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Research Article

**RELATIONSHIP BETWEEN CLINICAL SYMPTOMS, SITE
AND SIZE OF UTERINE POLYPS**¹Zeeshan Hameed, ²Usman Ali, ³Sher Aziz¹Gujranwala Medical College, Gujranwala²Central park Medical College, Lahore³Paktia University, Afghanistan

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Abstract:

Objective: This research work aimed to determine the association between medical symptoms, site and sizes of polyps of uterine in selected specimens.

Methodology: This transverse research work carried out in the complete year of 2019 in Mayo Hospital, Lahore. The evaluation of all the patients who had to undergo office hysteroscopy carried out and only those patients which confirmed polyp diagnosis were the participants of this research work. In this research work, we evaluated the findings of hysteroscopy of size and site of the polyps and clinical appearance of the dysmenorrhea, AUB (Abnormal Uterine Bleeding), discharge, discharge plus spotting and infertility.

Results: Evaluation of total 124 patients carried out. The most frequent site was uterine cavity and most common clinical presentation were abnormal uterine bleeding and cervical canal. Most commonly polyp sizes of less than one centimeter were common in the cervical canal as well as cornea whereas polyps of more than one centimeter were present in cavity of uterine.

Conclusion: The findings of this research work confirmed that the polyp's site is vital in medical presentation. Patients appeared with abnormal uterine bleeding were present with polyps more frequent in uterine cavity. The patients present with the discharge plus spotting had more polyps in cervical canal.

KEYWORDS: Discharge, cervical, abnormal, uterine, polyps, uterine, cavity, association, specimens, transverse, dysmenorrhea, infertility.

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INTRODUCTION:

Polyps of endometrium are the reason of menorrhagia & metrorrhagia and they may have association with the dysmenorrhea [1]. The diagnosis of the uterine polyp is totally based on visualization or evaluation through microscopy through obtaining the tissue for biopsies. Symptomatic polyps may lead to inter-menstrual bleeding, heavy menstruation, post-coital bleeding, post-menopausal bleeding and heavy discharge from vagina. Additionally, up to 25.0% patients present with the cervical polyp also have a co-existing endometrial polyp, therefore, it is vital to assess the endometrial cavity. Polyp of the endometrium has association with the reduced lengths of the menstrual cycle, endometriosis and reduced parity [2]. Polyps of larger size can be the cause of abnormal bleeding from bleeding.

Total 21% abrasions missed by the normal method of trans-vaginal sonography are easily treated by the guidance of hysteroscopy successfully which can often be carried out in normal clinical center under local anesthesia [3]. Hysteroscopy for diagnosis provides the data which is not gathered by the blind sampling of endometrium [4], like identification of the polyps of endometrium or sub-mucous leiomyomas [5]. There is high sensitivity (100.0%) as well as high specificity (95.0%) of office hysteroscopy in the assessment of the endometrial cavity [6]. In one other research work, polyps were discovered in 33.0% symptomatic pre-menopausal females having greater than twenty nine year of age who faced abnormal uterine versus ten percent in asymptomatic females [7]. In this current research work, we aimed to determine the association

between the clinical symptoms, size and site of the polyps of uterine cavity.

METHODOLOGY:

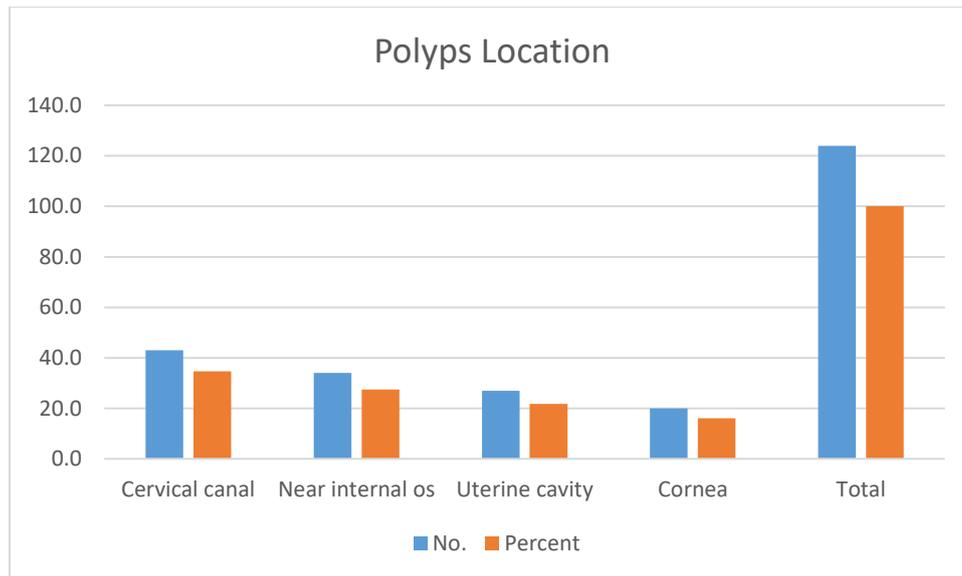
This transverse research work carried out in complete year of 2019 in Mayo Hospital, Lahore. Ethical committee of the institute gave the permission to conduct this research work. We took the written consent from all the females after explaining them the main objective of this research work. All the patients who had to undergo office hysteroscopy due to different causes were assessed and patients with confirmed diagnosis of polyp through hysteroscopy were the participants of this research work. Findings of hysteroscopy as uterine cavity, cervical canal or near internal os and size as less than one centimeter, equal to one centimeter or greater than one centimeter, of the polyps were elaborated. We divided the clinical presentations into dysmenorrhea, infertility, abnormal bleeding of uterine, discharge plus spotting and discharge after that, we evaluated the findings of hysteroscopy as site and size of polyps. SPSS V.22 was in use for the statistical analysis of the collected information. We used the normal saline as media. The model of the hystroscope was STORZ, thirty degree and lens 26120 BA.

RESULTS:

In this research work, the assessment of total one hundred and twenty four females carried out. The range of the age of the patients was twenty two to fifty years with an average age of thirty seven years. Table-1 shows the location of the polyps and hysteroscopy was used to obtain the location.

Table-I: Anatomic location of polyps

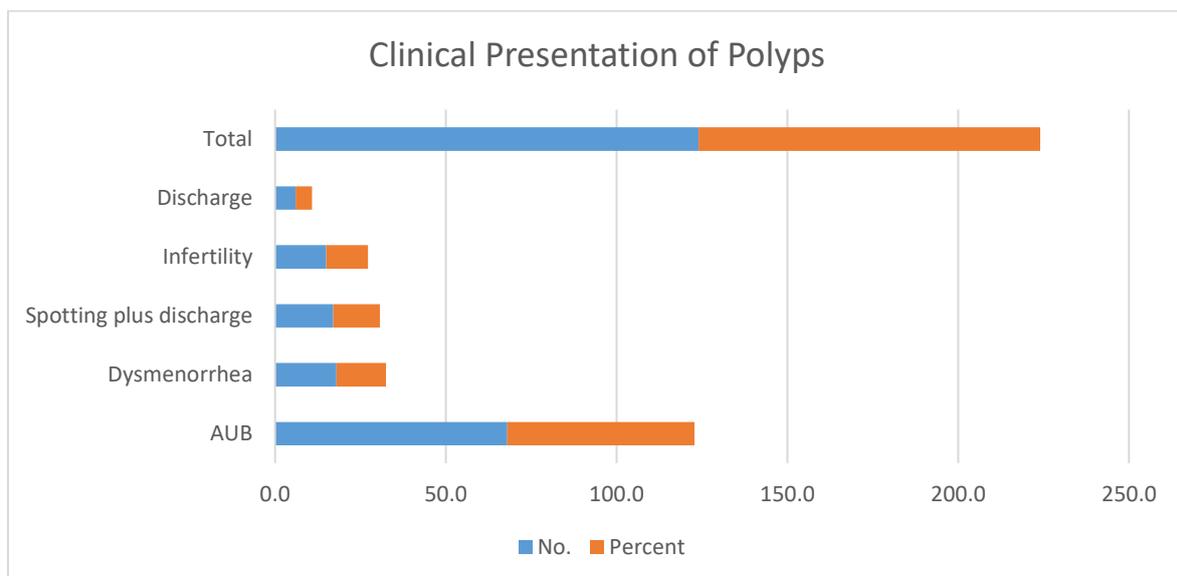
Location of polyp	No.	Percent
Cervical canal	43.0	34.70
Near internal os	34.0	27.40
Uterine cavity	27.0	21.80
Cornea	20.0	16.10
Total	124.0	100.00



In accordance with the findings as described in table, most frequent polyp's location is the cervical canal. Table-2 shows the clinical presentations of the recruited patients.

Table-II: Clinical presentation of polyps

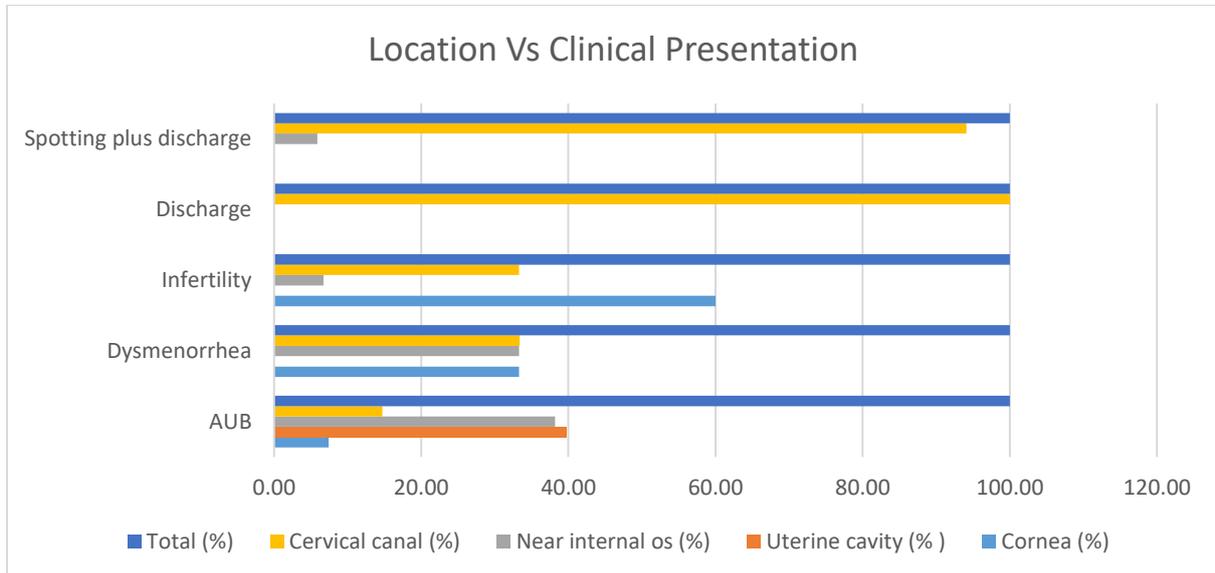
Clinical presentation	No.	Percent
AUB	68.0	54.80
Dysmenorrhea	18.0	14.50
Spotting plus discharge	17.0	13.70
Infertility	15.0	12.20
Discharge	6.0	4.80
Total	124.0	100.00



In accordance with the findings of this research work, most frequent presentation is abnormal uterine bleeding present in 54.80% patients. Table-3 describes that the most common location of polyp was uterine cavity present in 39.70% patients, all the patients who appeared with abnormal uterine bleeding and females suffering from dysmenorrhea were present with no polyp in uterine cavity.

Table-III: Clinical presentation and location of polyps

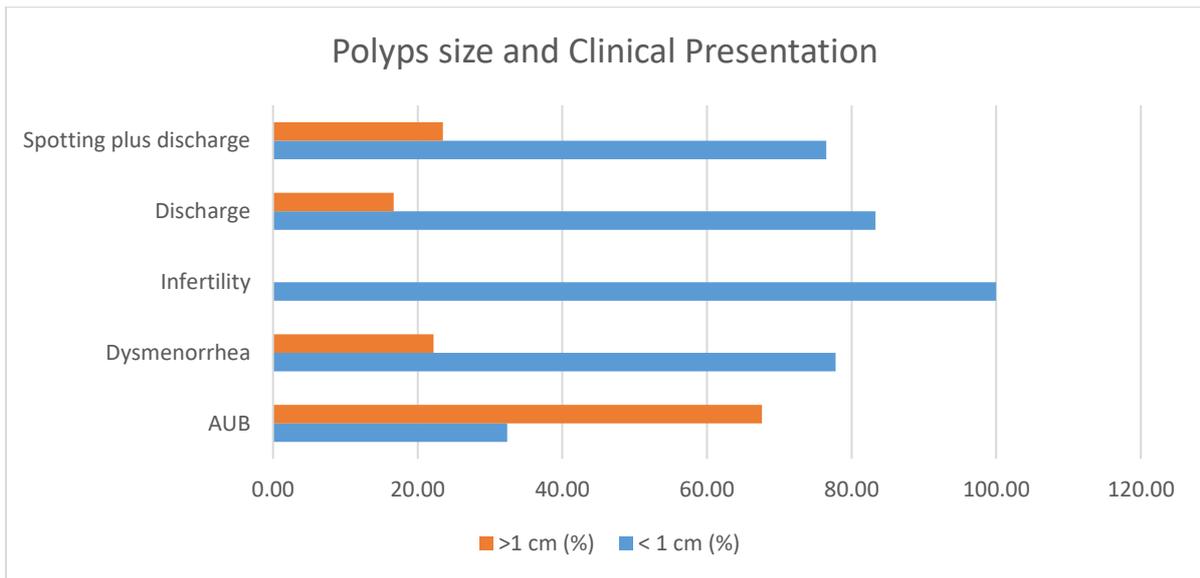
Polyp location Clinical presentation	Cornea (%)	Uterine cavity (%)	Near internal os (%)	Cervical canal (%)	Total (%)
AUB	7.40	39.70	38.20	14.70	100.0
Dysmenorrhea	33.30	0.00	33.30	33.40	100.0
Infertility	60.00	0.00	6.70	33.30	100.0
Discharge	0.00	0.00	0.00	100.00	100.0
Spotting plus discharge	0.00	0.00	5.90	94.10	100.0



Most frequent polyp's location was cornea present in sixty percent patients suffering from infertility. Among patients present with discharge plus spotting and discharge, the most frequent polyp's location was cervical canal in 94.1 and 100% patients respectively. Among patients who appeared with the abnormal uterine bleeding, most frequent size of polyp was greater than one centimeter and females who were suffering from other clinical symptoms as discharge plus spotting, discharge and dysmenorrhea, most frequent size of polyp was equal to or less than one centimeter as mentioned in Table-4. The size of Polyp was equal or smaller than one centimeter in 55.60 patients and greater than one centimeter in 44.40% patients.

Table-IV: Clinical presentation and size of polyps

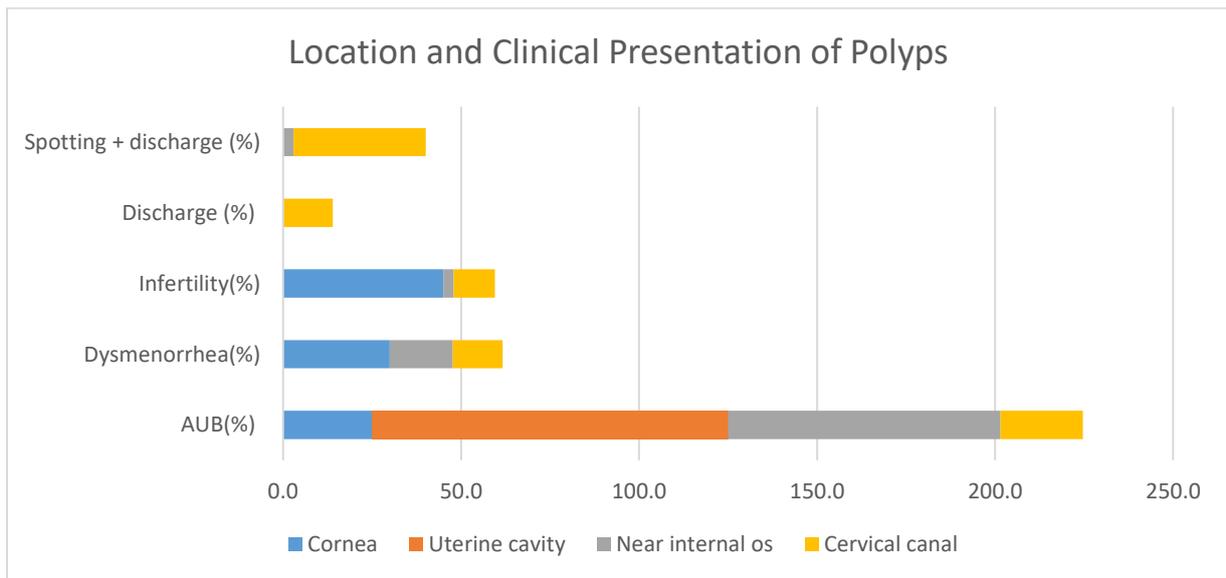
Polyp size Clinical presentation	< 1 cm (%)	>1 cm (%)
AUB	32.40	67.60
Dysmenorrhea	77.80	22.20
Infertility	100.00	0.00
Discharge	83.30	16.70
Spotting plus discharge	76.50	23.50



Clinical presentation and site of polyps is present in Table-5. Most frequent clinical presentation among patients (45.0%) present with the polyp in cornea is infertility.

Table-V: Location and clinical presentation of polyps

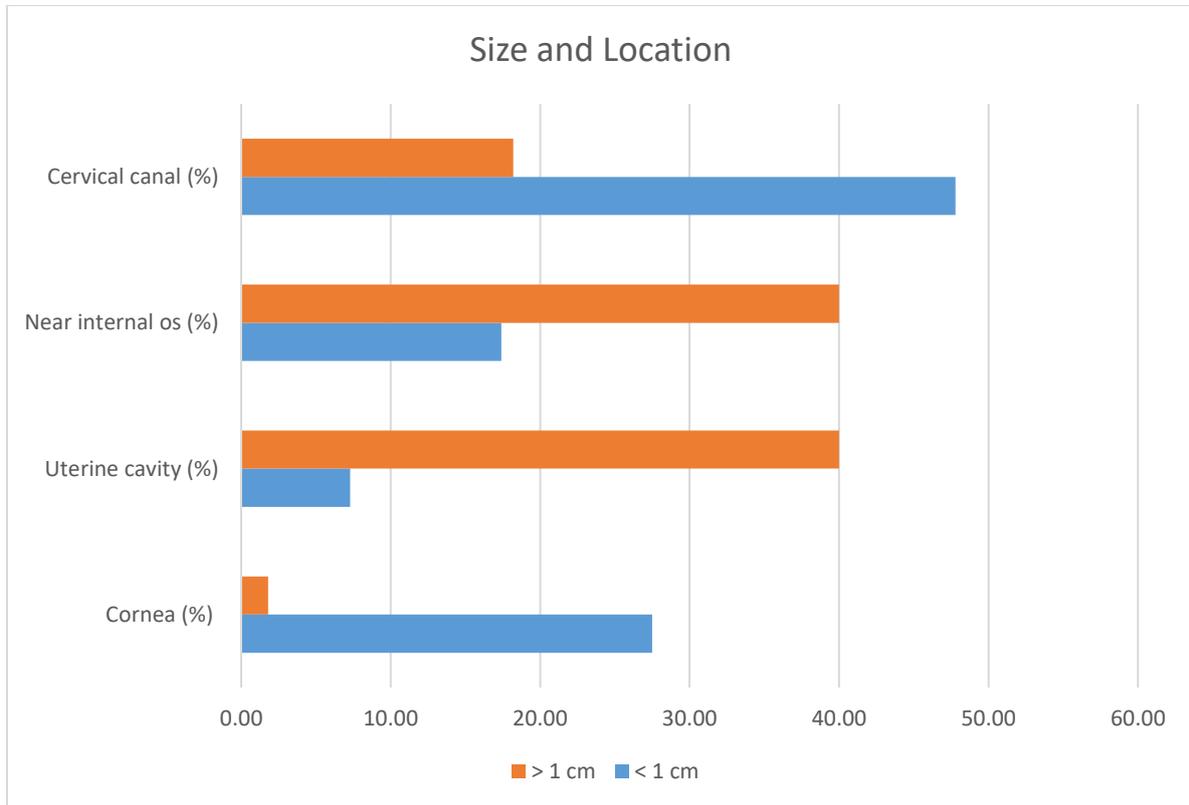
Clinical presentation Polyp location	AUB (%)	Dysmenorrhea (%)	Infertility (%)	Discharge (%)	Spotting + discharge (%)
Cornea	25.0	30.0	45.0	0	0
Uterine cavity	100	0	0	0	0
Near internal os	76.5	17.7	2.9	0	2.9
Cervical canal	23.2	14.0	11.6	14.0	37.2



Most frequent clinical presentation among patients with polyps in uterine cavity & close to internal os is abnormal uterine bleeding (100.0% and 76.50%, correspondingly). Discharge plus spotting is the most frequent clinical presentation in 37.20% patients present with polyps in cervical canal. Table-6 displays the sizes of polyps.

Table-VI: Size and location of polyps

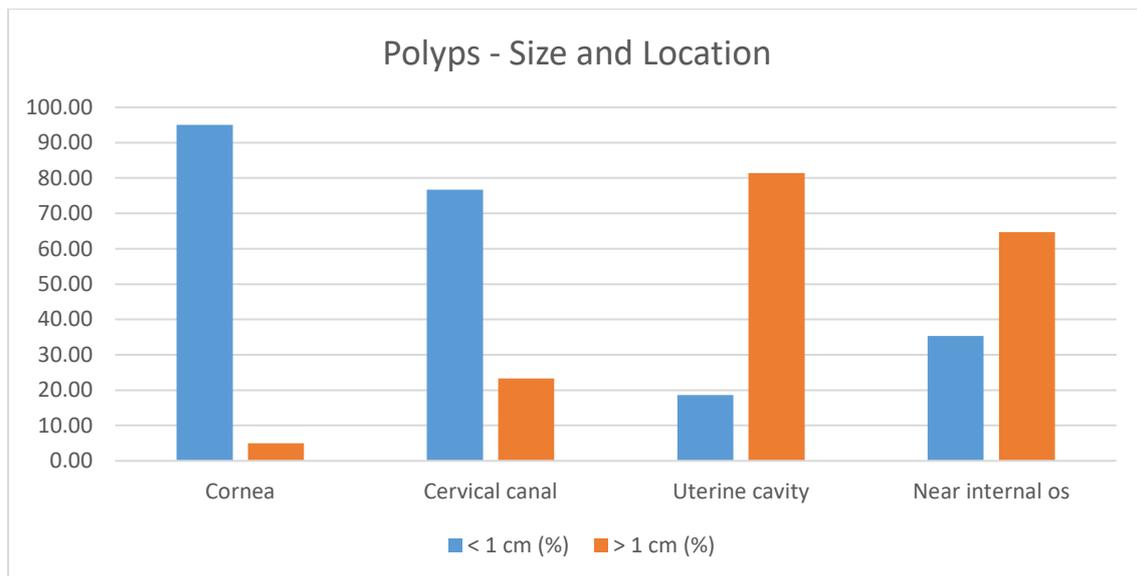
Polyp location Polyp size	Cornea (%)	Uterine cavity (%)	Near internal os (%)	Cervical canal (%)	Total (%)
< 1 cm	27.50	7.30	17.40	47.80	100
> 1 cm	1.80	40.00	40.00	18.20	100



The polyp sizes of less than or equal to one centimeter are frequently present in cervical canal & cornea (47.80% & 27.50%, correspondingly) and polyp sizes of greater than one centimeter were most frequently discovered in the uterine cavity & close to the internal os (40.0% in both). Sizes and locations of the polyps are present in Table-7.

Table-VII: Location and size of polyps

Polyp size Polyp location	< 1 cm (%)	> 1 cm (%)
Cornea	95.00	5.00
Cervical canal	76.70	23.30
Uterine cavity	18.60	81.40
Near internal os	35.30	64.70



Polyps present in cornea & cervical canal are normally less than or equal to one centimeter (76.70% & 95.0% respectively). Polyps present in the uterine cavity and close to internal os are much frequently greater than one centimeter (81.40% & 64.70%, correspondingly).

DISCUSSION:

In this current research work, we discovered that polyp's location is much vital in medical presentation. Patients appeared with abnormal uterine bleeding were present with polyps much frequent in uterine cavity (39.70%) and very close to internal os (38.20%), and those patients present with dysmenorrhea had polyps in the cervical canal (33.40%), close to internal os (33.30%) & cornea (33.30%). Patients suffering from infertility were present with polyps much common in cornea (60.0%) and patients present with discharge were present with polyps much common in cervical canal (100.0%) and all the patients present with discharge plus spotting had more polyps present in the cervical canal (94.10%).

In one research work, cervical polyps with symptoms may be the reason of inter-menstrual bleeding, heavy amount of menses, post-coital bleeding, bleeding after menopause and discharge from vagina. There can be best determination of amount, site and size of the polyps by the hysteroscopy [8]. In one other research work, large polyps were the most common cause of anomalous bleeding [9]. In one other research work, authors discovered that among patients present with abnormal uterine bleeding, polyps of cervical canal may be unexploited by trans-vaginal sonography and hysteroscopy is best method for better diagnosis [3]. Results of other research works are same as compared to findings of this research work. In one other research work, there was finding of polyps in 33.0% of symptomatic pre-menopausal females having age of more than twenty nine year of age who faced abnormal bleeding versus 10.0% in females

without symptoms [7]. In one other research work, all the asymptomatic females underwent recurrent sono-hysterography after 2.50 years and discovered that 4 of 7 polyps were resolved. These were much small as compared to polyps that were resolved [9]. In this research work, we emphasized on the site, size and clinical symptoms and there is need of other research to assess the polyp's tendency to resolve. Advancement in the tools of diagnosis like ultrasound of vagina with probes of high frequency, SIS (Saline Infusion Sonography) and hysteroscopy can lead to more precise identification of polyps of uterine of very small sizes.

CONCLUSION:

There is a positive association between polyps of uterine and abnormal uterine bleeding but these polyps can be the reason of other symptoms like infertility, discharge and dysmenorrhea. There is not much importance of these symptoms as compared to abnormal uterine bleeding but these minor complications are also troublesome. Findings of this research work also concluded that location of polyps is important for clinical presentation.

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