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**CERVICAL POLYP (CLINICAL CASE)**

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**Actuality.** Cervical polyps rank one of the first disorders among benign abnormalities as they affect 22.8% of gynecological patients and are often found in pregnant women. Pregnancy promotes active proliferative processes in the cervix, leading to reserve cell proliferation, microglandular hyperplasia and squamous metaplasia. Simultaneously, cervical polyps show decidual response of stroma. Pregnant women may have decidual pseudopolyps with local decidual changes in cervical stroma, which is shaped like a protruding plaque or a pseudopolyp.

**Clinical case.** A pregnant 27-year-old patient A. was referred to gynecology department on 03/12/15 by a doctor from a maternity welfare clinic with blood-tinged discharge from the genital tract. The woman was examined and **diagnosed** with**:** pregnancy of 17 weeks and a decidual polyp. **Present history**. At the first consultation for registration she was diagnosed with pregnancy of 17 weeks and a decidual polyp. The woman was referred to hospital for treatment. **Gynecologic status.** External genitalia are without abnormalities. Body hair is of the female type. The vagina is narrow with clean vaginal mucosa. The cervix is conical in shape, without deformations, cervical epithelium is intact. A polyp of 1.8×0.5 cm in size is seen in the cervical canal. The body of uterus is increased to 17 weeks of pregnancy. The adnexa are not detectable. Vaginal vault is unobstructed and painless. Discharge is spotting and blood-tinged. **On examination:** complete blood count: hemoglobin 125 g /l, RBC 4.1×10/12, WBC 5.0×10/9, thrombocytes 220×10/9, BSR 24 mm/h, stabs-2%, segmented neutrophils-69%, eosinophils - 2%, lymphocytes-22%, monocytes - 5%; urinalysis: quantity 50.0 mL, color: light yellow, specific weight 1.010, alkaline reaction, WBC 10-12 within sight, transitional epithelium 0-2 within sight, much mucus. Colposcopy: a decidual polyp of 1.8×0.5 cm in size seen in the cervical canal. US findings: hyperechoic formation of 1.8×0.5 cm is visualized in the cavity of the cervix.

**Treatment.** Decidual polyps during pregnancy are subject to immediate removal, if such symptoms are observed:

• The formation bleeds constantly;

• The surface of the polyp is found to have ulcerations;

• The polyp triggers spasms and increases the tone of the uterus;

• The infected polyp undergoes destructive changes.

**Conclusions.** Polyps are removed by unscrewing using laser techniques and an endoscope, followed by thermo- and cryocautery. The method is minimally invasive and does not require scraping of the cervix, so it can be used in pregnancy. In this clinical case polypectomy is performed by unscrewing followed by histological examination of the removed tissue.