

Incidental Finding of Endometrial Polyp in Asymptomatic Postmenopausal Women. Should We Remove It?

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Abstract: Endometrial polyp in postmenopausal women is a common reason for referral to gynaecologist. This can often be an incidental finding in the asymptomatic patient. Although the risk of malignant transformation is low, endometrial polyps should be removed in symptomatic postmenopausal women as its malignant potential is more likely when symptomatic. Studies have shown that the risk of malignant polyp in asymptomatic postmenopausal women is low at 1.5%. Other known risk factors for endometrial cancer such diabetes, hypertension, obesity, use of Tamoxifen and HRT should be taken into when considering treatment option. Asymptomatic postmenopausal polyps are unlikely to be malignant and observation is an option after discussion with the patient. However, each patient should be assessed on its own merits after careful consideration of other risk factors for endometrial cancer.

Keywords: Incidental endometrial polyp, asymptomatic postmenopausal women, malignancy potential of endometrial polyp.

1. INTRODUCTION

Endometrial polyps are one of the most common causes of abnormal vaginal bleeding in both premenopausal and postmenopausal women. They are hyperplastic overgrowth of endometrial glands and stroma which form projections from the surface of the endometrium.

With the increasing use of pelvic ultrasonography, detection of incidental endometrial polyp on ultrasound is more frequent than before which poses a clinical management dilemma and is a common reason for referral to the gynaecologist. This can lead to the anxiety to the women about malignancy even though the malignant potential of endometrial polyp is low. The question arises whether incidental finding of endometrial polyp in asymptomatic postmenopausal women should be treated and whether there is a subgroup of postmenopausal women at higher risk of malignancy.

2. DISCUSSIONS

A practice guideline for the diagnosis and management of endometrial polyps by Advancing Minimally Invasive Gynecology Worldwide (AAGL) states that asymptomatic postmenopausal polyps are unlikely to be malignant and observation is an option after discussion with the patient.¹ A systematic review of the association of menopausal status, uterine bleeding and polyp size and risk of malignancy among women undergoing polyp resection found that among symptomatic postmenopausal women with endometrial polyps, 4.47% (88 of 1,968) had a malignant polyp in comparison to 1.51% (25 of 1,654) asymptomatic postmenopausal women (relative risk 3.36; 95% CI 1.45-7.80).²

This study was supported by 2 other published studies which reported similar findings. Golan et al. showed a retrospective registration of 1,124 patients who underwent hysteroscopic resection of endometrial polyps. Pathologic evaluation disclosed 7 cases of malignancy and 4 cases of atypical hyperplasia among bleeding postmenopausal women

(11/263, 4%) and 2 malignancies and 3 cases of hyperplasia with atypia among asymptomatic postmenopausal women (5/378, 1.3%).³ Wethington et al. reviewed 1011 women with endometrial polyps. This study showed that among symptomatic postmenopausal women with endometrial polyps, 4.47% (88 of 1,968) had a malignant polyp in comparison to 1.51% (25 of 1,654) asymptomatic postmenopausal women (relative risk 3.36; 95% CI 1.45-7.80).⁴ All these studies have concluded that the risk of malignant polyp in asymptomatic postmenopausal women is about 1.5%.

Nappi et al. postulated that diabetes, hypertension and obesity were independent risk factors for the development of endometrial polyps but statistical analysis of all the independent variables (odds ratio [OR] 1.05, 95% confidence interval [CI] 1.02–1.07, $P < 0.001$) showed that only increasing patient age was a significant risk factor and that it acted as a confounder for all the postulated risk factors.⁵ Therefore the risk of malignancy in premenopausal women appears to be low. Although the reports are not consistent, other known risk factors for endometrial cancer such as obesity, diabetes mellitus and hypertension have also been reported to increase the risk of malignancy within endometrial polyps.⁶

When looking for predictors of malignancy or pre-malignancy in endometrial polyps, Wang et al. observed that a size of >10 mm (OR 2.93, 95% CI 1.19–7.20), postmenopausal status (OR 4.85, 95% CI 2.09–11.27) and abnormal uterine bleeding (OR 3.97, 95% CI 1.71–9.18) were all independent risk factors ($P < 0.05$).⁷ In addition, vaginal bleeding increased the malignant potential of endometrial polyps by a factor of 10 compared with asymptomatic women, as shown in a study of 922 postmenopausal women.⁸ However, there is a higher incidence of concurrent endometrial hyperplasia with endometrial polyps especially in women on hormone replacement therapy (HRT).^{9,10} A number of studies report an increased incidence of endometrial polyps in women on HRT and tamoxifen.¹¹ This should be taken into account in the management plan. Further studies are required to ascertain whether incidental endometrial polyp >10 mm in asymptomatic postmenopausal women can be safely treated conservatively.

3. CONCLUSIONS

Endometrial polyps are common finding in gynaecology. Incidental finding of endometrial polyp in asymptomatic postmenopausal women often creates clinical management dilemma.

Given the fact that it has generally low malignant potential in asymptomatic postmenopausal women, there is an option of expectant management with no intervention after discussion with the patient. However, other known risk factors for endometrial cancer such diabetes, hypertension, obesity, use of Tamoxifen and HRT should be taken into when considering treatment option.

There should be a justification on clinical ground to further investigate asymptomatic postmenopausal women with incidental finding of endometrial polyp after weighing the risks and benefits of conservative versus surgical management. Serious complications with surgical management such as uterine perforation and bowel injury have been reported in the literature. Each patient should be assessed on its own merits after careful consideration so as to reduce their anxiety and risks of surgical complications to the postmenopausal patients.

Compliance with ethical standards:

The authors report no conflicts of interest in this work.

No violation of human rights and safely.

Funding: Nil

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