CONDITION

Cervical ectropion

Learn what cervical ectropion is, why it may cause discharge or bleeding after sex, how it is diagnosed, and when treatment or urgent care may be needed.

WHAT IT IS
Common noncancerous change in the cervix

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Increased vaginal discharge, bleeding after sex, spotting between periods

WHAT CAUSES IT
Estrogen-related hormonal change

HOW IT IS DIAGNOSED
Speculum examination

MAIN TREATMENT
Observation or outpatient cervical procedures

CAN IT BE CURED?
Sometimes - may improve but can return

IS IT AN EMERGENCY?
Sometimes - very heavy bleeding or fainting

LONG-TERM OUTLOOK
Usually no long-term problems, but may recur

Overview

Cervical ectropion is a common, noncancerous change in the cervix. The cervix is the lower, narrow part of the uterus that opens into the vagina.

The outer surface of the cervix is usually covered by firm, flat cells called squamous cells. The cervical canal contains softer glandular cells, also called columnar cells. With cervical ectropion, some of these glandular cells are present on the outer surface of the cervix.

Because glandular cells are red and delicate, the area may look bright red during a pelvic examination. Cervical ectropion was once called cervical erosion, but the cervix is not worn away or damaged.

Many people have no symptoms and discover the condition during a routine examination or

cervical screening appointment. Others have increased vaginal discharge or light bleeding, especially after sex. These symptoms occur because glandular cells make mucus and bleed more easily when touched.

Cervical ectropion is not cervical cancer and does not usually increase the risk of developing cancer. However, bleeding and unusual discharge can have other causes. A clinician may need to exclude infection, pregnancy-related problems, cervical cell changes, polyps, or other conditions before deciding that ectropion explains the symptoms.

Symptoms

Most people with cervical ectropion have no symptoms. When symptoms occur, they may include:

The discharge comes from mucus-producing glandular cells. It may be heavier than usual but should not automatically be assumed to come from ectropion. A change in odor, color, or consistency may suggest an infection or another cause.

Pain is not a typical feature of uncomplicated cervical ectropion. Pain during sex, persistent pelvic pain, fever, or pain when urinating should be discussed with a healthcare professional.

Bleeding after sex or between periods often has a benign cause, particularly in younger people. Even so, new, repeated, or unexplained bleeding should be assessed. Cervical screening is designed to find certain cell changes in people without symptoms; it is not a complete evaluation of abnormal bleeding.

Seek urgent medical advice if bleeding occurs with possible pregnancy, pelvic pain, fever, or feeling unwell. Emergency care may be needed for very heavy bleeding, fainting, severe or one-sided abdominal pain, shoulder-tip pain, or marked weakness, particularly if pregnancy is possible.

- Increased clear or pale vaginal discharge without a strong odor
- Light bleeding or spotting after vaginal sex
- Bleeding during or after a pelvic examination or cervical screening test
- Spotting between menstrual periods
- Bleeding during pregnancy after the cervix has been touched

Causes and risk factors

Cervical ectropion is often a normal response to estrogen, a reproductive hormone. Estrogen can cause the glandular lining of the cervical canal to extend onto the cervix's outer surface.

It is more likely to be seen:

Ectropion is less common after menopause because estrogen levels are usually lower. People taking hormone therapy may still develop it.

Cervical ectropion is not caused by poor hygiene, sexual activity, or a sexually transmitted infection. However, infection and ectropion can occur at the same time and may cause similar symptoms. The exposed glandular cells may also be more easily irritated by contact during sex or an examination.

The appearance and size of the area can change over time. It may become less noticeable as hormone levels change, after pregnancy, or after stopping an estrogen-containing contraceptive. Any decision to change contraception should be made with a clinician so that pregnancy prevention and other health needs remain covered.

- During adolescence and the reproductive years
- During pregnancy
- In people using estrogen-containing contraception, such as the combined contraceptive pill
- At times when estrogen levels are naturally higher

Diagnosis

A clinician usually identifies cervical ectropion during a speculum examination. A speculum is an instrument used to gently separate the vaginal walls so the cervix can be seen. Ectropion typically appears as a smooth, red area around the opening of the cervix.

The clinician will ask about the pattern of bleeding or discharge, menstrual periods, contraception, pregnancy possibility, sexual health, previous cervical screening, and other symptoms. It can help to note when symptoms occur and whether they are related to sex or the menstrual cycle.

Depending on the situation, the evaluation may include:

Not everyone needs all of these tests. Testing depends on age, symptoms, examination findings, pregnancy status, infection risk, and cervical screening history.

Cervical screening results do not confirm or rule out every possible cause of bleeding. Someone who is up to date with screening should still seek assessment for persistent bleeding after sex, bleeding between periods, or an unusual-looking cervix.

During pregnancy, the cervix has a greater blood supply and ectropion can become more noticeable. Light contact bleeding may occur, but bleeding in pregnancy should be reported to the pregnancy care team rather than assumed to be ectropion.

- A pregnancy test
- Swabs or urine tests for sexually transmitted infections or other infections
- A cervical screening test if it is due and appropriate
- Colposcopy, which uses a magnifying instrument to examine the cervix more closely
- A biopsy, in which a small tissue sample is taken if an area looks unusual

Treatment and management

Cervical ectropion does not need treatment when it causes no symptoms or only mild symptoms. It may improve on its own as hormone levels change and glandular cells are gradually replaced by tougher squamous cells.

If symptoms are bothersome, management begins by checking for other causes. Infection should be treated if present, and concerning cervical changes should be evaluated before treatment aimed at ectropion.

For someone using estrogen-containing contraception, a clinician may discuss whether a different contraceptive method could reduce symptoms. Changing contraception is optional and may not be suitable or helpful for everyone. A person should not stop contraception without considering the risk of pregnancy and arranging an alternative if needed.

Persistent bleeding or discharge may be treated by sealing or removing the delicate surface cells. The cervix then heals with firmer cells. Common procedures include:

These procedures are usually performed in an outpatient clinic. The experience varies, but some people feel mild cramping or discomfort. Local pain relief may be used depending on the procedure and clinic.

After treatment, watery or blood-stained discharge is common while the cervix heals. Mild period-like cramps and light spotting may also occur. The care team should explain what to expect and how long local aftercare is needed.

Clinics often advise avoiding vaginal sex, tampons, menstrual cups, and swimming for a limited period after treatment. This gives the cervix time to heal and may reduce infection or bleeding. Instructions differ by procedure, so follow the advice provided by the treating clinic.

Treatment often improves symptoms, but it does not guarantee that discharge or bleeding will

stop. Ectropion can return, particularly while hormonal factors remain present. Ongoing symptoms should be reassessed rather than repeatedly treated without review.

- Silver nitrate: A chemical is briefly applied to a small area to seal the cells.
- Cryocautery: A cold probe freezes the affected tissue.
- Diathermy or thermal cautery: Heat is used to treat the surface cells.

Complications

Cervical ectropion itself is benign and usually does not cause long-term health problems. It does not normally affect fertility or prevent a healthy pregnancy.

Its main effect is ongoing discharge or contact bleeding, which may be inconvenient or distressing. Repeated bleeding can also make sex or pelvic examinations uncomfortable, even when the amount is small.

Complications from treatment are uncommon but can include infection, heavier-than-expected bleeding, or continued symptoms. Treatments that affect the cervix may rarely cause scarring. A clinician can explain the expected benefits and risks of the specific procedure being considered.

An important clinical concern is not to attribute every episode of bleeding to ectropion. Infection, cervical polyps, pregnancy complications, precancerous cell changes, and cancer can sometimes cause similar symptoms. Appropriate examination and follow-up help prevent these conditions from being overlooked.

Follow up

No routine follow-up may be needed when ectropion is found by chance, there are no symptoms, and the cervix otherwise appears healthy. Continue cervical screening at the recommended interval for your age and location.

Arrange a routine appointment if:

After a procedure, follow the clinic's instructions about activity and vaginal products. Contact the treating service promptly if bleeding becomes heavier than expected, pain is increasing rather than improving, discharge has an unpleasant odor, or fever develops. These symptoms can indicate infection or another complication.

Seek urgent assessment for bleeding with possible pregnancy, significant pelvic pain, or fever. Seek emergency care for severe bleeding, fainting, breathing difficulty, severe abdominal pain,

or signs of shock such as confusion, cold clammy skin, and extreme weakness.

If symptoms return months or years later, do not assume the ectropion has returned. A fresh assessment may be needed because bleeding patterns, pregnancy status, infection risk, and cervical health can change over time.

- Bleeding after sex or between periods is new, repeated, or persistent
- Discharge changes in color, odor, or amount
- Symptoms continue after treatment
- Symptoms interfere with sex, exercise, or daily activities
- You are unsure whether cervical screening is up to date

Sources

- Aggarwal P, Ben Amor A. "Cervical Ectropion." StatPearls . StatPearls Publishing; updated 2023. Available through the National Center for Biotechnology Information Bookshelf.
- Cambridge University Hospitals NHS Foundation Trust. "Cervical ectropion." Patient information guidance.
- Chelsea and Westminster Hospital NHS Foundation Trust. "Cervical ectropion." Patient information leaflet.
- Workowski KA, Bachmann LH, Chan PA, et al. "Sexually Transmitted Infections Treatment Guidelines, 2021." MMWR Recommendations and Reports . 2021;70(4):1-187. Centers for Disease Control and Prevention.
- American Society for Colposcopy and Cervical Pathology. "Evaluation of the Cervix in Patients with Abnormal Vaginal Bleeding." Clinical practice statement; 2017.