CONDITION

Endometrial polyps

Endometrial polyps are usually benign growths that develop from the inner lining of the uterus.

WHAT IT IS
Usually benign growths from the uterus lining

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Irregular bleeding, heavy periods, bleeding between periods, postmenopausal bleeding

WHAT CAUSES IT
Unclear; growth is influenced by estrogen

HOW IT IS DIAGNOSED
Hysteroscopy and tissue examination after removal

MAIN TREATMENT
Monitoring or hysteroscopic removal

CAN IT BE CURED?
Sometimes - removal cures one polyp, but others may form

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

LONG-TERM OUTLOOK
Usually benign, with good symptom control after removal

Overview

Endometrial polyps are growths that form from the endometrium, the tissue lining the inside of the uterus. They may be attached by a thin stalk or a broad base. A polyp can be very small or large enough to fill part of the uterine cavity.

Most endometrial polyps are benign, meaning they are not cancer. However, a small number contain abnormal or cancerous cells. This is one reason bleeding after menopause and persistent unusual bleeding should be assessed.

Some polyps cause no symptoms and are found during an ultrasound or fertility assessment. Others cause bleeding between periods, heavy or unpredictable periods, or difficulty becoming pregnant.

Endometrial polyps are different from fibroids. Polyps grow from the uterine lining and are usually soft tissue. Fibroids are firm growths made from uterine muscle.

Symptoms

The most common symptom is abnormal uterine bleeding. This means bleeding that differs from what is usual for you.

Symptoms may include:

A polyp does not usually cause severe pelvic pain. Some people experience period-like cramping, especially with a larger polyp, but pain may have another cause and deserves assessment if it persists.

The amount of bleeding does not reliably show how large a polyp is. A small polyp can cause frequent spotting, while a larger one may cause no symptoms.

- Bleeding or spotting between periods
- Periods that are unusually heavy, frequent, long, or unpredictable
- Bleeding after sex
- Any vaginal bleeding after menopause
- Difficulty becoming pregnant

Causes and risk factors

It is not clear exactly why endometrial polyps form. Their growth appears to be influenced by estrogen, a hormone that helps the uterine lining grow during the menstrual cycle.

Polyps can develop before or after menopause, although they become more common with age. Factors associated with a greater chance of developing them include:

Having one of these factors does not mean you will develop a polyp. People without known risk factors can also have them.

A polyp is not caused by sexual activity, poor hygiene, or anything you did during a period. It is not contagious.

- Being near or past menopause
- Obesity, which can affect estrogen levels
- Taking tamoxifen, a medicine used to treat or reduce the risk of some breast cancers

- Using certain forms of estrogen treatment

Diagnosis

Assessment usually begins with a discussion about your bleeding pattern, medicines, pregnancy possibility, menopause status, and any plans for pregnancy. A pelvic examination may help rule out bleeding from the cervix or vagina.

Tests may include a pregnancy test or blood tests for anemia. Anemia is a shortage of healthy red blood cells, sometimes caused by ongoing blood loss. These tests do not confirm a polyp.

A transvaginal ultrasound is often used to look inside the uterus. A narrow ultrasound probe is placed in the vagina. Polyps may be easier to see when sterile fluid is placed into the uterus during the scan. This is called saline-infusion sonography or sonohysterography.

Hysteroscopy gives a direct view of the uterine cavity. A clinician passes a thin camera through the cervix, which is the opening to the uterus. A polyp can often be removed during the same procedure.

The removed tissue is examined in a laboratory. This confirms whether it is a polyp and checks for abnormal cells. A general endometrial biopsy can sometimes miss a polyp because it samples only part of the uterine lining.

Treatment and management

Treatment depends on your symptoms, age, menopause status, test findings, fertility plans, and risk of abnormal cells.

An asymptomatic polyp may sometimes be monitored, particularly before menopause when there are no concerning features. Some small polyps disappear without treatment. Follow-up may involve watching for new bleeding or repeating imaging when appropriate.

Removal is more commonly considered when a polyp causes troublesome bleeding, is found after menopause, may affect fertility, or has concerning features. Removal may also be recommended when cancer risk is higher.

Hysteroscopic polypectomy is the usual removal procedure. A camera is passed through the cervix, allowing the polyp to be seen and removed from its attachment point. There are no abdominal cuts. Depending on the setting and procedure, pain relief, sedation, local anesthesia, or general anesthesia may be used.

Light bleeding and cramping are common for a short time afterward. The tissue is sent for

laboratory examination. Follow the procedure service's instructions about pain relief, bathing, sex, tampons or menstrual cups, and returning to usual activities.

Hormonal treatments may reduce abnormal bleeding in some situations, but they do not reliably eliminate a polyp. Symptoms may return after the medicine is stopped.

A procedure that scrapes the uterine lining without using a camera can miss a focal growth. When possible, direct hysteroscopic removal allows the polyp to be seen and removed more accurately.

If you are having fertility treatment, the value of removing a polyp may depend on its location, size, symptoms, and the planned treatment. Evidence is stronger in some fertility settings than others, so the decision is individual.

Complications

Ongoing heavy or frequent bleeding can lead to iron deficiency and anemia. Possible symptoms include tiredness, weakness, shortness of breath with activity, headaches, or feeling lightheaded.

Polyps may interfere with pregnancy by affecting implantation, although they are not the only possible explanation for fertility problems.

Most polyps are benign. Occasionally, laboratory testing finds precancerous changes or endometrial cancer within a polyp. Risk is higher after menopause, particularly when bleeding is present.

Complications from hysteroscopic removal are uncommon but can include infection, bleeding, injury to the cervix or uterus, and problems related to the fluid used during the procedure.

Prevention

There is no reliable way to prevent endometrial polyps. Routine screening is not generally used for people without symptoms.

If you take tamoxifen or hormone treatment, do not stop it because of concern about polyps. Report unexpected vaginal bleeding so it can be assessed, and discuss the benefits and risks of treatment with the clinician who prescribed it.

Living with it and what to expect

An endometrial polyp may remain stable, disappear, grow, or begin causing symptoms. Its course cannot be predicted from symptoms alone.

If a polyp is being monitored, keep track of changes in the timing and amount of bleeding. Arrange routine follow-up if spotting persists, periods become harder to manage, or symptoms return after treatment.

Removal usually treats the individual polyp, and bleeding often improves afterward. However, another polyp can form months or years later. Recurrent bleeding does not automatically mean a polyp has returned because many conditions can cause similar symptoms.

Most people continue their usual work, exercise, relationships, and sexual activity. If bleeding affects sleep, daily activities, or emotional well-being, treatment options are available even when the polyp is benign.

When to get medical help

Arrange a routine medical appointment if you have:

Any vaginal bleeding after menopause should be assessed promptly. Most causes are not cancer, but testing is needed to find the cause.

Seek urgent medical advice after hysteroscopy if you develop worsening pelvic pain, fever, foul-smelling discharge, or bleeding that is becoming heavier rather than settling.

Seek emergency care for very heavy bleeding accompanied by fainting, severe dizziness, confusion, chest pain, difficulty breathing, or marked weakness. Heavy bleeding during a possible or confirmed pregnancy also requires urgent assessment.

- Bleeding between periods or after sex
- Periods that have become unusually heavy, long, or unpredictable
- Ongoing spotting
- Difficulty becoming pregnant
- Bleeding that returns after a polyp was removed

Common questions

Are endometrial polyps cancerous?

Most are benign. A small number contain precancerous or cancerous cells, and symptoms cannot reliably tell the difference. Laboratory examination after removal provides the clearest

answer. Bleeding after menopause is assessed promptly because the likelihood of abnormal cells is higher than before menopause.

Can an endometrial polyp go away by itself?

Some small polyps disappear without treatment, particularly before menopause. Others remain or grow. Monitoring may be reasonable when there are no symptoms or concerning findings, but it is not suitable for every situation.

Do all endometrial polyps need to be removed?

No. Removal is more likely to be recommended for troublesome bleeding, postmenopausal bleeding, fertility concerns, or features that raise concern about abnormal cells. An asymptomatic polyp may sometimes be monitored.

Can I get pregnant if I have an endometrial polyp?

Yes. Many people with polyps become pregnant. However, a polyp may sometimes affect implantation or contribute to fertility problems. Whether removal could help depends on the polyp and the type of fertility treatment being considered.

Will an endometrial polyp come back after removal?

The removed polyp does not grow back once its attachment has been fully removed, but a new polyp can develop elsewhere in the uterine lining. New or recurrent bleeding should be reassessed rather than assumed to be another polyp.

What is the difference between a polyp and a fibroid?

A polyp develops from the inner uterine lining and is made of endometrial tissue. A fibroid develops from uterine muscle and is usually firmer. Both can cause heavy or irregular bleeding, but their assessment and treatment may differ.

Sources

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