated with obesity [18,19,20]. As an example, in a retrospective cohort study of 223 women planning to undergo in vitro fertilization, those with a BMI ≥ 30 had a significantly higher rate of polyps than other women (52 versus 15 percent) [19]; however, these data may not be generalizable to other women.

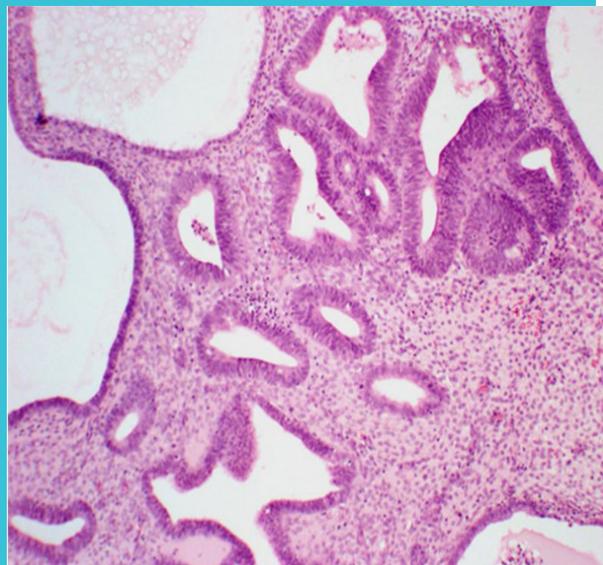
Postmenopausal hormone therapy is associated with endometrial polyps, particularly regimens with a high dose of estrogen and/or a progestin with low antiestrogenic activity [18]. We reported a case of asymptomatic giant endometrial polyp which was unassociated with drug use, especially hormone derivatives, such as tamoxifen. Symptomatic endometrial polyps should be removed in all women. The goal of polypectomy is both relief of symptoms and detection of malignancy, since symptomatic polyps are more likely to be malignant. Management of asymptomatic polyps depends upon the likelihood of malignancy associated with a polyp and whether removal is indicated due to infertility. There are no data from randomized trials to guide therapy of asymptomatic polyps [21]. We performed hysterectomy because of suspected endometrial cancer. In conclusion, Endometrial polyps are a common cause of abnormal uterine bleeding in both premenopausal and postmenopausal women. They may also be asymptomatic. The great majority of endometrial polyps are benign, but malignancy occurs in some women. Endometrial polyps are more likely to be malignant in women who are postmenopausal and those who present with bleeding. For premenopausal women, symptomatic polyps require removal. We also suggest removal of asymptomatic polyps in premenopausal women with risk factors for endometrial hyperplasia or cancer. Polypectomy is also a reasonable option for women with polyps that are >1.5 cm, multiple, or prolapsed, or for women who are infertile. For postmenopausal women, we recommend removal of all endometrial polyps or hysterectomy.

Acknowledgement

None

Declaration of Interest

None

Figure 3.

H&E, X200; Lesion was reported to be compliant with endometrial polyp by pathology consultation

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