A Review of the Accuracy of Transvaginal Ultrasound Scan in Investigating for Endometrial Polyps in symptomatic women at a district general Hospital

STEVENSON H, SUBRAMANIAN M, NAZ F
Russell’s Hall Hospital, Dudley UK

BACKGROUND:
Women presenting with symptoms including postmenopausal or irregular vaginal bleeding undergo pelvic ultrasound as first line investigation. If an endometrial polyp is suspected from scan this is removed at hysteroscopy, however, in our hospital this requires a general anaesthetic. Newer outpatient devices mean endometrial polyps can be removed via hysteroscopy in outpatients.

METHOD:
465 notes were reviewed of patients who underwent both ultrasound scan and hysteroscopy during January-October 2018.

<table>
<thead>
<tr>
<th>Indication for Hysteroscopy</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polyp present on scan AND at hysteroscopy</td>
<td>76</td>
</tr>
<tr>
<td>Polyp at scan, not seen at hysteroscopy</td>
<td>74</td>
</tr>
<tr>
<td>Normal scan with polyp seen at hysteroscopy</td>
<td>32</td>
</tr>
</tbody>
</table>

RESULTS:
The most common indications for hysteroscopy were postmenopausal bleeding in 148 (31%), intermenstrual bleeding in 107 (23%), heavy menstrual bleeding in 150 (32%), and incidental finding of polyp on scan in 26 (5.6%). The most common procedure performed was hysteroscopy and endometrial biopsy in 175 (38%) and hysteroscopy with polypectomy in 108 (23%). Histology was obtained showed either hyperplasia or malignancy in 29 patients.

In 76 patients a polyp was seen on both scan and at hysteroscopy. In 74 patients a polyp was seen on scan with a normal hysteroscopy. In 32 patients a polyp was seen and removed at hysteroscopy which wasn’t identified on pre-operative scan.

DISCUSSION:
Despite symptoms and abnormal scan appearance, the incidence of abnormal histology was low at 6.2%. The incidence of polyp at hysteroscopy was 26% overall and 51% of those with an abnormal pre-operative scan. Patients should be offered outpatient hysteroscopy to confirm the presence of a polyp prior to listing for GA. This will reduce the incidence of anaesthetic and operative complications. Investing in devices to see and treat polyps in outpatients will result in more of these patients undergoing smaller procedures with quicker recovery time.