# Cervical polypectomy during pregnancy: balancing maternal and fetal health.

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## Introduction

Cervical polyps are benign growths on the cervical canal's surface, often presenting as small, smooth, red or purple protrusions. While typically asymptomatic, they can cause irregular bleeding, discharge, or post-coital bleeding. Cervical polyps are relatively common and can occur at any age, including during pregnancy. Managing cervical polyps in pregnant women poses unique challenges, requiring a careful balance between maternal and fetal health. This article reviews the gynecological perspective on cervical polypectomy during pregnancy, focusing on indications, risks, and management strategies [1].

Cervical polyps are observed in approximately 2-5% of women. During pregnancy, hormonal changes, increased vascularity, and cervical gland hypertrophy can contribute to the development or exacerbation of polyps. Estrogen, in particular, plays a significant role in polyp formation, which may explain the higher incidence during reproductive years and pregnancy [2].

Symptomatic Polyps causing significant symptoms such as heavy bleeding, persistent discharge, or pain may require removal to alleviate symptoms and prevent complications like infection. Suspicion of Malignancy are although rare, some cervical polyps can harbor malignancy. Polyps that appear atypical in size, shape, or color, or those associated with abnormal cytology, may necessitate removal and histopathological evaluation to rule out malignancy. Interference with Pregnancy are in rare cases, large polyps may obstruct the cervical canal, potentially complicating pregnancy or delivery. Polypectomy in such cases can ensure a smoother pregnancy and reduce delivery complications [3].

Bleeding in cervix is highly vascular during pregnancy, increasing the risk of bleeding during and after polypectomy. Careful technique and the use of hemostatic agents can mitigate this risk. Any surgical procedure carries a risk of infection. Prophylactic antibiotics and strict aseptic techniques are essential to minimize this risk. There is a theoretical risk of inducing cervical incompetence, preterm labor, or miscarriage following cervical procedures. However, these risks are generally low with careful management and appropriate patient selection [4].

A detailed pelvic examination to assess the polyp's size, shape, and attachment site is crucial. Speculum examination can help visualize the polyp's characteristics [5]. Transvaginal ultrasound can provide additional information about the polyp's size and vascularity, aiding in the decision-making process. Pap smear and high-risk HPV testing can help assess the risk of malignancy. Atypical cytology results warrant further investigation and possible polypectomy [6].

Twist-and-Pull Method is a small, pedunculated polyps can often be removed using simple forceps. The polyp is grasped at its base, twisted, and gently pulled away. This technique is quick and minimally invasive [7]. For larger or more vascular polyps, electrocautery can be used to cut and coagulate the polyp's base simultaneously. This method reduces bleeding but requires caution to avoid thermal injury to surrounding tissues. Laser can precisely excise the polyp with minimal bleeding. However, its use is limited by availability and cost [8].

Hemostasis Ensure adequate hemostasis during the procedure. If bleeding persists, additional hemostatic measures or sutures may be necessary. Prophylactic antibiotics may be prescribed, and patients should be advised on signs of infection, such as fever or foul-smelling discharge [9]. Regular follow-up visits to monitor the healing process and address any complications are crucial. Serial ultrasounds may be performed to assess cervical length and detect any signs of preterm labor.

Most cervical polyps are benign, and the prognosis following polypectomy is excellent. The risk of recurrence is low, but regular surveillance is recommended, especially if the initial polyp was symptomatic or atypical. The impact on pregnancy outcomes is generally minimal, provided the procedure is performed with appropriate precautions [10].

## Conclusion

Cervical polypectomy during pregnancy is a delicate procedure that requires careful consideration of the risks and benefits. While most polyps can be safely observed, symptomatic or suspicious polyps may necessitate removal. Advances in diagnostic techniques and minimally invasive procedures have improved the safety and outcomes of polypectomy during pregnancy. Close collaboration between obstetricians and gynecologists is essential to ensure optimal maternal and fetal outcomes.

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