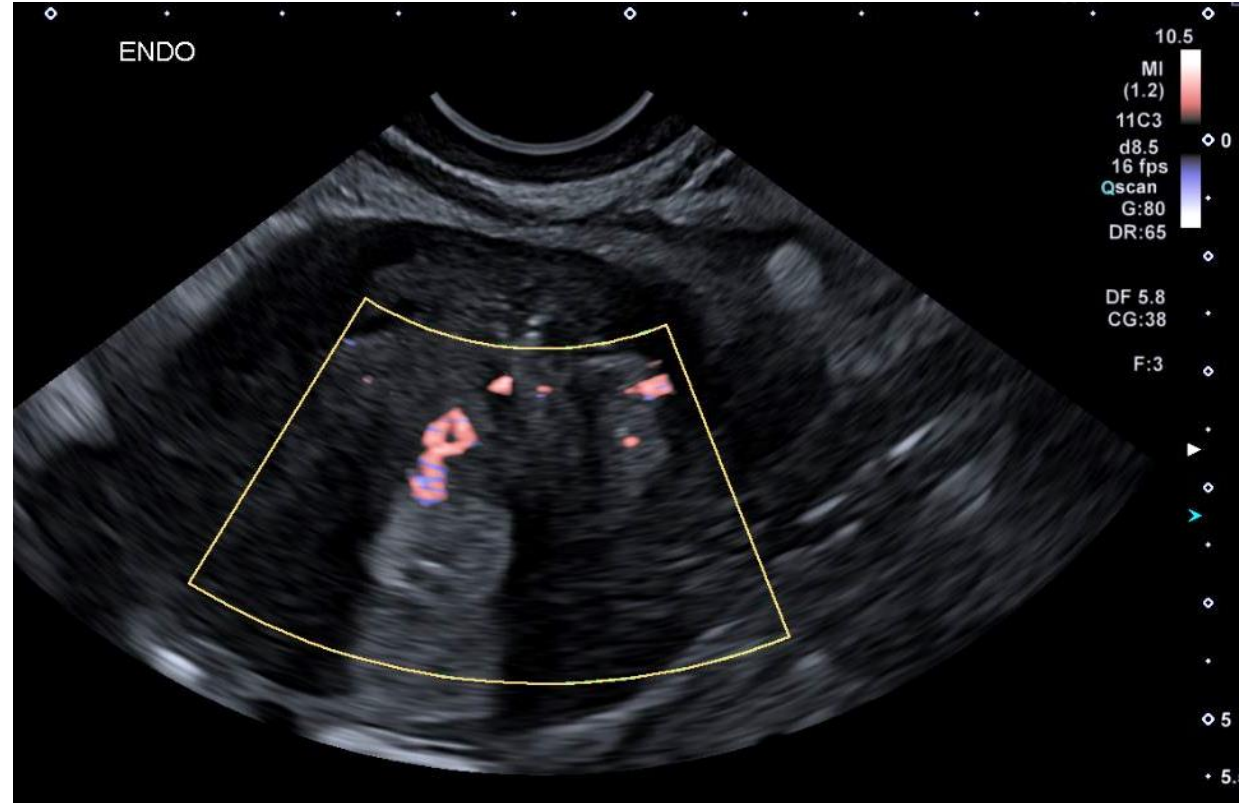
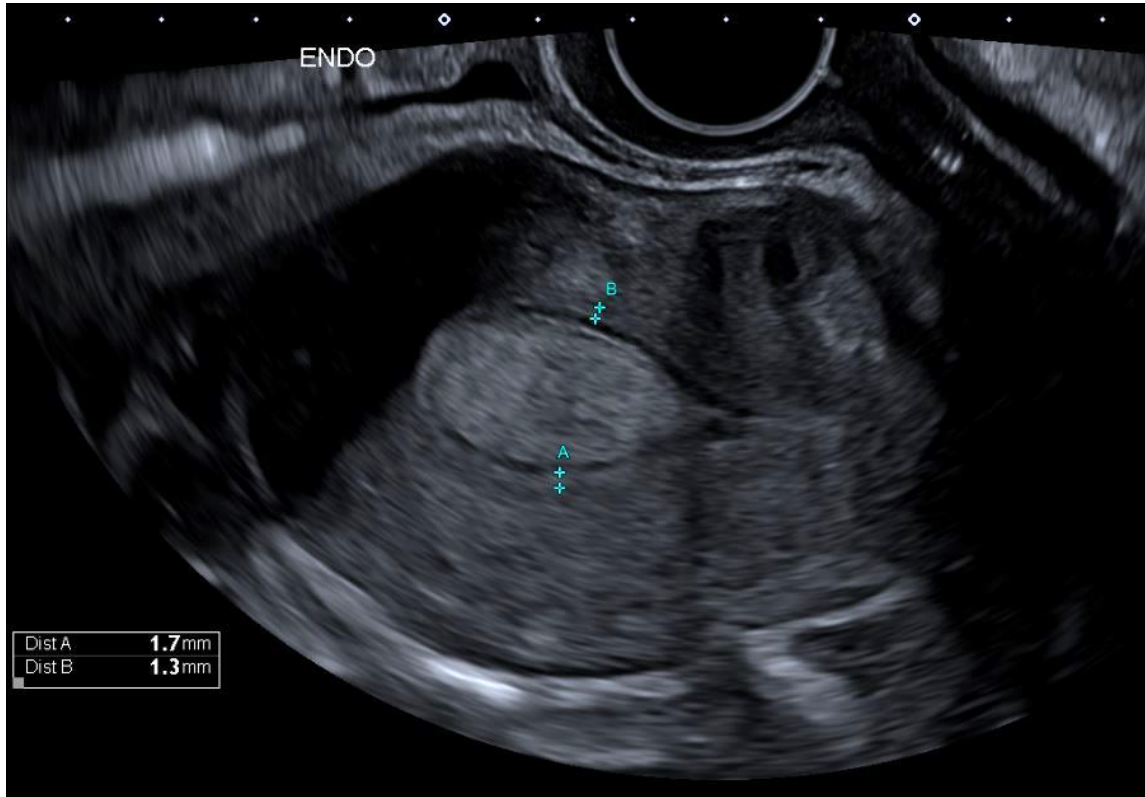


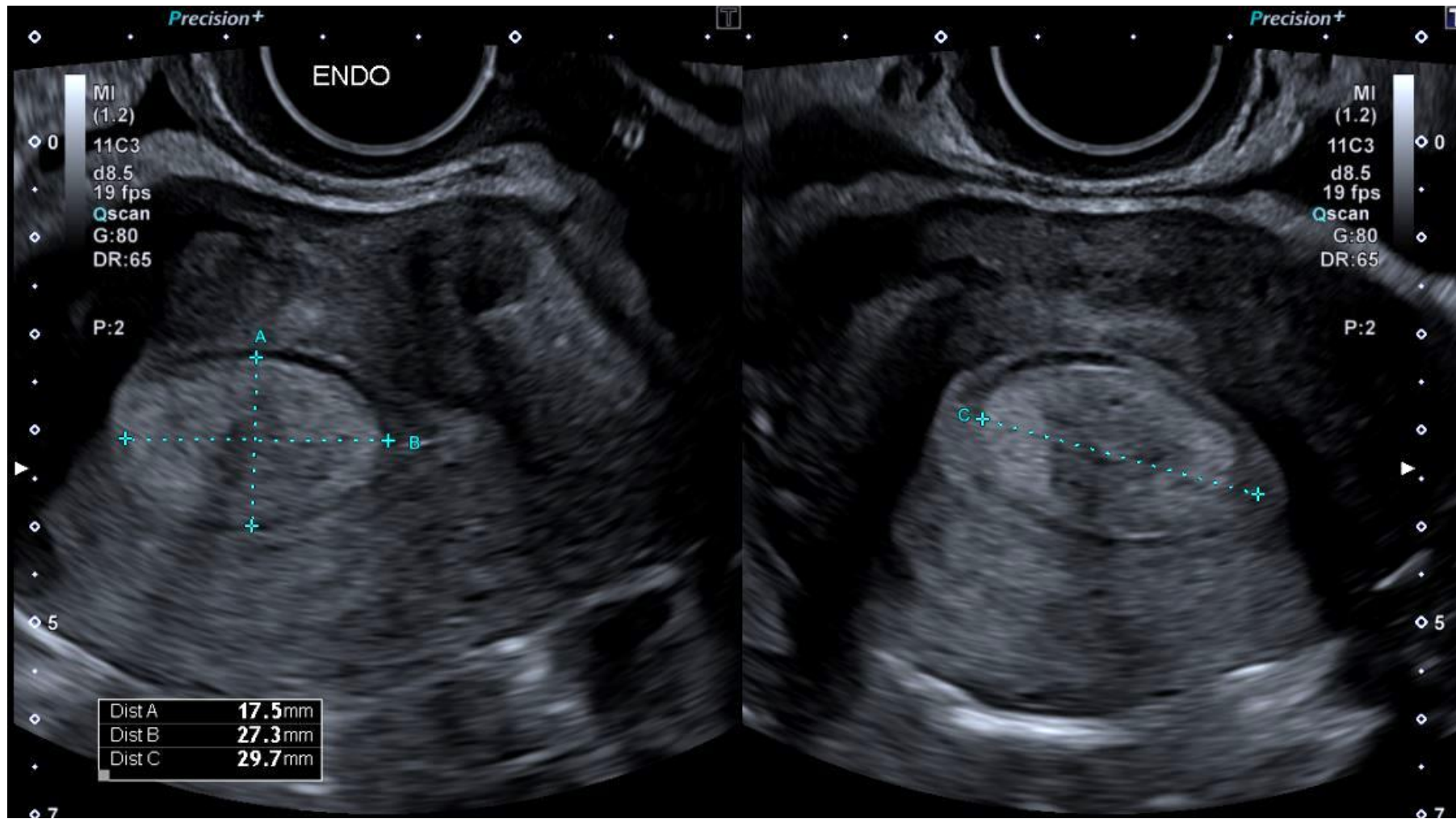
# Gynae Case no.6

June 2023

Clinical details: GP referral

48 year old female. Two grown up children. Six month H/O abnormal heavy uterine bleeding. ? fibroids ? perimenopausal





Do not progress to the next slide until you have attempted to write a report.

# Ultrasound report

Pelvic ultrasound: TA and TVUS with patient consent and chaperone present

LMP 5 days ago

No previous relevant imaging

The uterus is a normal size and shape but contains a probable small (~10mm) fibroid in the anterior wall.

There is a 30 x 27 x 18 mm hyperechoic, well-defined, smooth-walled focus in the endometrial cavity. A large 'feeder vessel' is seen within.

The ovaries and adnexa are unremarkable. No free fluid in the pelvis.

Conclusion: Appearances in keeping with endometrial polyp.

# Endometrial Polyp Fact File

- Endometrial polyps: abnormal but common growths of glandular, stromal and vascular tissue projecting into the uterine cavity
- Peak incidence is 40 – 49 years old but much higher in postmenopausal women
- Usually benign but malignancy is around 1.1 % in premenopausal women and 4.9 % in postmenopausal group
- One symptom is heavy PV bleeding, which can cause anaemia and fatigue
- Conservative treatment for those not at risk of uterine cancer. Hormonal medication may reduce polyp symptoms. For others, resection via hysteroscopic tools may be appropriate
- Risk factors for development: peri- and postmenopausal age group, obesity, and Tamoxifen therapy