



## Perinatal Outcomes in Women With Endocervical and Decidual Polyps During Pregnancy

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Polyps observed in the cervix during pregnancy are benign gynecological neoplasms found in 2%–5% of women of child-bearing age (Farrar & Nedoss, 1961; Younis et al., 2010). Cervical polyps can be asymptomatic during pregnancy but often cause repetitive vaginal bleeding. Moreover, they can cause preterm labor, infection, chorioamnionitis, and increased bleeding during labor (Golan et al., 1994; Wakimoto et al., 2022).

### TYPES OF CERVICAL POLYPS SEEN DURING PREGNANCY

Two main types of polyps are observed in the cervix during pregnancy: endocervical and decidual polyps (Riemma et al., 2023). Of these, endocervical polyps are the most common, and appear as proliferative lesions in the endocervical mucosa (Bornstein et al., 2012). In contrast, decidual polyps arise from the uterine decidua and show focal stromal pseudodecidualization, making them difficult to distinguish during pregnancy (Seo et al., 2020).

### PEROMATAL OUTCOMES ASSOCIATED WITH POLYPS

Although cervical polyps are benign, they may cause atypical symptoms such as vaginal bleeding, increased vaginal discharge, and localized infection. A recent study found that the detection of polyps in early pregnancy is a risk factor for preterm delivery before 28 weeks and at 34 and 37 weeks of gestation. Furthermore, cervical polyps are also highly associated with cervical insufficiency (Hirayama et al., 2022). Another study found that the risk of preterm delivery before 37 weeks of gestation and spontaneous abortion are higher in pregnant women with decidual polyps than in those with endocervical ones (Tokunaka et al., 2015).

A 2021 retrospective cohort study of 4,172 pregnant women included 92 patients diagnosed with cervical polyps before 12 weeks of gestation who had not undergone polypectomy. This study reported that the incidence of spontaneous preterm birth before 34 weeks of gestation was higher in pregnant women with cervical polyps than in those without them (5.4% vs. 0.7%,  $p < 0.01$ ). Furthermore, regression analysis revealed that cervical polyps are an independent risk factor for spontaneous preterm birth before 34 weeks of gestation, with an odds ratio of 4.09 (Wakimoto et al., 2022). Despite these findings, continued research on cervical polyps is required because studies on the effects of cervical polyps during pregnancy are limited, and their management remains controversial.

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## MANAGEMENT OF CERVICAL POLYPS DURING PREGNANCY

Previous studies have suggested that the management of these polyps during pregnancy includes polypectomy and cervical cerclage with or without polypectomy. A 2014 study that investigated pregnant women who underwent polypectomy for decidual polyps in the first and second trimesters found that the risks of abortion and preterm delivery were highly associated with polypectomy. Thus, surveillance of polyps during pregnancy is recommended unless malignancy is suspected (Tokunaka et al., 2015).

A meta-analysis of the surgical management of endocervical and decidual polyps during pregnancy (Riemma et al., 2023) revealed that there were no significant differences in late pregnancy losses in women who underwent endocervical or decidual polypectomy in their first trimester. However, the risk of preterm birth was significantly higher in women who underwent decidual polypectomy than in those who underwent endocervical polypectomy (relative risk, 6.13).

Polypectomy methods have been reviewed in a case report. A patient with intermittent spotting for 2 weeks was diagnosed with a 3-cm friable endocervical polyp on speculum examination. She underwent polypectomy for its removal. On the ultrasound scan at 20 1/7 weeks, a suture was noted in the cervical canal; however, it was not found in the third trimester. The author highlighted that infection may occur due to suture site migration, which is caused by the enlargement of the uterus after the second trimester and placental migration (Kondagari & Josephs, 2021). Another study recommended cervical cerclage for pregnant women with cervical polyps (Hirayama et al., 2022). A preliminary report published in 2022 did not recommend polypectomy for decidual polyps; it recommended cervical cerclage in the event of cervical shortening remote from term (Misugi et al., 2022).

Polyps are relatively common during pregnancy; however, their management is controversial. Further multicenter studies

on cervical polyps and their management are warranted, considering the profoundly negative perinatal outcomes associated with endocervical and decidual polyps.

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