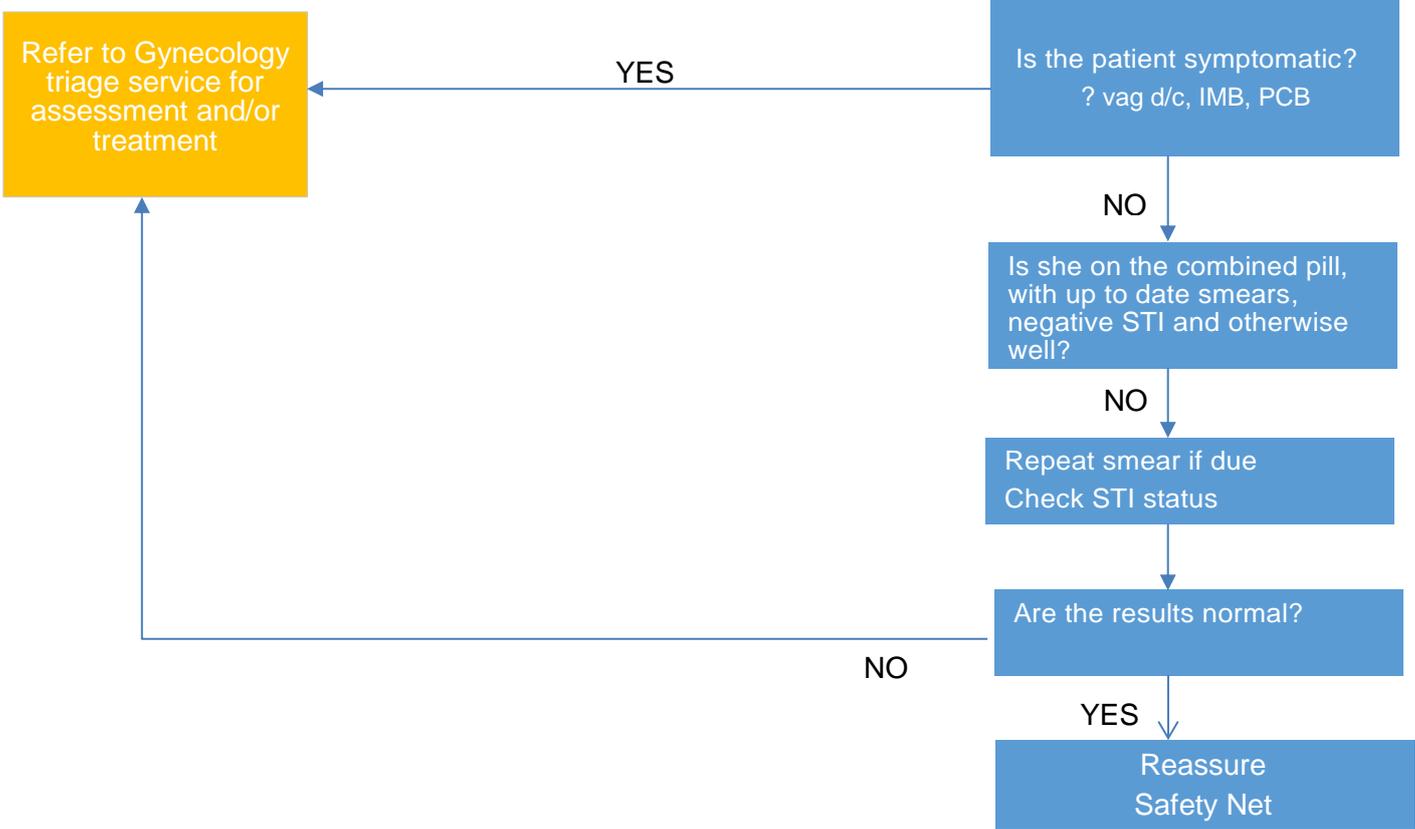


Key

- "Must do" actions for GPs (Triaged by Community Referral Service)
- Recommendations for Primary Care
- Red flag / urgent referral
- Routine referral
- Public health intervention
- Audio-visual aids for patients and GP
- Click icon for clinical evidence

Cervical Lesions

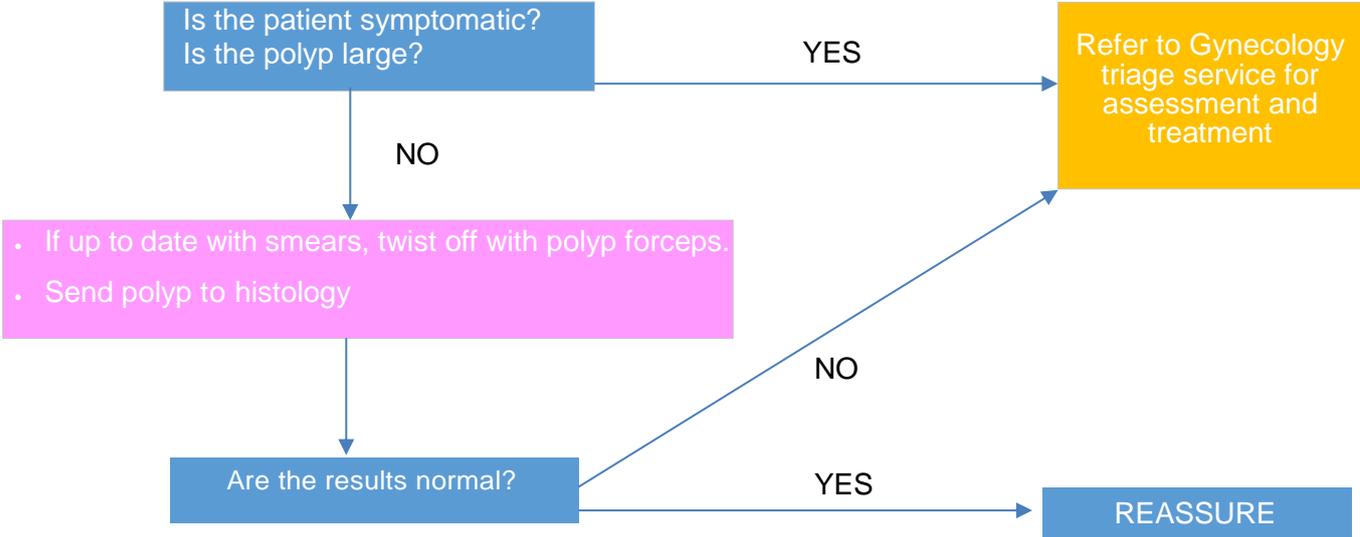
Ectropion



Nabothian Follicles



Endocervical polyps



Key points for benign cervical lesions:

- Most young women (particularly if they are taking the combined oral contraceptive pill) have an ectropion.
- Nabothian follicles are always benign.
- Incidental cervical polyps can safely be removed in primary care but (to be safe) ***always send histology*** and arrange a check ultrasound scan.
- Cervical polyps rarely become malignant.
- Most are asymptomatic, but some cause bleeding or become infected, causing purulent vaginal discharge.
- Diagnose by speculum examination.
- If polyps cause symptoms, remove them; if bleeding or discharge persists after removal, biopsy is required to exclude cancer.

Notes:

1. Most young women, particularly if they are taking the combined oral contraceptive pill, have a cervical ectropion (previously known as a 'cervical erosion') which may be observed during routine pelvic examination. If there are no symptoms, there is no reason to offer treatment. Women experiencing a heavy discharge or postcoital bleeding may be referred to the Colposcopy Clinic for cauterisation.

2. Nabothian follicles (or cysts) are mucus-filled lumps on the surface of the cervix. They are typically small, smooth and rounded. They may be multiple but are always benign.

3. Endocervical polyps are most usually found in the fourth to sixth decade of life. They are cherry red, single or multiple and appear as a pedunculated lesion on a stalk of varying length.

Large, symptomatic endocervical polyps should be referred routinely for further evaluation. Small, asymptomatic polyps protruding from the cervical os may safely be removed, but check histology.