Endometrial polyps

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1 Endometrial polyps are found in as many as 40% of females[1–3]

The incidence may be underestimated as many polyps remain asymptomatic and naturally regress in almost one-third of patients (27%).[1–3] They are most common during the reproductive years, but can also occur after menopause.[1–3]

2 Abnormal uterine bleeding and infertility commonly trigger evaluation, leading to their detection

They may also be discovered incidentally on imaging,[1,3] where they may be distinguished from other uterine abnormalities (e.g., submucosal fibroids). Endometrial polyps are distinct from endocervical and cervical polyps, which arise from cervical rather than endometrial tissue and are often seen on speculum examination.

3 While most polyps are benign, as many as 12.9% of patients with risk factors are found to have premalignant or malignant polyps[2,4]

Risk factors for malignancy include increasing age (≥ 60 yr), postmenopausal status, abnormal uterine bleeding in patients older than 40 years, tamoxifen use, associated comorbidities (e.g., obesity, diabetes and hypertension) and hereditary cancer syndromes.[1,2,4,5] Patients with these risk factors always warrant urgent investigation with an endometrial biopsy to detect endometrial hyperplasia or malignancy.

4 Referral to a gynecologist is indicated if patients are at risk of malignancy or might require treatment for symptoms

Sonohysterography should be ordered to better characterize pathology when ultrasonography suggests endometrial polyps, and can be arranged by generalists in most centres. Hysteroscopic sampling with direct visualization may still be necessary for definitive diagnosis.[1,4]

5 Expectant management is appropriate for asymptomatic patients at low risk for malignancy[5]

Endometrial polyps requiring resection are effectively managed through hysteroscopic polypectomy, in which the polyp is removed under direct visualization.[1,2,4] Patients do not require hysterectomy unless there is evidence of endometrial cancer or hyperplasia on polyp pathology.[4] No medications make polyps regress, although progestins (e.g., levonorgestrel intrauterine device) may address associated bleeding symptoms and prevent endometrial overgrowth.[1,4]

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