

Endometrial polyps: Should they stay or should they go?

by

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The development and implementation of transvaginal ultrasound and hysteroscopy during the last decades have revealed that endometrial polyps occur frequently, both in women with and without gynaecological symptoms. Despite the high prevalence, the knowledge regarding endometrial polyps is limited. The aim of the thesis was to evaluate clinical aspects such as the prevalence of endometrial polyps and of malignancy within polyps, clinical consequences of polyps and the effectiveness of hysteroscopic polyp resection, in order to improve the management of women with endometrial polyps. Furthermore, any usefulness of blood flow assessments by Doppler for differentiation of benign and malignant endometrial tissue changes was evaluated.

The thesis includes four studies in which women with endometrial polyps were included. The prevalence of endometrial polyps was 12 % in randomly selected women aged 45-50 years, and the polyps regressed during 1-year follow-up in 8 out of 31 women (26 %). Smaller polyps regressed more often compared to larger ones. The prevalence of premalignant/malignant tissue changes within polyps was 3.4 %. Symptomatic postmenopausal women had the highest prevalence of atypia/malignancy (5.5 %). Transcervical resection of polyps relieved intermenstrual bleedings/spotting, while the effect on menorrhagia was less prominent. Enhanced blood flow measurements by colour Doppler revealed significant differences between benign endometrial polyps and endometrial cancer.

Based on our studies and available literature, we conclude in the thesis that endometrial polyps should be removed in symptomatic postmenopausal women in order to exclude malignancy and in symptomatic premenopausal women in order to relieve symptoms. An expectant approach may be reasonable in asymptomatic premenopausal women, while treatment of asymptomatic postmenopausal women should be individualized based on polyp size and other malignancy risk indicators.

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