Questions

Q1 Cervical Polyps

Which *one* of the following statements regarding cervical polyps is *false*?

- ❍ 1. Asymptomatic cervical polyps should be removed.
- ❍ 2. The risk of dysplasia on cervical polyp pathology is less than 1%.
- ❍ 3. Patients with a cervical polyp and post-coital bleeding should be referred to gynecology.
- ❍ 4. The positive predictive value of post-coital bleeding as a cardinal symptom of cervical cancer is low.

Educational Point: Cervical polyps represent up to 10% of all cervical lesions identified, making them the most common benign cervical neoplasm. Approximately one-third of patients with a cervical polyp will be symptomatic, with the most common symptom being abnormal vaginal bleeding. Patients who experience symptoms associated with cervical polyps report intermenstrual bleeding, postcoital bleeding, heavy menses, and abnormal vaginal discharge. The management of cervical polyps has shifted throughout the years, and conclusive guidelines or recommendations are lacking in the literature. Symptomatic cervical polyps in appropriate patients can be removed by primary care providers (PCPs) and sent for histologic examination to avoid long wait times and unnecessary referrals to gynecology.

Historically, cervical polyps have not been considered a risk factor for malignancy, although cases have been described where cancers have been incidentally identified from removal of clinically benign cervical lesions. **Overall, the risk of malignancy or dysplasia found in cervical polyps is very low, recently reported between 0.1% and 0.6%.** Studies suggest that dysplasia identified from removed polyps tended to be present on an abnormal Pap test result. Patients with cervical polyps should still participate in routine cervical cancer screening. **The positive predictive value (PPV) of postcoital bleeding as a cardinal symptom of cervical cancer is low.**

In the past, women with asymptomatic cervical polyps were subjected to unnecessary invasive procedures, including surgical polypectomy, hysteroscopy with dilation and curettage, and endometrial biopsy. No evidence supports this level of intervention for asymptomatic cervical polyps, which has associated risks for the patient and unnecessary burdens on the health care system. **There is currently no strong evidence that supports removal of asymptomatic cervical polyps, so long as there is no associated abnormal Pap test results or other abnormal uterine bleeding.** Despite this, patients with an asymptomatic cervical polyp might prefer to have it removed for reassurance.

While cervical polypectomy is a suitable approach in the primary care setting, referral to gynecology is suggested in several scenarios: If a cervical polyp is abnormally large, broad-based (ie, does not have a stalk that is easily grasped), or if the polyp does not easily twist off and the procedure is unsuccessful, a gynecologist should be consulted. If the PCP is not confident in the diagnosis after visual examination, it is advised not to proceed with polypectomy and refer to a specialist instead. **Other reasons for referral include having patients with a cervical polyp and an abnormal Pap test result, regardless of symptoms, and patients with postcoital bleeding.**

The correct answer is 1.

Reference: Baker E, MacDonald A, Tennant S. Approach to cervical polyps in primary care. *Can Fam Physician*. 2025 Jan;71(1):26-30.
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