

Endometrial Polyps: Should they always be removed?

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The simplest answer to this clinical question would be a resounding yes. The concern is the possibility of malignancy located in the polyp. However, the presence of cancer cells in endometrial polyps is very rare. Dockerti Ferris in 1944 established diagnostic criteria for adenocarcinoma originated in an endometrial polyp. First, the carcinoma must be limited to a portion of the polyp, second, the base of the polyp should be free of cancer cells and third, the endometrium surrounding the base of the polyp should be normal. The recommended procedure is hysteroscopy polypectomy and the risk of encountering a malignant lesion should not be the only criteria to value when deciding to offer polypectomy. Therefore, several questions arise when considering a polypectomy. Between October 1995 and May 2005, we performed 1989 hysteroscopic polypectomies. We found 6 cases of cancer inside the polyp (0.3%) The mean age of the patient with cancer was 61 years old (range 50-71). In a later study of cases performed between 2010 and 2015, in 1998 hysteroscopic polypectomy we found 3 cases of neoplasia inside the polyp (0.6%) (ages 45-53-77 years) and 9 cases of polypoid neoplasia configuration with a mean age 48 (ages 32-60 years).