CONDITION

Cervical polyps

Learn what cervical polyps are, possible symptoms, how they are diagnosed and removed, and when vaginal bleeding needs prompt medical care.

WHAT IT IS
Small usually benign growths on the cervix

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Bleeding between periods, bleeding after sex, heavier periods, increased vaginal discharge

WHAT CAUSES IT
Unknown, with possible long-term inflammation

HOW IT IS DIAGNOSED
Pelvic examination and pathology after removal

MAIN TREATMENT
Polyp removal

CAN IT BE CURED?
Yes, removal usually treats the polyp

IS IT AN EMERGENCY?
Sometimes, with very heavy bleeding

LONG-TERM OUTLOOK
Usually benign, but may recur

Overview

Cervical polyps are small growths that form on the cervix. The cervix is the lower, narrow part of the uterus that opens into the vagina. A polyp may grow from the surface of the cervix or from the cervical canal, which is the passage through the cervix.

Most cervical polyps are smooth, red or purple growths shaped like a finger, teardrop, or small bulb on a stalk. They may bleed easily when touched because they contain delicate blood vessels. A person may have one polyp or, less often, several.

Cervical polyps are usually benign, meaning they are not cancer. Many cause no symptoms and are found during a pelvic examination or cervical screening appointment. When symptoms occur, unusual vaginal bleeding is the most common concern.

A clinician should evaluate bleeding between periods, after sex, during pregnancy, or after menopause. These symptoms often have a noncancerous cause, but they can also occur with infection, changes inside the uterus, or cervical disease. A visible growth should not be assumed to be a harmless polyp without an examination.

Small cervical polyps can often be removed during an office visit. The tissue is commonly sent to a laboratory to confirm what it is and check for abnormal cells.

Symptoms

Many cervical polyps do not cause symptoms. They may be noticed only when a clinician examines the cervix with a speculum, an instrument used to gently hold the vaginal walls apart.

Possible symptoms include:

Bleeding from a polyp is often light, but the amount alone cannot confirm its cause. Cervicitis, which means inflammation of the cervix, can cause similar bleeding or discharge. Changes in the vagina, uterus, or cervix may also produce the same symptoms.

Pain is not a typical feature of a small cervical polyp. Pelvic pain, fever, painful urination, pain during sex, or foul-smelling discharge may suggest another condition, such as an infection, and should be assessed promptly.

Any bleeding after menopause needs timely medical evaluation, even if it happens only once or seems minor. During pregnancy, new bleeding should also be reported to the prenatal care team because there are several possible causes.

- Light bleeding or spotting between menstrual periods
- Bleeding after vaginal sex
- Bleeding after a pelvic examination
- Heavier menstrual bleeding
- Vaginal bleeding after menopause
- Increased vaginal discharge, which may be white, yellow, or blood-stained

Causes and risk factors

The exact cause of cervical polyps is not always clear. They appear to develop when tissue in or on the cervix grows more than usual. Several factors may contribute.

Long-term inflammation may play a role. Inflammation can occur because of irritation,

infection, or changes in the normal vaginal environment. Some polyps may also be influenced by hormonal activity or by congestion in cervical blood vessels.

Cervical polyps are uncommon before menstruation begins. They are more often identified during the reproductive years and around menopause. Previous pregnancies may be associated with their development, but a polyp can occur in someone who has never been pregnant.

Having a sexually transmitted infection is not the same as having a cervical polyp. However, an infection can inflame the cervix and cause bleeding or discharge that resembles polyp symptoms. Testing may be appropriate when symptoms, examination findings, or sexual history suggest cervicitis.

A cervical polyp is different from an endometrial polyp. An endometrial polyp begins in the lining of the uterus and may sometimes extend through the cervical opening. Fibroids, which are noncancerous growths made of uterine muscle, can also occasionally project through the cervix. These conditions may require different evaluation and treatment.

Diagnosis

A clinician can often recognize a cervical polyp during a pelvic examination. A speculum is placed in the vagina so the cervix can be seen. A typical polyp appears as a smooth growth extending from the cervical surface or opening.

The clinician may ask about:

Not every growth on the cervix is a simple polyp. A clinician may be more cautious if it is unusually large, has a broad base, looks irregular, bleeds heavily, or cannot be clearly traced to the cervix. Referral to a gynecologist may be recommended.

Cervical screening may involve an HPV test, a Pap test, or both, depending on age, medical history, local recommendations, and previous results. An HPV test looks for high-risk types of human papillomavirus. A Pap test checks cervical cells for abnormal changes. Finding or removing a polyp does not replace recommended cervical screening.

If there is discharge or evidence of cervical inflammation, samples may be collected to test for infections. A pregnancy test may be used when relevant.

An ultrasound is not always needed for a straightforward cervical polyp. It may be considered when bleeding continues, the examination does not explain the symptoms, or a growth may be coming from inside the uterus. Bleeding after menopause often requires evaluation of the uterine lining as well as the cervix.

After removal, the polyp is generally examined by a pathology laboratory. A pathologist uses a microscope to identify the tissue and look for inflammation, abnormal cells, or cancer.

- The timing and amount of bleeding
- Menstrual patterns and the date of the last period
- Pregnancy or the possibility of pregnancy
- Menopause status
- Vaginal discharge, pelvic pain, or fever
- Cervical screening results and previous abnormal tests
- Medicines that may increase bleeding
- Sexual health and possible infection exposure

Treatment and management

Treatment depends on symptoms, appearance, size, pregnancy status, and the level of confidence that the growth is a cervical polyp.

A small polyp that looks typical and causes no symptoms may not require immediate removal in every situation. A clinician may recommend observation with routine follow-up. Removal is more often considered when a polyp causes bleeding or discharge, appears unusual, is large, or makes cervical screening difficult.

A small polyp on a narrow stalk can often be removed in a clinic. The clinician grasps it with an instrument and gently twists or cuts it away. This usually takes only a few minutes. Some people feel brief cramping or pressure. Local pain relief may be used depending on the polyp and the planned procedure.

The base may be treated to control bleeding. A larger or broad-based growth may require a different procedure, sometimes in a gynecology clinic or operating room. The removed tissue is sent for laboratory examination.

Light spotting and mild cramps can occur for a short time afterward. The care team may recommend using pads rather than tampons or menstrual cups while bleeding continues. Instructions about sex, swimming, exercise, and bathing can vary with the procedure, so patients should follow the advice provided by their clinician.

Antibiotics like amoxicillin or doxycycline do not treat a polyp itself. They may be prescribed if testing or examination shows a bacterial infection. Medicines that affect bleeding should not be stopped without medical advice.

Management during pregnancy is individualized. Cervical polyps may bleed because the cervix has an increased blood supply during pregnancy. Removal can also cause bleeding, and some polyp-like tissue in pregnancy may have a different origin. An obstetric clinician can weigh the appearance of the growth, symptoms, pregnancy stage, and potential benefits and risks of removal.

Persistent bleeding should be reassessed even if a polyp has been removed. Another source may be present in the cervix, vagina, or uterus.

Complications

Most cervical polyps do not cause serious problems. The main complication is repeated bleeding, which may be inconvenient or distressing. Ongoing heavy bleeding from any cause can contribute to iron-deficiency anemia, a shortage of healthy red blood cells, although this is not typical of a small polyp.

Removal is usually a minor procedure, but temporary cramping and light bleeding can occur. Less common procedural problems include heavier bleeding or infection. A polyp can also grow back, or a new polyp may form later.

Cancer within a cervical polyp is rare. However, a growth that looks like a polyp can occasionally be another type of cervical lesion. This is why unusual-looking growths, polyps associated with postmenopausal bleeding, and removed tissue require appropriate assessment.

An abnormal pathology result does not automatically mean cancer. It may show inflammation or cell changes that need monitoring or further testing. The clinician should explain the result and the next step.

Follow up

Ask when the pathology result should be available and how it will be communicated. Attend any recommended appointment to discuss abnormal findings, continued symptoms, or additional testing.

Routine follow-up is appropriate when recovery is going as expected. Continue cervical screening on the schedule recommended for your age, health history, and previous test results. A previous benign polyp does not remove the need for screening.

Contact a clinician promptly if:

Seek urgent or emergency care for very heavy bleeding, fainting, severe weakness, trouble breathing, severe pelvic or abdominal pain, or signs of shock such as confusion and cold, clammy skin. During pregnancy, urgent assessment may also be needed for heavy bleeding, severe pain, dizziness, or fainting.

- Bleeding continues, returns, or becomes heavier after removal
- Bleeding occurs after menopause
- There is new bleeding during pregnancy
- Discharge becomes foul-smelling
- Pelvic pain, fever, or worsening cramps develop
- Bleeding after sex keeps happening
- You have not received an expected pathology result

Sources

- American College of Obstetricians and Gynecologists. Cervical Cancer Screening . ACOG patient frequently asked questions.
- American College of Obstetricians and Gynecologists. The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding . Committee Opinion No. 734. Obstetrics & Gynecology . 2018;131:e124-e129. Reaffirmed 2023.
- Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021: Urethritis and Cervicitis . MMWR Recommendations and Reports . 2021;70(4):1-187.
- MSD Manual Professional Edition. Cervical Polyps . Merck & Co., Inc.
- Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors . Journal of Lower Genital Tract Disease . 2020;24(2):102-131.
- WHO Classification of Tumours Editorial Board. Female Genital Tumours . 5th ed. International Agency for Research on Cancer; 2020.