

Endometrial polyps cannot be diagnosed with bloodwork and typically **require imaging as the first step to diagnosis**. Most commonly, endometrial polyps are diagnosed as part of the work-up for other reasons or symptoms, such as abnormal vaginal bleeding or infertility.

## 1 Transvaginal Ultrasound

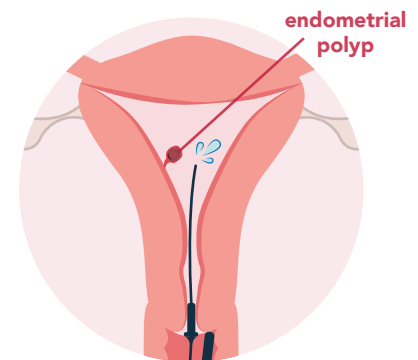
Your physician will usually order a **pelvic and/or transvaginal ultrasound (TVUS)** as the first type of imaging for suspected endometrial polyps.

A pelvic ultrasound uses an external probe on your lower abdomen to provide images of your pelvic structures. A transvaginal ultrasound may be completed at the same time, with your consent. In a TVUS, a probe is inserted into the vagina to better delineate the female reproductive organs.

## 2 Sonohysterogram

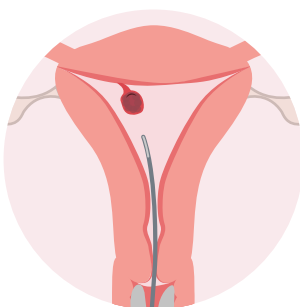
In some cases, a more advanced type of ultrasound, called a **sonohysterogram**, may be additionally required in order to better characterize suspected endometrial polyps.

This is a procedure that typically involves insertion of a speculum followed by injection of fluid through the cervix and into the uterine cavity. An ultrasound is completed at the same time, which provides a more detailed assessment of your uterus. Specifically, this test will tell your doctor about whether there are any structures in the cavity of your uterus such as endometrial polyps and how big they are.



Sonohysterogram

### ...a quick note on **tissue biopsies**



Endometrial Biopsy

Depending on factors relating to the risk that a polyp may contain precancerous or cancerous cells (e.g. age, polyp size), an **endometrial biopsy** may be suggested. This is a short office procedure where the inner lining of the uterus is sampled with a small pipelle inserted through the cervix. This is a blind procedure that may or may not capture the polyp itself.

Typically, endometrial polyps are removed under direct visualization (e.g. hysteroscopic polypectomy). The tissue obtained will be reviewed by a pathologist trained to assess for the presence of precancerous or cancerous cells.

#### References

1. Wolfman W. No. 249-Asymptomatic endometrial thickening. J Obstet Gynaecol Can. 2018 May; 40(5):e367-377.
2. AAGL Advancing Minimally Invasive Gynecology Worldwide. AAGL Practice report: Practice guidelines for the diagnosis and management of endometrial polyps. J Minim Invasive Gynecol. 2012 Jan; 19(1):3-10

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