



## Survey Report of Cervical Polyp Disease Affected Patient in the North site of Bangladesh

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### Abstract

The aim of this survey was designed to assess and evaluate the prescription of student which has affected in Cervical Polyp. In this study we show that a total of 500 female people with an age of 18-90 years are all affected by this disease. Which maximum home district is Rajshahi, but some of them are out of Rajshahi district. The surveys findings indicate that study sample have lack of awareness about the health status. Result show that about 79.6% study sample are married and 20.4% are unmarried. Age Range is 18-30 is 19% and the maximum in 31-90 is 81%. In the time of urinate about 89% result is No and 11% result is Yes. Most of present suffer Vaginal discharge been getting better or worse, Vaginal discharge constant or come-and-go, Bleeding after sexual intercourse, Bleeding after douching, Bleeding after the menopause.

**Keywords:** Cervical polyp, Urinate, Vagina, Sexual intercourse, Douching, Monopause

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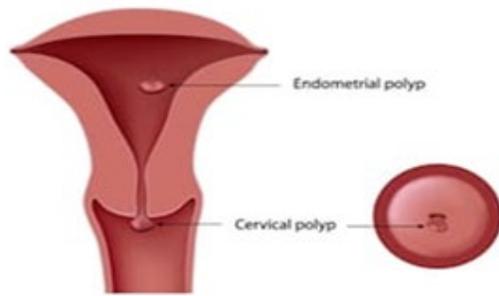
### Introduction

The growth and develops on the cervix, which is the canal connecting the uterus to the vagina is called cervical polyp. Sperm must pass through this canal to fertilize an egg. Cervical polyps are tumors, but they are usually non-cancerous or benign.<sup>[1]</sup> It is a common benign polyp or tumour on the surface of the cervical canal.<sup>[2]</sup> It can cause irregular menstrual bleeding. Treatment consists of simple removal of the polyp and prognosis is generally good. However, as polyps have a similar appearance to some signs of cancer. It is essential that a doctor checks them to ensure that they are not cancerous. About 1% of cervical polyps will show neoplastic change which may lead to cancer. Cervical polyp most common in post-menarche, pre-menopausal women who have been pregnant. Cervical polyps can grow either as singular masses or in clusters. They vary in size but are usually around 1–2 centimeters (cm) long. The women most likely to develop cervical polyps are those in their 40s and 50s who have given birth to more than one child. Higher estrogen levels can also make pregnant people more susceptible to them.

Polyps can vary in color from a gray, almost-white color to bright red or purple. They can grow to different sizes and look like bulbs growing on stems.

Two different types of polyp can develop on the cervix:

- **Ectocervical polyps:** Postmenopausal women are more likely to have these polyps, which grow on the cells in the outer surface layer of the cervix.
- **Endocervical polyps:** More common overall, endocervical polyps grow from cervical glands inside the cervical canal. This type of polyp is more likely to affect women who are premenopausal.



**Fig: Cervical Polyp**

The exact cause of cervical polyps is not known. They may occur with: An abnormal response to increased levels of the female hormone estrogen<sup>[3]</sup>

- Chronic inflammation
- Clogged blood vessels in the cervix
- Cervical polyps are common. They are often found in women over age 40 that have had many children. Polyps are rare in young women who have not started having their period (menstruation).

Most women have only one polyp. Some women have two or three. It is possible for someone to develop cervical polyps and not experience any symptoms.<sup>[4]</sup>

Others will notice symptoms, which may include:

- vaginal discharge that may be foul-smelling if an infection is present
- a heavier flow during periods
- spotting between periods
- bleeding after sexual intercourse
- bleeding after douching
- bleeding after the menopause

Cervical polyps are usually benign (not cancerous); however, since some, rare types of cancerous conditions can look like polyps, and about one percent of benign polyps can show cancerous changes, they are always removed to treat symptoms and examined more closely.

Sometimes a small polyp will come off on its own during sexual intercourse or during a menstrual cycle<sup>[5]</sup>; however, it is important to have the polyp examined for signs of cancer, so it is always best to see your physician for treatment. Treatment options include a gentle surgery performed in-office or surgery that requires anesthesia.

#### • Gentle surgery

The polyp will be removed surgically in your physician's office with an instrument called a polyp forceps. The forceps are used to secure the base of the polyp stalk and remove the polyp with a twisting motion. The procedure is gentle and bleeding is usually brief and minor.

#### • Surgery requiring anesthesia

Large polyps and polyp stems that are very broad need to be removed in an operating room<sup>[6]</sup>. You will have to have anesthesia local, regional or general but, you will be discharged after the procedure and will not need to stay in the hospital overnight.

#### • After surgery

The polyp is then sent to the laboratory for further evaluation. If your polyp is infected, your physician may prescribe antibiotics, and in the case that the polyp does show signs of cancer, your treatment will depend on the type and extent of the cancer. Your physician will talk to you extensively about cancer types and treatment options if that is the case.

#### • Prevention

Cervical polyps may regrow in different areas of the cervix but usually not from the original site. Regular pelvic examinations with your physician are the best way to help identify and prevent polyps from causing symptoms.

#### • Prognosis

The prognosis is very good for cervical polyps. The vast majority are benign (not cancerous), and cervical polyps are very unlikely to regrow after surgical removal.

### Materials and Methods

For the survey part of the study, age stratified sampling technique was used for selecting the study sample. Only female adult with an age range is 18 to 90 years were interviewed. Samples were from residence of District town, Upazila town and Village. The number of participants was selected randomly. A total of 500 participants were interviewed with asking the questions individually.

The research involved a qualitative research method approach involving 500 in-depth interviews from the student which maximum home district is Rajshahi and some of them are out of Rajshahi district. The residence of study sample is Rajshahi, Bagmara, Bogra, Chapainawabgonj, Durgapur, Ishwardi, Naogaon, Nator, Pabna, Puthia, Rajbarihat & Sirajgonj.

The research methodology used direct interviews and discussion as the primary research instruments. Interviews were chosen as the most appropriate form of data collection. The structured format of the interviews enabled particular contextual themes that contributed to the findings of the study. Data was collected on April to September 2018. The following format was used to collect the data; all the questions were translated in Bangali while asking to the participants for their easy understanding.

### Survey of Cervical Polyp Patient

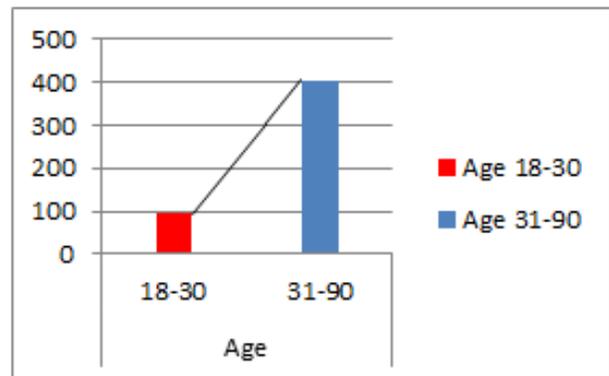
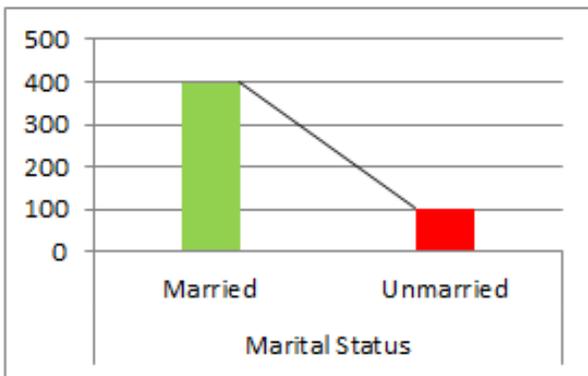
Northman Area of Rajshahi, Bangladesh.

<b>General Information:</b>	
Name:	Age:
Marital Status:	Address:
<b>Physical Condition Information:</b>	
BP (mmHg)	
Weight (Kg)	
Allergy	Yes/ No
Do you feel pain when you urinate	Yes? No
When was the last time you had sex	
Has your vaginal discharge been getting better or worse?	Yes/ No
How long has your vaginal discharge been going on?	Yes/ No
Is your vaginal discharge constant or come-and-go?	Yes/ No
Bleeding after sexual intercourse-	Yes/ No
Bleeding after douching-	Yes/ No
Bleeding after the menopause	Yes/ No

### Result

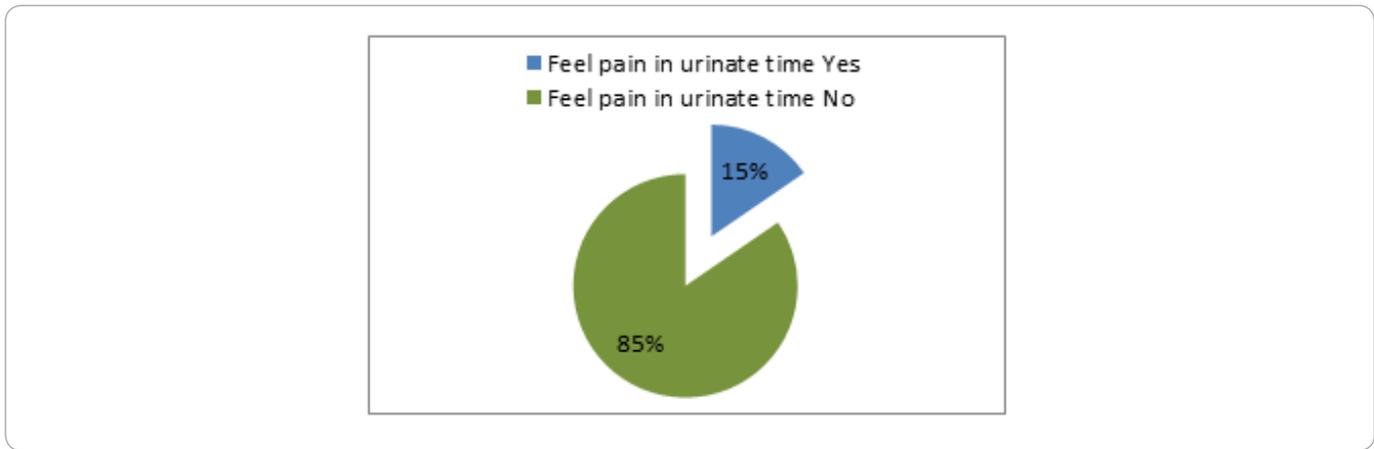
#### Marital Status

Result show that about 79.6% study sample are married and 20.4% are unmarried. Age Range is 18-30 is 19% and the maximum in 31-90 is 81%.



#### Feel pain when you urinate

In the time of urinate about 89% result is No and 11% result is Yes.



**Result of Some Important and Special Question**

- Vaginal discharge been getting better or worse
- Vaginal discharge constant or come-and-go
- Bleeding after sexual intercourse
- Bleeding after douching
- Bleeding after the menopause

Maximum result shows Yes.

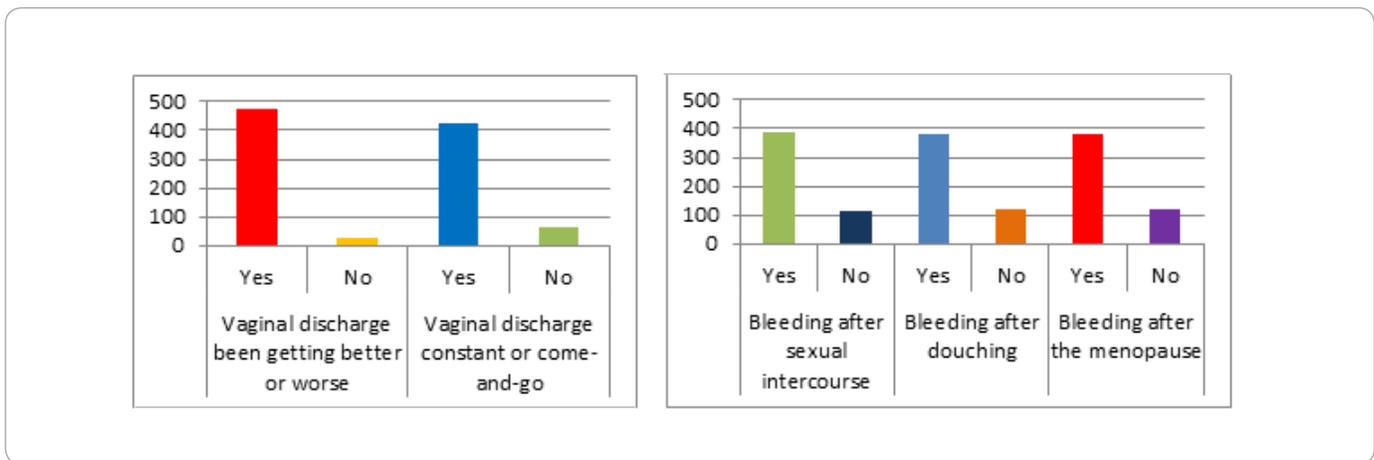
Vaginal discharge been getting better or worse- Yes (427), No (63)

Vaginal discharge constant or come-and-go- Yes (423), No (77)

Bleeding after sexual intercourse- Yes (388), No (112)

Bleeding after douching- Yes (383), No (117)

Bleeding after the menopause- Yes (379), No (121)



**Discussion**

Sometimes, cervical polyps will disconnect from the cervix on their own. This can occur while a woman is menstruating or during sexual intercourse.

Doctors don't routinely remove cervical polyps unless they cause symptoms. Removing cervical polyps is a simple procedure that your doctor can perform in their office. No pain medication is necessary.<sup>[7]</sup>

Methods for removing cervical polyps include:

- twisting the polyp off at the base
- tying surgical string around the base of the polyp and cutting it away
- using ring forceps to remove the polyp

Methods to destroy the base of the polyp include the use of:

- liquid nitrogen
- electrocautery ablation, which involves using an electrically heated needle
- laser surgery

You may feel a brief, mild pain during removal and mild to moderate cramps for a few hours afterward. Spotting of blood from the vagina may occur for one or two days after removal.

In some instances, the polyps or the polyp stems are too large to remove in a doctor's office. If this is the case, you may need to have surgery to remove the cervical polyp in a hospital or surgery in a hospital or surgery center.

The outlook for people with cervical polyps is excellent. Once the doctor removes them, they don't usually grow back.

**Cervical Polyps Are Diagnosed<sup>[7]</sup>**

Polyps are easy for your doctor to see during a routine pelvic exam. Your doctor will see smooth, fingerlike growths on the cervix that appear red or purple. The two types of cervical polyps are ectocervical and endocervical.

Ectocervical polyps arise from the outer surface layer of cells on the cervix. Endocervical polyps arise from the cervical glands, and they're the most common type of cervical polyp. Postmenopausal women are more likely to have ectocervical polyps, and premenopausal women are more likely to have endocervical polyps.

Biopsies, or tissue samples, of the polyps are taken and sent to a laboratory for testing. Results usually show benign polyp cells. In rare cases, abnormal cells or precancerous patterns of growth known as neoplastic changes may be present.

**Recovery and prevention**<sup>[7]</sup>

Polyp removal is a simple, safe, and noninvasive procedure. However, if you've ever had polyps, you're at increased risk of developing them again. Getting regular pelvic exams helps ensure finding any growths early in their development.

Since some infections are linked to cervical polyps, a few simple steps may help reduce your risk. Wear cotton underwear that allows good air circulation. This prevents excess heat and moisture, which is the perfect environment for infections. Also, use a condom during intercourse.

Be sure to get regular pelvic exams and Pap tests. How frequently you should get Pap tests depends on your overall health history and age. Your doctor can recommend the amount of time, which usually is anywhere from three to five years for women who haven't had a history of abnormal Pap results.

**Conclusion**

About 99% of cervical polyps will remain benign and 1% will at some

point show neoplastic change. Cervical polyps are unlikely to regrow. Cervical polyps are most common in women who have had children and perimenopausal women. They are rare in pre-menstrual girls and uncommon in post-menopausal women. Endometrial polyps are usually benign although some may be precancerous or cancerous. About 0.5% of endometrial polyps contain adenocarcinoma cells. Endometrial polyps usually occur in women in their 40s and 50s. Endometrial polyps occur in up to 10% of women. It is estimated that they are present in 25% of women with abnormal vaginal bleeding.

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