Does treating cervical polyps in pregnancy cause complications?
a case report

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Introduction and Method
Chorio-amnionitis is a serious complication of cervical polypectomy in pregnancy. It carries an increased risk of miscarriage. Patient case notes and literature were reviewed with particular attention to recommended management based on current evidence.

Case Report
A 37-year-old (G1P0) presented at 20 weeks gestation with painless vaginal bleeding. A 20mm cervical polyp was seen on examination. The polyp was avulsed at the time of presentation on the ward. Histology confirmed a benign cervical polyp.

The patient continued to bleed intermittently and developed a low-grade pyrexia three days following the polypectomy. She was admitted on day four with a high-grade pyrexia. IV Cefuroxime and Metronidazole were started but she developed painful tightenings and miscarried on day seven at 21 weeks gestation. Placental histology showed evidence of chorioamnionitis.

Discussion
The RCOG do not provide guidelines for the treatment of polyps in pregnancy. Current literature suggests that conservative management is preferred due to an increased risk of developing chorio-amnionitis. In symptomatic polyps careful examination, preferably in colposcopy, is required to ascertain the appearance, location, form and length. If polyps are symptomatic, this may be due to local infection which might explain the increased risk of subsequent chorio-amnionitis. If surgical removal in pregnancy is warranted due to symptoms, antibiotic cover should be given with a broad-spectrum antibiotic (Co-amoxiclav). Where possible polypectomy should be delayed until after delivery.

Learning point
- Cervical polyps in pregnancy should only be removed if symptomatic and always under antibiotic cover

References

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