

A Giant, Deceptive Cervical Polyp

Mounia Bennani*, Hanane Baybay, Jihane Ziani, Sara Elloudi, Zakia Douhi and Fatima Zahra Mernissi

Department of dermatology and venerology, Hassan II hospital university, Morocco

*Corresponding author: Mounia Bennani Department of dermatology and venerology, Hassan II Hospital University, FES

Received:  February 29, 2020

Published:  March 05, 2020

Case Report

This is the case of a 48-year-old patient, no Medical or pharmacological history referred in Our dermatology consultation for management of a lesion evolving for 6 years, increasing in size, becoming bleeding on contact, the patient did not complain of pain, but rather an unpleasant feeling of heaviness. On local examination, a multi-lobed tumor of approximately 10 cm was

protruding through the vagina (Figure1). The mass was firm, pink-reddish, with a smooth surface (Figure 2), the vaginal touch the tumor was in continuity with the cervix, while the vulva was intact. A dermoscopic examination was carried out objectifying the presence of a polymorphic vascularization made of vessels in points, irregular linear, and hairpins in place, associated with the presence of bright white areas without structures (Figure 3).



Figure 1: Image showing a 10cm Multilobed tumor protruding through the vagina.



Figure 2: Image showing a firm, pinkish-reddish, multilobed mass with a smooth surface.



Figure 3: Dermoscopic image showing polymorphic vascularity and bright white structures.

In front of this aspect a neoplastic origin was evoked, the ganglionic cells were free, and a biopsy of the lesions with a histological study was carried out returning in favor of an epidermal endocervical polyp, then the patient had benefited from a total Polypectomy, without recurrence after 2 years of follow-up. The cervical polyp, is recognized as the most common benign cervical tumor found in women of the order of 4-10% of all cervical lesions [1], it occurs in 60% of cases in women between 40 and 65, with a predominance in women in post menopause in 45% of cases [2].

Several factors have been implicated in the development of cervical polyps, such as multiparity, chronic cervicitis, foreign bodies and local congestion of cervical vessels [1, 2] or oral contraceptive use [3]. Their size generally varies between 2mm and 30mm [2] unlike giant cervical polyps which are much more rarely reported in the literature and which are defined by a size greater than 4cm [1-3]. the vagina or protruding outside of the vaginal introitus [1] spontaneously or after Valsalva maneuver [4]. Its extension outside the vagina also objectified in our patient is more rarely encountered and is only very rarely reported in the literature. Unlike the small common polyps, these giant polyps occur especially in women, the relatively young nulliparous women (before menopause) suggesting the important role of hormonal status in their development and growth [1, 5]. The first case reported in the literature was described by Fulton L et al. [5] in 1972 in a 61-year-old virgin, nullipart woman 1 year after menopause although one case has been reported in a 16-year-old patient, suggesting the possibility of her onset. any age [2].

The functional signs most often reported in the literature in association with giant cervical polyp are leucorrhoea, malodorous discharge, vaginal bleeding and a protruding mass. Pain is never reported as the main symptom [4]. Cervical polyps rarely result in serious complications. However, if the bleeding becomes heavy, the

patient may experience hemorrhagic shock secondary to significant loss of blood, which may require blood transfusions [2].

Clinically it can manifest itself as a pink-red tumor of a rather soft consistency with a smooth surface, bleeding on contact [3], mimicking then by its large size, its clinical appearance, and its bleeding character on contact with a malignant tumor [1,4].

The best of our knowledge, the dermoscopic description of these giant polyps has not yet been reported in the literature, this can be explained by the fact that all the cases published until then were seen by gynecologists. A careful clinical and paraclinical examination must be done in order to avoid malignant pathology [4], the diagnosis of certainty is histological, and a Histologic study of the entire operating room after complete resection is recommended because clinical assessment alone is not sufficient to exclude malignancy [2]. The treatment is surgical, the primary treatment for giant cervical polyps, is tumor excision, not total hysterectomy [1]. Resection should be as complete as possible macroscopically in order to avoid the regrowth of the polyp [4].

References

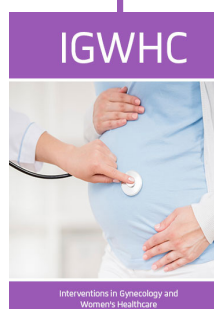
1. Yi KW, Song SH, Kim KA, Jung WY, Lee JK, et al. (2009) Giant Endocervical Polyp Mimicking Cervical Malignancy: Primary Excision and Hysteroscopic Resection. *J Minim Invasive Gynecol.* 16(4): 498-500.
2. Ali MK, Ali AH, Abdelbadee AY, Shazly SA, Abbas AM (2013) Severe Metrorrhagia Caused by Giant Cervical Polyp in a Virgin. *Journal of Gynecologic Surgery* 29(6): 327-329.
3. Bucella D, Frédéric B, Noël JC (2008) Giant cervical polyp: a case report and review of a rare entity. *Arch Gynecol Obstet* 278(3): 295-298.
4. Massinde AN, Mpogoro F, Rumanyika RN, Magoma M (2012) Uterine Prolapse Complicated with a Giant Cervical Polyp. *J Low Genit Tract Dis* 16(1): 64-65.
5. Saier Fulton L Md, Hovadhanakul Praphat Md, Ostapowicz Frank Md (1973) Giant Cervical Polyp. *Obstetrics & Gynecology.*



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: [Submit Article](#)

DOI: [10.32474/IGWHC.2020.04.000183](https://doi.org/10.32474/IGWHC.2020.04.000183)



Interventions in Gynecology and Women's Healthcare

Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles