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Case Report

Endometrial polyp-induced fallopian tube obstruction

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ABSTRACT

Endometrial polyps are common non-cancerous growths in the uterine lining, leading to unusual bleeding and fertility issues. These generally lack symptoms, but can cause heavy periods, bleeding between cycles, and fertility struggles. Diagnostic methods include hysterosalpingography, hysteroscopy, and histopathological examination. This report covers a 30-year-old woman with irregular cycles and infertility for seven years, diagnosed with an endometrial polyp blocking the fallopian tubes. After a hysteroscopic polypectomy, she experienced symptom relief and her menstrual cycle normalized.

Keywords: Endometrial polyps, Fallopian tube, Obstruction

INTRODUCTION

Endometrial polyps are common benign lesions of the endometrium that can lead to abnormal uterine bleeding and infertility. These polyps originate from endometrial stromal cells and are composed of endometrial glands and fibrous stroma. Although their exact etiology remains unclear, hormonal imbalance-particularly involving estrogen-is believed to play a central role in their development.[1] Other risk factors include obesity, hypertension, and diabetes mellitus.[2] The prevalence of endometrial polyps in the general population ranges from 10% to 30%.[2] They are more frequently found in perimenopausal women and are often asymptomatic. Nonetheless, in some reproductive-aged women, polyps can present with abnormal uterine bleeding and contribute to infertility. Diagnosis is typically established via transvaginal ultrasound and hysteroscopy, with the latter considered the gold standard due to its ability to allow direct visualization and treatment.[3] Surgical removal, commonly via hysteroscopic techniques, remains the primary treatment modality.

This case report presents an unusual instance of an endometrial polyp causing fallopian tube obstruction in a 30-year-old Somali woman with longstanding infertility and menorrhagia.

CASE REPORT

A 30-year-old woman reported experiencing intermittent pelvic pain, an occasionally irregular menstrual cycle, and primary infertility persisting for seven years. A transvaginal ultrasound did not reveal any abnormalities. Laboratory evaluations showed normal levels of FSH, LH, estradiol, AMH, prolactin, and TSH. A semen analysis of the patient's husband also produced normal results. The patient was scheduled for a hysterosalpingography (HSG), which indicated bilateral tubal blockage as shown in Figure 1. Consequently, the patient was referred for diagnostic and operative hysteroscopy under spinal anesthesia. During the procedure, an endometrial polyp was identified, which was considered responsible for the occlusion of the fallopian tubes, as depicted in Figure 2. The polyp was excised using hysteroscopic scissors, as illustrated in Figure 3. The patient was discharged on the first day, exhibiting stable vital signs and no vaginal bleeding. Fragments of the excised polyp were sent for histopathological analysis, which returned normal results.

Three months later, a repeated HSG was performed, revealing normal tubal appearance.

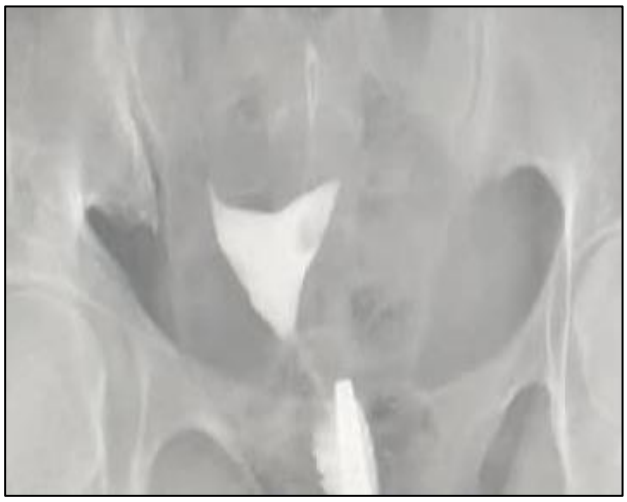

Figure 1: Bilateral blocked fallopian tubes.

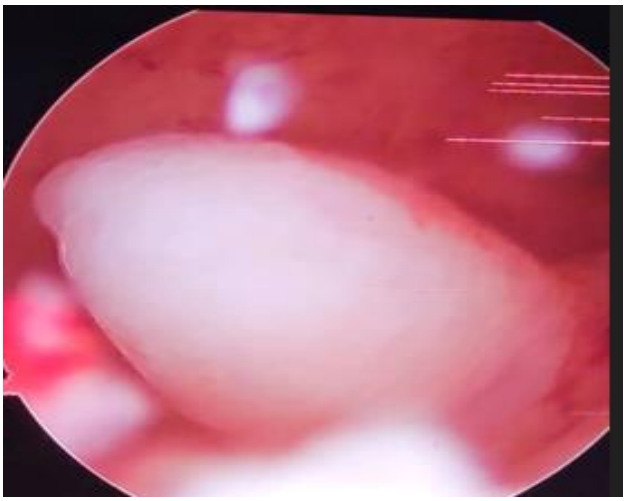

Figure 2: Endometrial polyp.

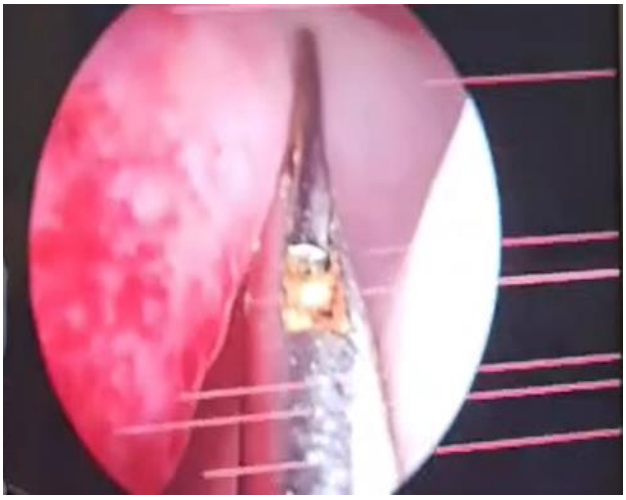

Figure 3: Cutting the polyp by hysteroscopy scissor.

Figure 4: Normal HSG after 3 months.

DISCUSSION

This case highlights the potential for endometrial polyps to cause mechanical obstruction of the fallopian tubes, a rare but important cause of infertility. The patient presented with primary infertility and was found to have bilateral tubal blockage on HSG. Hysteroscopy revealed an obstructive endometrial polyp, which was successfully excised, resulting in restoration of tubal patency on repeat imaging.

These findings are consistent with previous reports that suggest a significant association between endometrial polyps and infertility, particularly when the polyps are large or located near the tubal ostia.[4] In their study, Vitale et al emphasized that even asymptomatic polyps could interfere with sperm transport or embryo implantation.[4] Additionally, Nijkang et al reported that hysteroscopic polypectomy improves pregnancy outcomes in infertile women.[1]

The use of hysteroscopy in this case provided both diagnosis and immediate treatment. According to Dueholm et al hysteroscopy remains the gold standard for evaluating intrauterine pathology, as it offers superior sensitivity and specificity compared to other imaging modalities.[3] Compared with open surgery, hysteroscopic removal is less invasive and is associated with quicker recovery and fewer complications.

In our case, complete resolution of tubal blockage was confirmed postoperatively, supporting the theory that mechanical obstruction from polyps can be reversed by hysteroscopic intervention. This outcome reinforces the need for careful intrauterine evaluation in women with unexplained infertility or abnormal HSG findings.

CONCLUSION

in summary, it is imperative for healthcare professionals to recognize endometrial polyps as a potential contributor to infertility. Prompt diagnosis and intervention are essential,

given that polyps can greatly affect reproductive well-being. Utilizing techniques such as hysteroscopy can proficiently.

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