Objective

Decidual cervical polyps complicating pregnancies can be associated with bleeding, vaginal discharge and infection. Currently there is no guideline for the management. Past reports indicate that polypectomy was associated with 12.2% spontaneous abortion and 34.2% preterm delivery (Tokunaka). In contrast, if polyps are left untreated, there is potential for chorioamnionitis due to presence of inflammation foci (Kanayama, 1991). We have identified 8 cases with a decidual cervical polyp and short cervical length (+ dilated cervix) that underwent concomitant cervical polypectomy and cerclage. In addition to allowing historical comparison, the primary objective of this study was to evaluate rate of preterm delivery when cervical polypectomy was performed concomitant with cerclage and compare this with matched cases in same institution. The secondary objective was to compare the rate of complications in the two groups.

Study Design

This is a retrospective case-control study of all cases with decidual cervical polyp and short cervix (<2.5 cm) that underwent concomitant cerclage and polypectomy between 2014 and 2018. We match each case with two controls with similar gestational age + 2 weeks and cervical length. Primary outcome was delivery before 36 and 6/7 weeks. The secondary outcome was rate of complications, preterm labor, vaginal bleeding, chorioamnionitis, and fetal demise. Data were extracted with strict adherence to privacy protocol with endorsement of institutional ethics committee. Secondary to the respective nature and masking of private information, there was no need for consent.

Results

There were 8 cases and 15 controls (one control was lost to follow up). Comparison of demographic data between cases and controls demonstrated that the average age of the cases was 35.25 ± 2.86 years. Control average age was 33.37 ± 6.34 years with no statistically significant difference (p=0.33). Average gestational age at the time of cerclage was 17 4/7 weeks in cases and 18 3/7 in control with no statistically significant difference (p=0.57).

None of the 8 cases delivered prior to 36-6/7 weeks but 2 out of the 15 controls delivered prior to 37 weeks (one at 33 1/7 and second at 34 2/7). The average gestational age at delivery in cases was 38 2/7 and in control was 37 1/7. The difference was not statistically significant, p=0.13. Both groups had similar rates of post-operative complications, such as vaginal bleeding (1/8 cases and 2/15 control).

Conclusions

In this small case-control study, concomitant polypectomy with cerclage has favorable outcome compared to historical reports and controls that had cerclage without polypectomy. The result of this retrospective study needs to be confirmed with a future prospective trial.