

# A Silent Intruder: Diagnosing and Managing a Uterine Polyp in a Young Female

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**Keywords:** Abnormal uterine bleeding, Hysterectomy, Hysteroscopic polypectomy

Endometrial polyps are asymptomatic benign neoplasms of the uterine lining that often result in Abnormal Uterine Bleeding (AUB), an illness that is frequently encountered in clinical practice [1]. While the polyps are generally asymptomatic, when symptomatic, they can have a profound impact on a woman's reproductive life if undetected or untreated. Prompt diagnosis, usually with non-invasive imaging modalities, and treatment are necessary to avoid further morbidity [2]. The case illustrates the diagnosis and management of a benign endometrial polyp in a 39 year old female patient presenting with abnormal uterine bleeding for more than 3 months. She also had mild lower abdominal pain but no associated fever or systemic symptoms. Her menstrual cycle was regular, and she was not on hormonal therapy. Since her symptoms were chronic, an abdomen-pelvis ultrasound was done, and this was positive for a well-defined hyperechoic lesion measuring approximately 12 mm in diameter in the endometrial cavity. This report was provisionally suggestive of the presence of an endometrial polyp. Differential diagnoses for the lesion were endometrial hyperplasia, submucosal fibroids, and endometrial carcinoma. The focal type of the lesion, soft echotexture, and absence of alarming systemic symptoms also indicated the exclusion of malignancy [3]. These diagnostic pointers and the patient's clinical history indicated the possibility of a benign endometrial polyp. Due to the persistence of her symptoms and the diagnosis made, a decision for treatment was taken to undergo a hysterectomy. Though hysteroscopic polypectomy is usually considered the gold standard for removal of a polyp [4], in this patient, hysterectomy was planned as the patient was married and had completed her family with two children due to the persistence of her symptoms and absence of desire to preserve fertility. Consent of hysterectomy was taken prior to the surgical procedure. Interestingly, the patient herself did not desire the preservation of fertility, and the decision to undergo the removal of the uterus was thus a rational one. The surgery was smooth, and a histopathological examination of the resected tissue reconfirmed the preoperative diagnosis of a benign endometrial polyp with no malignancy or atypia. The postoperative period was smooth. [Table/ Fig-1] shows the intraoperative image of a uterine polyp during hysterectomy. [Table/ Fig-2,3] shows the different aspects of the resected uterine polyp specimen.

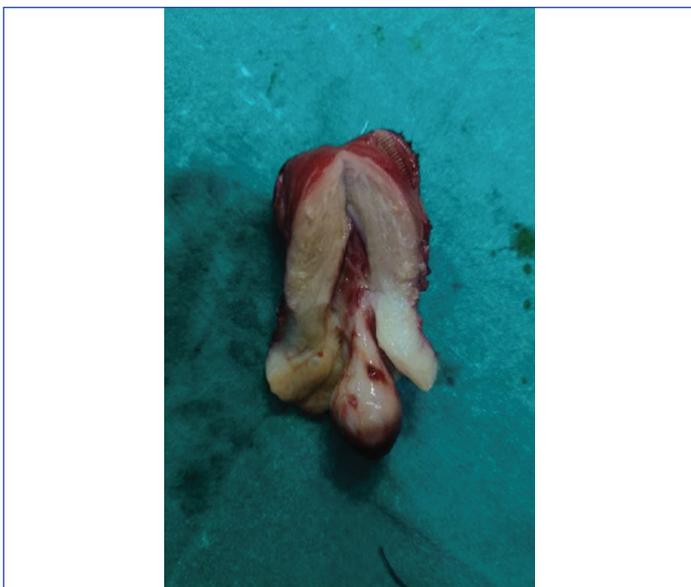
As oophorectomy was not done during the procedure, this will help to maintain the hormonal balance of the patient. There was no vault prolapse noticed. The patient was discharged on the fifth postoperative day with follow-up clinic instructions for recurrence of polyps or any other uterine pathology. Even though hysterectomy is a definitive treatment for endometrial polyps, the reproductive desires of the patient should be addressed while deciding the mode of treatment [5]. For young women wanting to preserve their fertility, hysteroscopic polypectomy remains the procedure of choice as it is minimally invasive and conserves the uterus. In selected cases, hormonal treatment can also be proposed, particularly in small polyps or when the patient prefers to avoid radical surgery. This case illustrates the importance of endometrial polyps in the differential diagnosis of abnormal uterine bleeding, especially in women of



[Table/ Fig-1]: Intraoperative view of uterine polyp during hysterectomy.



[Table/ Fig-2]: Anterior view of uterine polyp after excision.



[Table/Fig 3]: Posterior view of uterine polyp after excision.

childbearing age. Transvaginal ultrasound and hysteroscopy as diagnostic procedures are recommended, and early diagnosis enables proper treatment to be started. While hysterectomy is an option in a few, in whom other treatment is not possible or fails, treatment modalities should be tailored according to the patient's individual needs and reproductive aspirations.

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### PLAGIARISM CHECKING METHODS: <sup>[Jain H et al.]</sup>

- Plagiarism X-checker: Apr 18, 2025
- Manual Googling: Jan 10, 2026
- iThenticate Software: Jan 13, 2026 (3%)

### ETYMOLOGY: Author Origin

EMENDATIONS: 6

### AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

Date of Submission: **Apr 17, 2025**

Date of Peer Review: **Aug 09, 2025**

Date of Acceptance: **Jan 15, 2026**

Date of Publishing: **Apr 01, 2026**