

Tubal Polyp Causing Postmenopausal Bleeding: Case Report

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This is the first case of tubal polyp detected at the age of menopause causing postmenopausal bleeding. The only finding was thickened endometrium at transvaginal ultrasonography. After hysteroscopic polypectomy, the endometrial thickness were within normal range for menopause and at the follow-up the bleeding did not recur. Hysteroscopic polypectomy lead to subjective improvement in symptoms of bleeding and high satisfaction rates in this case. In postmenopausal persistent vaginal bleeding and increased endometrial thickness, intramural tubal polyps might be kept in mind in differential diagnosis. In such a situation hysteroscopy seems to be a simple method both for diagnosis and treatment instead of repetitive endometrial biopsies.

Key Words: Tubal polyp, Postmenopausal bleeding, Hysteroscopy

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Case report

A 56 year old postmenopausal patient admitted to our clinic for annual gynecologic examination. The medical history of the patient revealed no medical illnesses. She had been sexually active for 33 years. The patient had two pregnancies that ended with vaginal deliveries without complication. She was in menopause for the last ten years. She was never been prescribed hormone replacement therapy. She had postmenopausal bleeding twice in the last year and the previous biopsies revealed atrophic endometrial tissue. The gynecologic examination of the patient was normal. However, the transvaginal sonographic measurement of endometrium was 12 mm at the level of fundus, but <3 mm at the other sites. As she had undergone previously endometrial biopsies and pathological evaluation of the endometrium, hysteroscopic evaluation was planned. At hysteroscopy, an epithelial polyp was identified in the left fallopian tube. The polyp, 2 cm of size that originated from the tube, was freely floating in the endometrial cavity. The polyp was resected and the pathological examination revealed epithelial polyp. This is the first case of tubal polyp detected at the age of menopause causing postmenopausal bleeding.

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Discussion

In diagnosing pathology of the endometrium in postmenopausal women, endometrial thickness is the first screening tool. The efficacy of ultrasonography as a non-invasive method in detection of endometrial pathology in postmenopausal women is widely accepted. The thickened endometrium during menopause is the most significant ultrasonographic criterion implicating its pathology. The endometrial thickness of 3 mm and less measured by transvaginal ultrasonography gives a relatively safe prediction of endometrial atrophy, whereas the thickness above 3 mm requires explorative curettage and histopathologic examination of the endometrium, no matter if the woman has or has not uterine bleeding.

Postmenopausal bleeding is a common symptom accounting for about 10% of gynaecology referrals suggesting an endometrial pathology. Each postmenopausal uterine bleeding requires explorative curettage and histopathologic examination of the material obtained from the cervical canal and uterine cavity. The prevalence of endometrial polyps in women with postmenopausal bleeding and an endometrium thickness of 5 mm or more is estimated to be 41%. Postmenopausal women with endometrial polyps may experience only spotting. In this case postmenopausal bleeding was more than spotting and due to recurrent bleeding a hysteroscopy was advised to diagnose the underlying pathology. A very rare intramural tubal polyp was detected at hysteroscopy of this case. Although there is no definitive cause, being overweight and current use of hormone therapy in postmenopausal women were found to be positively associated with endometrial polyps. However, in this case neither being overweight nor

hormone replacement therapy was present. Therefore, tubal polyps might not be associated with these parameters.

Most uterine polyps are benign. However, endometrial hyperplasia or endometrial carcinoma may appear as endometrial polyps. In a recent study, the prevalence of cancer and premalignant lesions in polyps on atrophic endometrium in asymptomatic postmenopausal women was evaluated and compared with a similar cohort of patients with abnormal uterine bleeding. At multivariate analysis, polyps' diameter was the only variable significantly associated to an abnormal histology (cancer, polypoid cancer, and atypical hyperplasia) in asymptomatic women (odds ratio for polyps with mean diameter > 18 mm, 6.9; confidence interval, 2.2 -21.4).¹ The authors suggested that follow-up and/or treatment of endometrial polyps incidentally diagnosed in asymptomatic postmenopausal patients could be safely restricted to few selected cases based on polyp diameter. The diameter of the polyp detected here was more than >18 mm and the patient was suffering from postmenopausal bleeding. However, there is no data in the literature about the prevalence of cancer and premalignant lesions in tubal polyps in postmenopausal patients and the pathological evaluation of the polyp in this case was benign.

Intramural tubal polyps lie within the uterine wall and are believed to be benign proliferations of endometrial tissue which are sessile and rarely have a stalk.¹ The prevalence of intramural tubal polyps ranges from 1.2% and 11% in the literature in subfertile population.^{1,2} Only hysterosalpingography was found to be useful in making the diagnosis in-vivo.² This case is unusual in that the polyp developed in the absence of any evidence of tubal damage as demonstrated by a history of endometriosis or tubal sterilisation. Moreover, this is the first case reported at the age of menopause. The cause of bleeding in this case was an intramural tubal polyp that could not be determined by transvaginal ultrasound examination. The only finding was thickened endometrium at transvaginal ultrasonography. After hysteroscopic polypectomy, the endometrial thickness were within normal range for menopause

(<3mm) and at the follow-up the bleeding did not recur. As the previous endometrial samplings were normal and no pathology of the endometrium was detected at hysteroscopy the cause of bleeding was probably the detected tubal polyp in this case. Hysteroscopic polypectomy lead to subjective improvement in symptoms of bleeding and high satisfaction rates in this case. In postmenopausal persistent bleeding and endometrial thickness, in differential diagnosis intramural tubal polyps might be kept in mind. In such a situation hysteroscopy seems to be a simple method both for diagnosis and treatment.

Postmenopozal Kanamaya Neden Olan Tubal Polip: Olgu Sunumu

Bu olgu postmenopozal kanamaya neden olan ve menopoz döneminde saptanan ilk tubal polip olgusudur. Hastadaki tek bulgu transvajinal ultrasonografide saptanan artmış endometrijal kalınlıktı. Histeroskopik polipektomi sonrasında endometrijal kalınlık normal sınırlara döndüğü ve takiplerde vajinal kanama tekrarlamadığı görüldü. Bu olguda histeroskopik polipektomi kanama bulgusunu tamamen ortadan kaldırarak yüksek başarı sağlamıştır. Postmenopozal kadınlarda sebat eden vajinal kanama ve artmış endometrijal kalınlık varlığında, intramural tubal polipler ayırıcı tanıda göz önünde bulundurulmalıdır. Böyle durumlarda tekrarlayan endometrijal örneklemeler yerine histeroskopik inceleme yapmak hem tanı hem de tedavi açısından daha faydalı olacaktır.

Anahtar Kelimeler: Tubal polip, Postmenopozal kanama, Histeroskopi

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