

# Rethink Automatic Treatment of Polyps

*Smaller polyps and those in women of reproductive age may not require treatment.*

BY ALICE GOODMAN

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

WASHINGTON – A longitudinal study of patients with previously diagnosed endometrial polyps found that about 75% of the polyps either decreased in size or remained the same size, while about one-quarter increased with up to 3.5 years of follow-up, leading the authors to suggest that the practice of automatic treatment of benign-appearing endometrial polyps should be reevaluated.

“The current practice is to treat endometrial polyps that are found, especially if the patient is undergoing

fertility procedures or is postmenopausal. This study shows that routine treatment of endometrial polyps may not always be necessary. Polyps should be triaged based on their appearance, size, patient’s age, and whether there is increased blood flow in the polyp,” Dr. Michael Hartman of Memorial University of Newfoundland, St. John’s, Canada, said at the meeting.

The study included 300 consecutive patients aged 22-78 years who underwent sonohysterography from January to July of 2010. All patients were diagnosed with polyps from 1 to 43 months previously, and none had an intervention for the polyps.

Results showed that 34% of the polyps decreased in size (41 resolved [14%],

and 61 [20%] decreased more than 1 mm); 41.7% had no significant change from time of diagnosis, and 24.3% showed an increase in size (16% showed

associated with menopausal status and blood flow, but failed to find an association between increased size and polyp location and abnormal uterine bleeding.

Univariate linear regression found no association between change in polyp size and patient age, time between scans, and endometrial thickness.

Dr. Hartman said in an interview: “In common practice, polyps found in a postmenopausal woman that cause bleeding and polyps with increased vascularity should be treated. Treatment of all polyps without these features should

be reevaluated.”

He noted that his impression is that smaller polyps and those in women of reproductive age may not require treatment and may instead be monitored. ■

## VITALS

**Major Finding:** Results showed that 34% of polyps decreased in size, 42% had no significant change from time of diagnosis, and 24% showed an increase in size.

**Data Source:** A study of 300 consecutive patients aged 22-78 years who underwent sonohysterography from January to July of 2010.

**Disclosures:** Dr. Hartman said he had no relevant financial disclosures.

an increase of more than 1 mm, and 8% had an increase of greater than or equal to 50%).

Independent t-tests showed that the change in polyp size was significantly

## Asymptomatic Older Women Not on HRT May Have Polyps

BY ALICE GOODMAN

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

WASHINGTON – A small but important percentage of postmenopausal women not taking hormone replacement therapy have an endometrial lining that is suspicious for polyps, according to a prospective study of 1,500 consecutive asymptomatic women.

“We found no suspicion of polyps in the vast majority of asymptomatic postmenopausal women not taking HRT [hormone replacement therapy];

lining of the uterus after menopause since it is produced in fat cells and not just the ovaries.”

In a study of women aged 45-95 years (mean age, 62.7 years) who underwent transvaginal ultrasound from January to August 2010, 77.1% had an endometrial thickness of less than or equal to 4 mm, and 92% had an endometrial thickness of less than 5 mm. Polyps were suspected in 101 (6.7%) of these patients based on the ultrasound appearance of the endometrial lining.

Independent t-tests of age and endometrial thickening were performed, comparing the patients with a normal-appearing endometrium with those whose endometrial thickening was suspicious for polyps. A significant difference was observed between the groups, with older age and mean endometrial thickness having a significant association with suspicion of polyps. Polyps were significantly more likely to be found in older patients,

with a mean age of 67.7 years, than in younger patients (mean age of 62 years). Patients with a lining suspicious for polyps had a thicker endometrium (mean of 8.02 mm) than did patients who did not have a lining suspicious for a polyp (mean of 3.40 mm).

These findings do not support routine ultrasound screening of older asymptomatic women. “In fact, I would say that the finding of polyps in 6.7% of women does not necessarily signal the presence of cancerous or precancerous growths. Further clinical investigation is required to determine the natural history of these polyps,” Dr. Hartman stated. ■

but we did find a suspicion of polyps in 6.7% of all patients. The appearance of a nonhomogeneous endometrial lining on ultrasound increased our suspicion of polyp,” Dr. Michael Hartman of Memorial University of Newfoundland, St. John’s, Canada, said in a poster presentation at the meeting. “The number of women with suspicion of polyps was higher than expected and indicates there are a large number of asymptomatic postmenopausal women with endometrial polyps.”

Dr. Hartman explained in an interview: “Any woman can develop polyps, whether or not she is on exogenous hormones. Estrogen can affect the

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**Data Source:** A prospective study of 1,500 consecutive asymptomatic women.

**Disclosures:** Dr. Hartman said that he had no relevant financial disclosures.

## Obesity May Affect LNG-IUS Efficacy in Treating Menorrhagia

BY NASEEM S. MILLER

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

WASHINGTON – In very obese women, treatment of menorrhagia with levonorgestrel intrauterine system may be slightly less effective, but the treatment’s success rate justifies its use, according to a study conducted by researchers at the University of Michigan.

In addition, levonorgestrel intrauterine system (LNG-IUS) “may be an especially important treatment choice for women at high surgical risk,” the authors reported.

Although studies have shown the effectiveness of LNG-IUS in treatment of menorrhagia, most have not considered the role of body mass index (BMI), said Paige C. Fairchild, a medical student at

Treatment failure was defined as removal of LNG-IUS for continued menorrhagia, need for additional treatment, or expulsion. Continued menorrhagia was uncommon in all BMI groups, but it was most common in women with BMI greater than 34 kg/m<sup>2</sup>, compared with those in all BMI groups (6.9% vs. 3.3%).

Also, removal of LNG-IUS because of continued menorrhagia was more common among women who had BMI greater than 34, compared with those in all BMI groups (6.9% vs. 4.1%).

The odds of surgery within 2 years of LNG-IUS removal also was higher in obese patients (2.6 times), compared with other groups.

Some factors that might contribute to the reduced effectiveness of LNG-IUS in obese women are a larger uterus, persistent unopposed estrogen endometrial stimulation, or poor placement/difficulty in achieving fundal placement, Dr. Vanessa Dalton of the departments of obstetrics and gynecology at the university and one of the study authors said in an interview.

Despite the findings, the authors concluded that the high continuation rates of LNG-IUS and low surgery rates indicate that the treatment is still a good option for women with a high BMI.

One of the limitations of the study was that it was observational and “that cannot assess details about decision making. It is possible that providers are more likely to recommend surgical treatment for obese women than [for] normal-weight women,” Dr. Dalton said.

“Additional analysis is ongoing to further characterize predictors of treatment failure,” she added. ■

## VITALS

**Major Finding:** Continued menorrhagia was uncommon in all BMI groups, but it was most common in women with BMI greater than 34 kg/m<sup>2</sup>, compared with those in all BMI groups (6.9% vs. 3.3%).

**Data Source:** A retrospective chart review of 398 women with menorrhagia who were treated with LNG-IUS between 1999 and 2009.

**Disclosures:** Ms. Fairchild and Dr. Dalton said that they had no relevant financial disclosures.

the university who presented the study at the meeting.

The team conducted a retrospective chart review of 398 women with menorrhagia who were treated with LNG-IUS between 1999 and 2009 within the University of Michigan Health System, Ann Arbor. Nearly 50% had BMI of 30 kg/m<sup>2</sup> or greater; 25% had BMI of 35 or greater.