

Giant Cervical Polyps: A Clinicopathological Case Series from Derna, Libya

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الزوائد اللحمية العملاقة بعنق الرحم: سلسلة حالات سريرية ونسجية مرضية من درنة، ليبيا

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Abstract:

Background: Giant cervical polyps are uncommon benign cervical lesions that may present with vaginal bleeding or a protruding vaginal mass and can clinically mimic malignant disease. **Objective:** To describe the clinical, gross, and histopathological features of three giant cervical polyps diagnosed in Derna, Libya. **Methods:** This retrospective case series included three cervical polyp specimens submitted to the Noor-Al-Huda Medical Center Pathology Laboratory, Derna, Libya, between January 2024 and July 2025. Clinical and demographic information was obtained from the pathology request information accompanying the specimens. The specimens were fixed in formalin, processed routinely, stained with hematoxylin and eosin, and examined microscopically. Giant cervical polyps were defined in accordance with published reports as lesions measuring more than 4 cm in their largest dimension. **Results:** Three women aged 42–47 years had giant cervical polyps measuring 4.5–5.5 cm in their largest dimension. Presentations included severe vaginal bleeding, menorrhagia, and a protruding vaginal mass. Two lesions arose from the ectocervix and one was described as endocervical in origin. Histologically, the lesions showed benign endocervical-type glands, including cystically dilated glands, within fibrovascular/fibromuscular and edematous stroma. Surface erosion and acute/chronic inflammation were present in one case. No cytological atypia, dysplasia, or malignancy was identified. **Conclusion:** Giant cervical polyps are rare and may produce clinically alarming presentations. Careful gross and histopathological evaluation are essential to establish the diagnosis and exclude malignancy. These three cases add clinicopathological observations from a pathology service in Derna, Libya.

Keywords: Cervical polyp, giant cervical polyp, uterine cervix, histopathology, benign cervical lesion.

الملخص:

الخلفية: تُعد الزوائد اللحمية العملاقة بعنق الرحم من الآفات الحميدة النادرة نسبيًا، وقد تتظاهر سريريًا بنزف مهبلية أو بكتلة متدلية عبر المهبل، الأمر الذي قد يثير الاشتباه بوجود آفة خبيثة. **الهدف:** وصف الخصائص السريرية والعيانية والنسجية المرضية لثلاث حالات من الزوائد اللحمية العملاقة بعنق الرحم شُخصت في مدينة درنة، ليبيا. **الطرق:** أُجريت هذه الدراسة الوصفية الاستيعادية على ثلاث عينات من زوائد لحمية بعنق الرحم، أُرسلت إلى مختبر علم الأمراض بمركز

نور الهدى الطبي في درنة، ليبيا، خلال الفترة من يناير 2024 إلى يوليو 2025. واستُخلصت البيانات السريرية والديموغرافية من المعلومات الواردة في طلبات الفحص النسيجي المرضي المرافقة للعينات. تُبَيَّنَت العينات في الفورمالين، وخضعت للمعالجة النسيجية الروتينية، ثم قُطعت وصُبِغت بصبغة الهيماتوكسيلين والإيوزين (H&E)، وفُحصت مجهرياً. وعُرفَت الزائدة اللحمية العملاقة بعنق الرحم، بما يتوافق مع التعريفات الواردة في التقارير المنشورة، بأنها الآفة التي يزيد أكبر أبعادها على 4 سم. النتائج: شملت السلسلة ثلاث نساء تراوحت أعمارهن بين 42 و47 عاماً، وتراوحت أحجام الآفات بين 4.5 و5.5 سم في أكبر أبعادها. تمثلت المظاهر السريرية في النزف المهبلي الشديد، وغزارة الطمث، ووجود كتلة متدلية عبر المهبل. نشأت آفتان من الجزء المهبلي من عنق الرحم (ectocervix)، في حين وُصِفَت الآفة الثالثة بأنها ذات منشأ من قناة عنق الرحم (endocervix). أظهر الفحص النسيجي وجود غدد حميدة من النمط باطني العنق، بما في ذلك غدد متوسعة كيسياً، ضمن سدى وذي ليفي وعائي وليفلي عضلي. كما لوحظ تآكل سطحي وارتشاح التهابي حاد ومزمن في إحدى الحالات. ولم تُظهر أي من الحالات دلائل على اللانمطية الخلوية أو خلل التنسج أو الخباثة. الاستنتاج: تمثل الزوائد اللحمية العملاقة بعنق الرحم آفات نادرة قد تتظاهر بصورة سريرية مثيرة للقلق وتحاكي بعض الآفات الخبيثة. ويُعد التقييم السريري والعائلي الدقيق، إلى جانب الفحص النسيجي المرضي، أمراً أساسياً للوصول إلى التشخيص واستبعاد الخباثة. وتقدم هذه السلسلة المكونة من ثلاث حالات وصفاً للخصائص السريرية والنسجية المرضية لهذه الآفات ضمن سياق الممارسة التشخيصية في مدينة درنة، ليبيا.

الكلمات المفتاحية: الزائدة اللحمية بعنق الرحم؛ الزائدة اللحمية العملاقة بعنق الرحم؛ عنق الرحم؛ علم الأمراض النسيجي؛ الآفات الحميدة بعنق الرحم.

Introduction:

Cervical polyps are common benign polypoid lesions of the uterine cervix. Most are small and may be asymptomatic, although vaginal bleeding and other local symptoms can occur. Large cervical polyps are uncommon, and lesions exceeding 4 cm are generally described in the literature as giant cervical polyps. Their size and tendency to protrude through the vaginal introitus may create a clinical differential diagnosis that includes cervical neoplasia and other prolapsing pelvic lesions [1,2].

Histopathological examination is important because the clinical appearance of a large cervical polyp may be alarming, whereas the final lesion may be entirely benign. Published case reports describe giant cervical polyps with variable gross and microscopic appearances, including lesions composed of endocervical glands and fibrous or fibrovascular stroma [3,4].

The present study describes three giant cervical polyps diagnosed in a pathology laboratory in Derna, Libya, focusing on their clinical presentation, gross characteristics, and histopathological findings.

Material and methods:

- **Study design and setting:** This was a retrospective case series of three cervical polyp specimens submitted to the Noor-Al-Huda Medical Center Pathology Laboratory in Derna City, eastern Libya. The study period extended from January 2024 to July 2025.
- **Case selection and clinical information:** Three cases of large cervical polyps measuring more than 4 cm in their largest dimension were identified. Demographic and clinical information was obtained from the pathology request information accompanying the submitted specimens. The available information included age, obstetric history, presenting symptoms, selected laboratory findings, gross measurements, and site of origin.
- **Histopathological examination:** The specimens were fixed in formalin, processed routinely, sectioned, stained with hematoxylin and eosin, and examined microscopically. Histopathological assessment focused on the overall polypoid architecture, epithelial lining, glandular features, stromal characteristics, inflammation, surface erosion, cytological atypia, dysplasia, and evidence of malignancy.
- **Ethical considerations:** The study was conducted in accordance with institutional requirements. Written informed consent was obtained from the patients for publication of the clinical information and accompanying images

Results and discussion:

We report three cases of giant cervical polyps managed successfully by surgical excision. The data of the three examined cases are summarized in the following table (table 1).

- Case (1):** A 43-year-old Libyan nulliparous woman, presented to gynecological consultation for abnormal severe vaginal bleeding and protrusion of a vaginal mass for one year ago, she delayed medical attention due to embarrassment which resulting in sever bleeding and increase in size of protruding mass. Detail medical history was taken, Hemoglobin 6 mg/dl. serum ferritin was low, Other clinical investigations were unremarkable. When examined, a large, soft, oval -shaped, pedunculated, gray -pink mass measured 5.5 x 2cm was extending past vaginal introitus (Figure 1a). Histopathological analysis; revealed that there were bland lining endocervical glands without any notable dysplastic or malignant features (Figure 1 b & c). The final diagnosis was a giant endocervical polyp that measured 5.5 x 2cm with no evidence of malignancy.

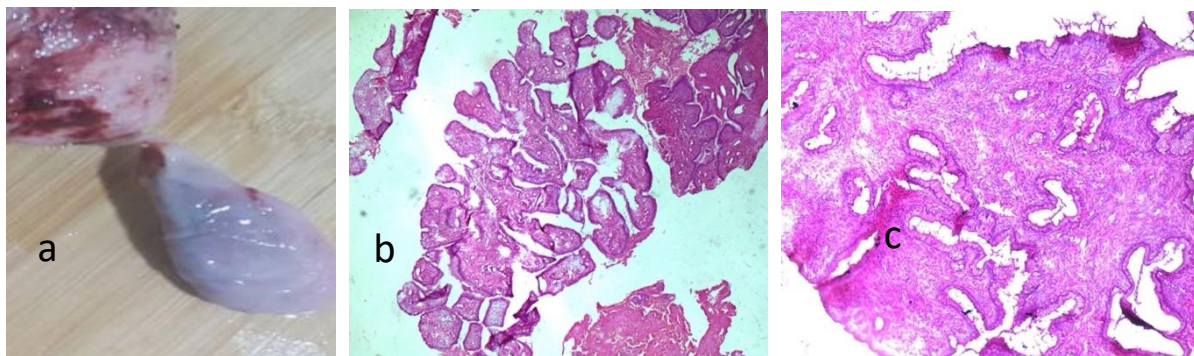


Figure (1): a: gross morphology show pedulacated oval shaped mass 5.5 x 2cm. b & c: ME at 4x power magnification (b), and 10 x power magnification (c), revealed cystically dilated endocervical glands with fibrovascular core, edematous stroma. No evidence of malignancy.

- Case (2):** A 42-year-old woman, gravida 5 para 5, complained of a protruding vaginal mass, she noticed a mass protruding from the vagina especially on defecation. and urination for eight months. Her menarche was at the age of thirteen and her menstrual interval was 28 days with duration of 5 days. The submitted specimen was; pink in color, polypoid, soft in consistency protruding from vaginal introitus and extending beyond the vulva The pedicle originated from ectocervix, a mass measuring 4.5x1.5cm arose from a left posterior lip of ectocervix. The microscopic features are shown in fig 2 (a & b). The diagnosis was a giant cervical polyp with no evidence of dysplasia or neoplasia.

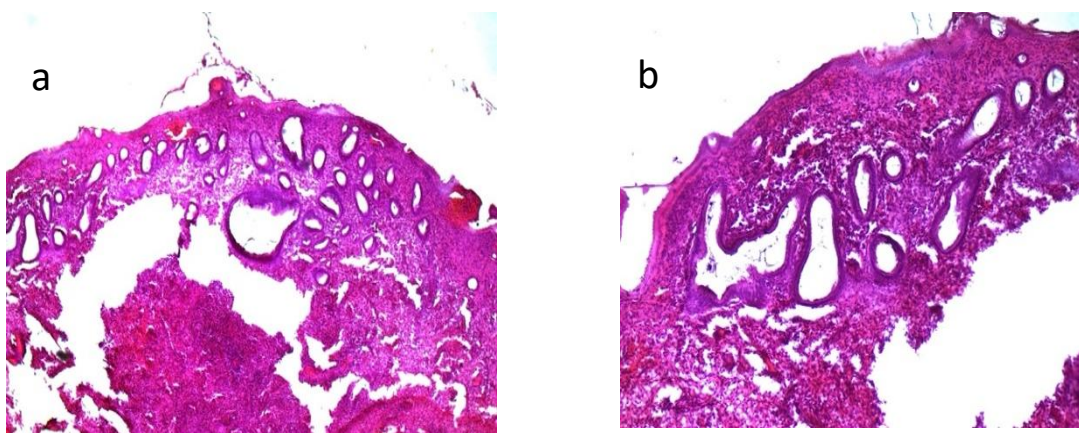


Figure 2: micrographs at 4 x power magnification (a) and at 10 x power magnification (b) overlying surface erosion with underlying bland lining endocervical glands with no atypia.

3. **Case (3):** A 47 -year-old, G7-P6 ,complained of menorrhagia for six months .She had noted a mass protruding from vaginal introitus for two months ,the mass bled easily without pain , she had no significant medical history .Gross examination ;showed a pink ,soft ,polypoid mass measuring 5x 1.5 cm a rose from right posterior lip of ectocervix Microscopically , it was a giant cervical polyp with multiple surface erosion ,acute and chronic inflammatory were also noted No cytological atypia or malignancy was identified.

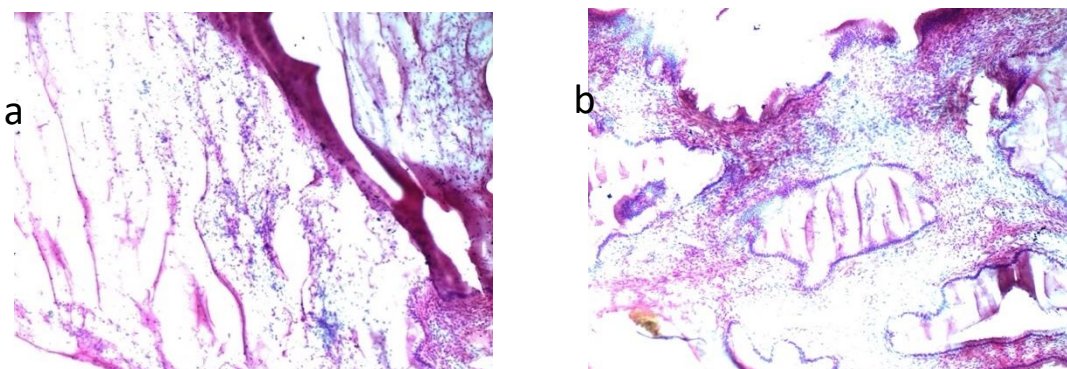


Figure (3): micrographs at 4 x power magnification (a) and at 10 x power magnification (b) Multiple polypoidal fragments formed of multiple dilated mucinous cysts lined by flattened epithelium, filled with mucin mixed inflammatory infiltrate composed mainly of lymphocytes. No cytologic atypia or malignancy

Table (1): The summarized data of each case examined in this study.

Feature	Case 1	Case 2	Case 3
Age	43 years	42 years	47 years
Obstetric history	Nulliparous	G5P5	G7P6
Main presentation	Severe vaginal bleeding; protruding mass	Protruding vaginal mass	Menorrhagia; protruding mass
Duration	1 year	8 months	6 months / 2 months
Hemoglobin	6 g/dL	10.2 g/dL	11.2 g/dL
Ferritin	Low	Low	Low
Gross appearance	Oval, pedunculated, gray-pink, soft	Polypoid, soft, pink	Polypoid, soft, pink; surface erosion
Size	5.5 × 2 cm	4.5 × 1.5 cm	5 × 1.5 cm
Origin	Endocervix	Left posterior ectocervix	Right posterior ectocervix
Key histology	Cystically dilated endocervical glands; fibrovascular/edematous stroma	Bland endocervical glands; no atypia	Dilated mucinous cysts; inflammation; surface erosion
Atypia/malignancy	Absent	Absent	Absent

Giant cervical polyps represent a rare but clinically significant variant of benign cervical lesions. In the present study, our findings are consistent with existing literature indicating that lesions exceeding 4 cm are uncommon and primarily reported as case-based observations rather than large cohort analyses

[3,5]. Previous studies have documented fewer than 30 cases over several decades, highlighting the rarity of this condition and supporting the limited frequency observed in our results [5].

In agreement with earlier reports, our cases were predominantly symptomatic, contrasting with the typically asymptomatic nature of small cervical polyps. The most frequent presentations in our study—abnormal vaginal bleeding, protruding mass, and vaginal discharge—are well documented in prior literature [6,7]. Similar to findings reported by multiple case series, the increase in symptom severity appears directly related to polyp size, likely due to increased vascularity, surface ulceration, and secondary infection [3,5]. The clinical presentations in our cases were predominantly symptomatic, particularly with vaginal bleeding and protrusion, consistent with previously reported presentations of large cervical polyps.

A key observation in our study is the diagnostic challenge posed by these lesions. Our findings align with previous studies describing giant cervical polyps as a “great masquerader,” often mimicking malignant conditions such as cervical carcinoma, as well as benign conditions like uterine prolapse or inversion [8,9]. In several reported cases, the initial clinical impression strongly suggested malignancy due to the polyp’s large size, friability, and bleeding tendency [8]. This similarity was also evident in our cases, emphasizing the importance of thorough clinical and diagnostic evaluation to avoid misdiagnosis and overtreatment.

Histopathological examination in all cases confirmed the benign nature of the lesions, predominantly demonstrating fibroepithelial architecture with fibrovascular stroma and chronic inflammatory infiltrates. These findings are in strong agreement with prior studies, which report fibroepithelial polyps as the most common histological subtype [5]. Importantly, no malignant transformation was identified in our study, which aligns with the literature indicating an extremely low to negligible risk of malignancy in giant cervical polyps [7,10]. However, consistent with previous recommendations, histopathological evaluation remains essential to exclude rare malignant entities.

From a management perspective, surgical excision was the treatment of choice in our study, with successful outcomes in all cases. This is in line with established guidelines that recommend polypectomy as the definitive treatment [11]. Similar to previous reports, larger lesions required careful intraoperative management due to increased vascularity and risk of bleeding [9]. The effectiveness of surgical removal observed in our study further supports the consensus that conservative surgical management is sufficient in the absence of malignancy.

Additionally, our findings support previous observations regarding the possible coexistence of endometrial pathology. The presence of concomitant endometrial pathology may warrant additional evaluation in selected patients, particularly when abnormal uterine bleeding persists after removal of the cervical lesion [12].

Regarding prognosis, outcomes in our study were favorable, with resolution of symptoms following surgical treatment. This is consistent with previous studies that describe excellent prognosis and low recurrence rates following complete excision [7]. Nevertheless, recurrence remains a possibility, particularly in patients with underlying hormonal or inflammatory factors, as noted in the literature [13]. A documented three-case clinicopathological series from Derna-Libya demonstrating that large/prolapsing cervical polyps can present with severe bleeding and clinically alarming vaginal masses while showing benign histopathology.

This study is limited by its small sample size and retrospective case-series design. Clinical information was derived primarily from pathology request data, and detailed radiological findings, HPV status, cytological results, and long-term follow-up were not consistently available. Therefore, the findings should be interpreted as descriptive observations rather than estimates of prevalence, risk, or clinical outcomes.

Conclusion:

Our study findings are largely consistent with previously published data, confirming that giant cervical polyps, although rare and clinically alarming, are predominantly benign lesions with excellent outcomes. The study further emphasizes the importance of differentiating these lesions from malignant conditions through careful clinical, radiological, and histopathological assessment. Increased awareness and

adherence to evidence-based management strategies are essential to avoid unnecessary aggressive interventions and to ensure optimal patient care.

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