

Polyps

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Key Amendments

Date	Amendment	Approved by
26 th January 2019	Documents extended for 3 years	Mr Hughes
14 th December 2020	Documents approved for 3 years	Miss Blackwell
29 th December 2023	Document extended for 6 months whilst under review Owner updated	Alex Blackwell
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Impact of polyps on implantation rates

The diagnosis of an endometrial polyp during ovarian stimulation is a relatively common finding. Whereas the effect on implantation for natural conceptions and IUI is well documented the impact on outcome of IVF cycles is more controversial.

Endometrial thickness, texture and structure are crucial for the implantation process. The mechanism by which polyps would interfere with the complex process of implantation is not completely understood but it is postulated an inflammatory reaction resembling the contraception effect of an intrauterine device as the most satisfactory explanation (Ben-Nagi, Miell et al.2009).

Management of polyps diagnosed prior and during IVF cycles

Only recently some studies have provided sufficient evidence to draw conclusions on recommendations about the management of endometrial polyps diagnosed during IVF cycles. A recent retrospective study analysing more than 250 patients concluded that there was no difference in terms of implantation, pregnancy and miscarriage rates between patients diagnosed with a polyp during ovarian stimulation and their matched controls (Tiras, Korucuoglu et al.2012). Therefore cancellation/embryo freezing during IVF cycles to perform hysteroscopy plus polypectomy is not justified.

Size of the polyp is another important factor to be considered on the decision making process. In this same study by Tiras et al the maximum diameter of the polyps investigated was 14mm. Measurements of the endometrial polyp must always be performed on two dimensions and the average must be adopted as the definitive dimension of the endometrial polyp. Some studies have demonstrated no negative effect for polyps below 15mm of average diameter (Lass, Williams et al.1999;Isikoglu, Berkkanoglu et al.2006). According to these findings we have considered reasonable an upper cut-off limit of 10mm on average diameter.

Much has been speculated about differences on the impact of the polyps depending on their location within the uterine cavity. Although some studies described a higher impact related to polyps located in the uterotubal junction this could not be confirmed with other studies. Thus the location of the polyp is irrelevant to decide on its potential impact and no decision should be made based purely on this feature.

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These recommendations will not be applicable to polyps diagnosed before IVF (i.e. baseline scan) since there is not enough evidence to extrapolate results to this situation. Therefore, the suspicion of a polyp before starting ovarian stimulation will be an indication for referral for hysteroscopy. Whenever possible the ultrasound suspicion of the polyp will be confirmed with a hysterosonography.

Ben-Nagi.,J. J Miell, et al (2009). "The effect of hysteroscopic polypectomy on the concentrations of endometrial implantation factors in uterine flushings. " *Reprod Biomed Online* 19 (5): 737-744.

Isikoglu, M., M Berkkangoglu, et al. (2006). "Endometrial polyps smaller than 1.5cm do not affect ICSI outcome" *Reprod Biomed Online* 12 (2): 199-204

Lass, A. , G Williams, et al. (1999). " The effect of endometrial polyps on outcomes of in vitro fertilization (IVF) cycles." *J Assist Reprod Genet* 16 (8): 410-415.

Tiras. B., U. Korucuoglu, et al. (2012). "Management of endometrial polyps diagnosed before or during ICSI cycles. " *Reprod Biomed Online* 24 (1): 123-128

