THERAPEUTIC CONDUCT FOR CERVICAL PRECANCEROUS LESIONS

M. Craina¹, Elena Bernad¹, Luminiţa Cîmpeanu², D. M. Anastasiu¹.

SUMMARY
The paper presents a retrospective study realised in the “Bega” Clinic of Obstetrics and Gynecology between 01.01.2006 and 31.12.2007. In this study were included the women with CIN modifications at the uterine cervix level who have been surgically treated. The statistic processing of data points out a number of 19 patients during the year 2006 and 31 patients in 2007 institutionalized and diagnosed with CIN lesions and treated using the excisional procedures. The actual treatment of cervical intraepithelial neoplasia is a conservative treatment. The patient should be evaluated very often by a gynecologist in cooperation with a cytologist, anatomopathologist and colposcopy specialist. We consider that the therapeutic conduct of the cases detected with CIN lesions requires a tight collaboration between all these domain specialists and their decision must take into consideration both the advantages and disadvantages and possible complications of the therapeutic methods applied when we speak about a surgical intervention.

Also, the presence of HPV at the uterine cervix level should not conduct to an aggressive treatment of the lesions in order to reduce the the risk of cervical cancer and high grade lesions, because it is demonstrated that spontaneous cure of the infection has the same frequency as the cure after treatment.

Key words: cervical intraepithelial neoplasia, cervical cytology, colposcopy.

INTRODUCTION
It is wellknown that the cervical preinvasive lesions will evolve into invasive cancer. These type of lesions are characterized microscopically as a spectrum of events progressing from cellular atypia to various grades of dysplasia or cervical intraepithelial neoplasia (CIN) before progression to invasive carcinoma.

We can do a cytological examination using the Papanicolaou technique and, if it is necessary a colposcopic examination which can make us think at a CIN. The final diagnosis of CIN is established by the histopathological examination of a cervical fragment.

There are most epidemiological studies which have identified some risk factors that contribute to the development of cervical preinvasive lesions and cervical cancer. So the involved factors are: infection with certain oncogenic types of human papillomaviruses (HPV), sexual intercourse at an early age, multiple sexual partners, multiparity, long-term oral contraceptive use, tobacco smoking, low socioeconomic status, infection with Chlamydia trachomatis, micronutrient deficiency and a diet deficient in vegetables and fruits.¹ It is important to know the etiology, pathophysiology and natural history of CIN provides a strong basis both for visual testing and for colposcopic diagnosis and understanding the principles of treatment of these lesions.

MATERIAL AND METHOD
The paper presents a retrospective study realised in the “Bega” Clinic of Obstetrics and Gynecology between 01.01.2006 and 31.12.2007. In this study were included the women with CIN modifications at the uterine cervix level who have been surgically treated.

Nowadays are recognized as therapeutic methods for this cases the following procedures:

1- University of Medicine and Pharmacy „Victor Babes”, Department of Obstetrics and Gynaecology, Timișoara, Romania
2- Emergency County Hospital Timișoara

Correspondence to: Marius Craina, “Bega” Clinic of Obstetrics and Gynecology, Str. Victor Babeș 12, Timișoara
E-mail: mariuscraina@hotmail.com
Destructive procedures:
- Electrocauterization of the uterine cervix
- Cryoablation
- CO₂ laser vaporization

Abscission:
- Wire loop excision/loop electrosurgical excision procedure (LEEP)
- Classical conization
- CO₂ laser conization
- Conization with the ultrasound bistoury

Data were collected from the observation sheets of the institutionalized patients in this period of time. During the study were identified women with cervical modifications categorized as CIN and with recommendation for excisional procedures. The following procedures were performed: cervical amputation or conization, depending on the situation.

RESULTS AND DISCUSSIONS

The statistic processing of data points out a number of 19 patients during the year 2006 and 31 patients in 2007 institutionalized and diagnosed with CIN lesions and treated using the excisional procedures. The following procedures were performed: cervical amputation or conization, depending on the situation.

Table 1

<table>
<thead>
<tr>
<th>Intervention type</th>
<th>2006</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>Cervical amputation</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Conization</td>
<td>15</td>
<td>29</td>
</tr>
</tbody>
</table>

2. Choosing the proper therapeutic method for each case individually, depending on the situation and the age of the patient, and also take consideration of the infertility problems (if they exist);
3. The presence of known associated risk factors as HPV or other associated pathologies;
4. Socio-economic conditions of the patient;
5. The lesion characteristics- gravity, extension, localisation.

Post treatment complications:
1. infertility
2. cervical stenosis
3. obstetrical complications – abortion, premature births, dynamic distocies.

As the authors specify, the Bethesda 2006 recommendations concerning the management of patients with CIN or adenocarcinoma in situ are an extraordinary guide for this cases but the guidelines should never be thought of as a substitute for a doctor’s medical judgement (should never substitute for clinical judgement). So the individualisation of treatment is necessary.

So there are randomized comparative studies comparing ablative and excisional techniques who have similar efficacy for the patients with CIN, diminishing the risk of developing cervical neoplasias. There were also described many post operative follow-up protocols which include: citology, colposcopy, combinations of citology and colposcopy, and HPV deoxyribonucleic acid - ADN-HPV testing at a variety of intervals.

Lot of studies that have evaluated the performance of HPV-DNA postoperatory detection proved that its performance is quite good and exceeds that’s of cytological follow-up.

CONCLUSIONS

The actual treatment of cervical intraepithelial neoplasia is a conservative treatment. The patient should be evaluated very often by a gynecologist in cooperation with a cytologist, anatomopathologist and colposcopy specialist. We consider that the therapeutic conduct of the cases detected with CIN lesions requires a tight collaboration between all these domain specialists and...
their decision must take into consideration both the advantages and disadvantages and possible complications of the therapeutic methods applied when we speak about a surgical intervention.

Also, the presence of HPV at the uterine cervix level should not conduct to an aggressive treatment of the

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