



TITLE: NATURAL HISTORY OF ENDOMETRIAL POLYPS. PROSPECTIVE STUDY OF 300 CONSECUTIVE PATIENTS WITH FOLLOW UP OF ENDOMETRIAL POLYPS BY SONOHYSTEROGRAPHY.

AUTHORS (LAST NAME, FIRST NAME): Hartman, Alex¹; Wolfman, Wendy²; Hartman, Jason¹; Frei, Julia¹

INSTITUTIONS (ALL): 1. Medical Imaging, True North Imaging, Thornhill, , ON, Canada.
2. Obstetrics and Gynecology, Mount Sinai Hospital, Toronto, ON, Canada.

ABSTRACT BODY:

OBJECTIVE : The purpose of this prospective study was to determine the outcomes of 300 consecutive patients with sonohysterographically diagnosed endometrial polyps who returned for follow up of their polyps. Multiple factors were assessed to determine correlation with outcomes.

METHODS: 300 consecutive patients, aged 22-78, underwent sonohysterography from Jan-July 2010. All patients had an endometrial polyp diagnosed on sonohysterography from 2-43 months previously. None had intervention. Multiple factors were assessed including, location of polyps, time interval between studies, menopausal status, abnormal uterine bleeding (AUB), endometrial thickness, blood flow and patient age. Samples were analyzed using independent samples T-tests and univariate linear regressions.

RESULTS: 125 (41.7%) of the 300 patients had no significant change in polyp size. 102 (34%) showed a decrease of at least 1mm. 73 (24.3%) showed an increase in polyp size. Independent samples T-tests showed change in polyp size was significantly associated with menopausal status($t=-2.31$, $df=298$, $p=0.02$) and blood flow($t=-4.28$, $df=297$, $p<0.01$), but not with polyp location and AUB($p>0.05$). Univariate linear regressions failed to show a significant association between the change in polyp size and patient age, time between scans and endometrial thickness ($p>0.05$).

CONCLUSIONS: Of 300 polyps reassessed by sonohysterography, 34% decreased in size, 41.7% showed no significant change and 24.3% showed an increase after follow up of 2-43 months. Change in polyp size was significantly associated with menopausal status and blood flow, but not with polyp location, AUB, age, time between scans and endometrial thickness. Automatic treatment of benign appearing endometrial polyps is a practice that should be reevaluated.