

Background

- Cervical dysplasia is common amongst women of reproductive age group with well defined treatment for CIN1 and CIN3 but controversial treatment for CIN 2
- Excisional treatment have been associated with increased obstetric complications like mid trimester loss and preterm labour with studies showing 40-75% of spontaneous CIN 2 regression
- Current guidelines suggest to consider conservative management up to thirty years with careful selection of cases, patient consent, multidisciplinary team discussion (MDT) and strict adherence to follow up with cytology, histology and colposcopy
- All women undergoing excisional treatment namely Large Loop Excision of Transformation Zone (LLETZ) experience the following side effects: Pain/discomfort, bleeding, infection, scar tissue, Potential impact on future fertility mainly increased risk of mid trimester miscarriage
- Given the risks of excisional treatment and data regarding the likelihood of spontaneous regression of CIN 2, active surveillance may be an acceptable option for selected women

AIMS

1. Assess regression rate of CIN 2 managed conservatively
2. Identify any preventable risk factors like smoking
3. Audit on documentation of Multidisciplinary Team Discussions (MDT) after each visit

METHODOLOGY

- Retrospective observational study
- Twenty-two women with biopsy proven diagnosis of CIN2, at a district general hospital
- Followed up for two years from 2019 to 2021

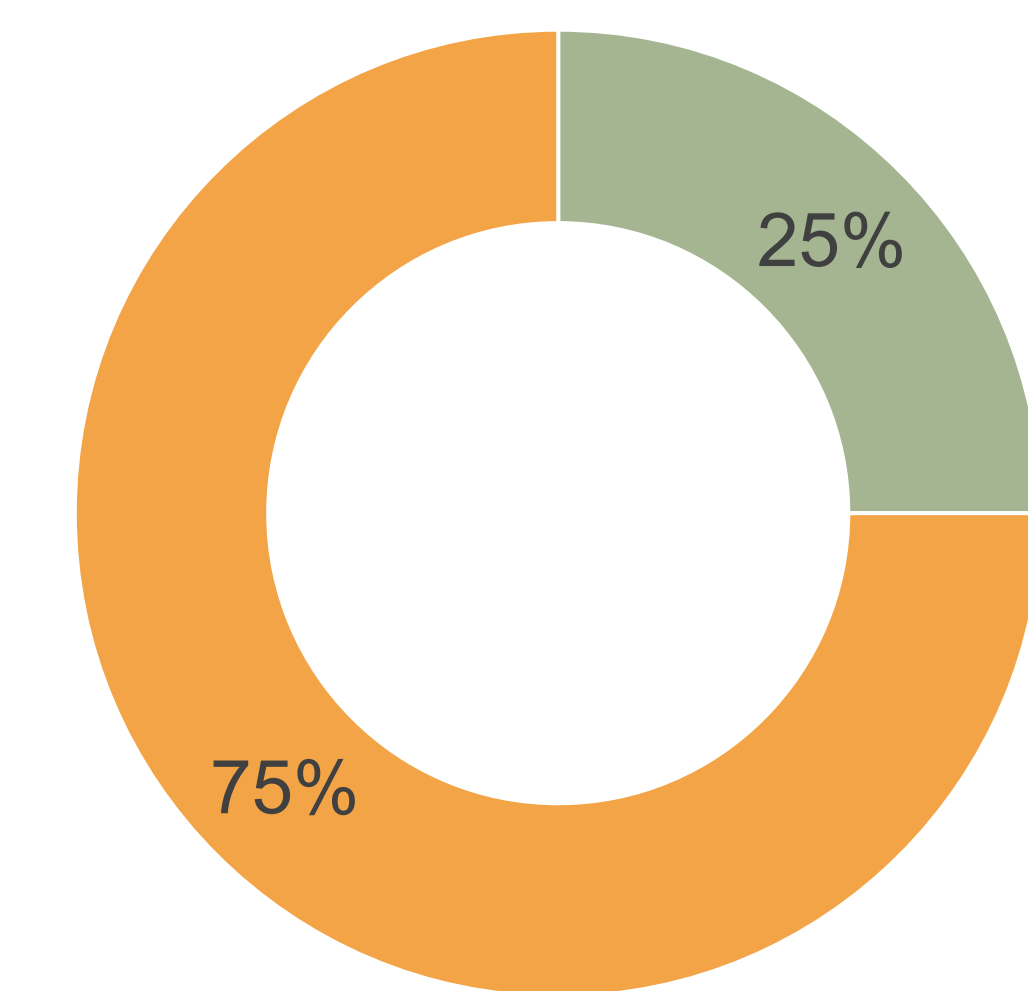
Exclusion criteria

- Age >35 years
- Previous CIN
- Glandular abnormality
- Unable to attend for a follow up

Results

- Median age was 28 years (23-35years)
- 85% were nulliparous
- Two were lost to follow up and two women opted out of conservative management after one year
- Sixteen (88.8%) regressed to CIN 1
- Six patients (37.55%) were HPV negative at the end of the two years follow up
- One patient (5.5%) progressed to CIN 3 and one patient (5.5%) remained unchanged with CIN 2
- No risk factors identified within the study group. MDT discussion was documented at every visit

Figure 1: Association with smoking



Smoker Non smoker

Figure 4: Outcome

■ OPTED OUT
 ■ DOWNGRADED TO CIN 1
 ■ PERSISTENCE OF CIN 2
 ■ PROGRESSED TO CIN 3

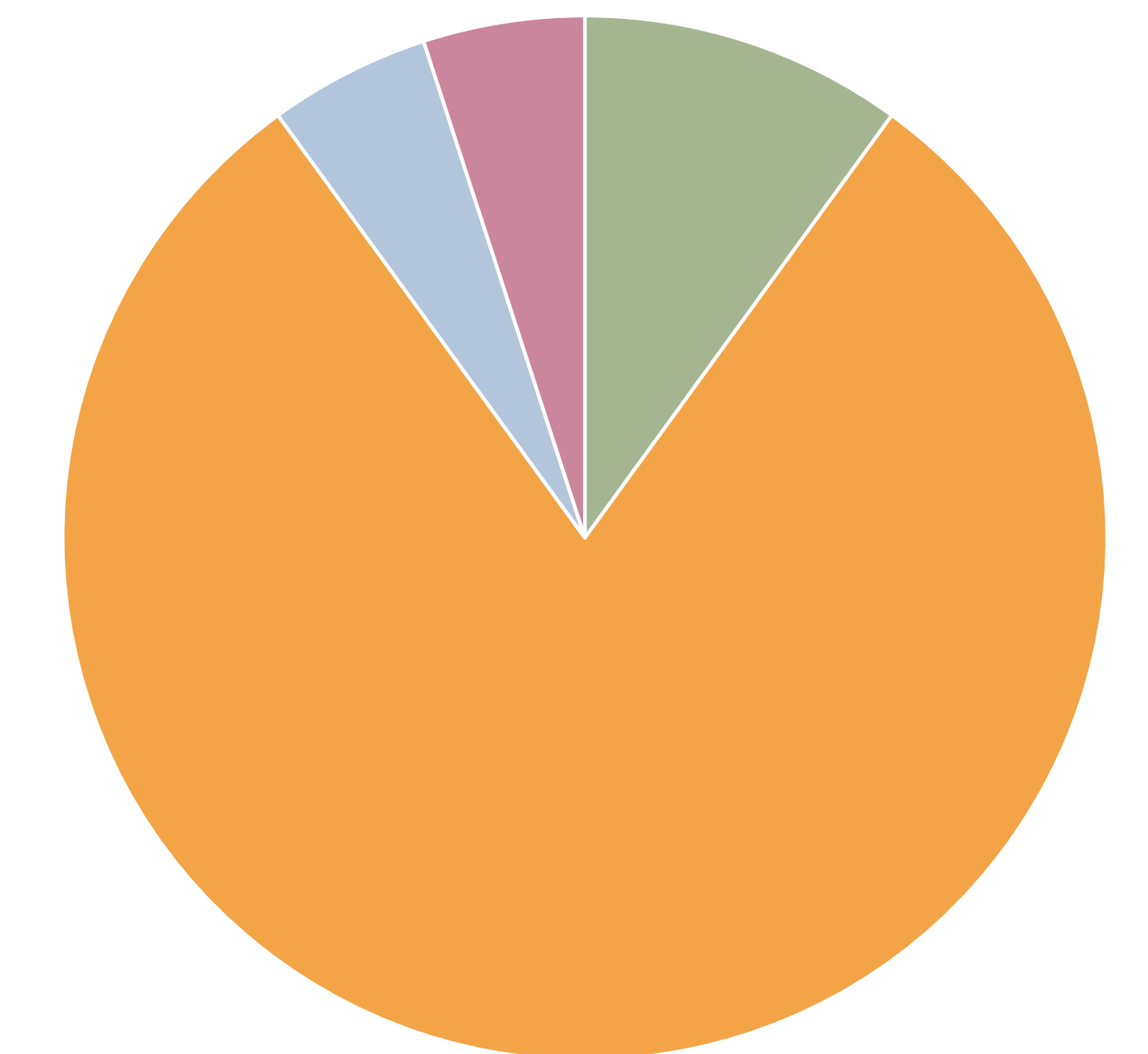


Figure 2: Commonly occurring sites

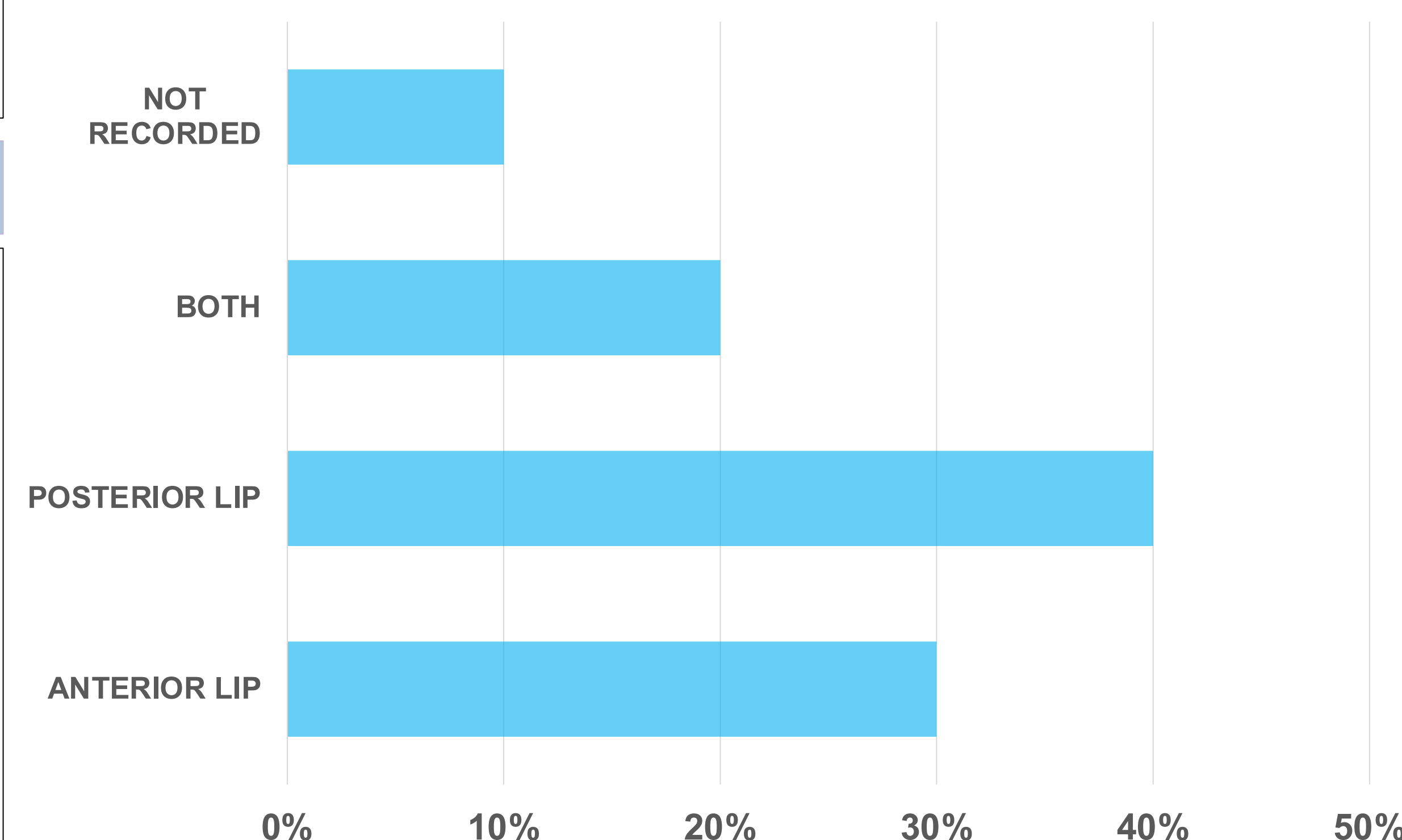
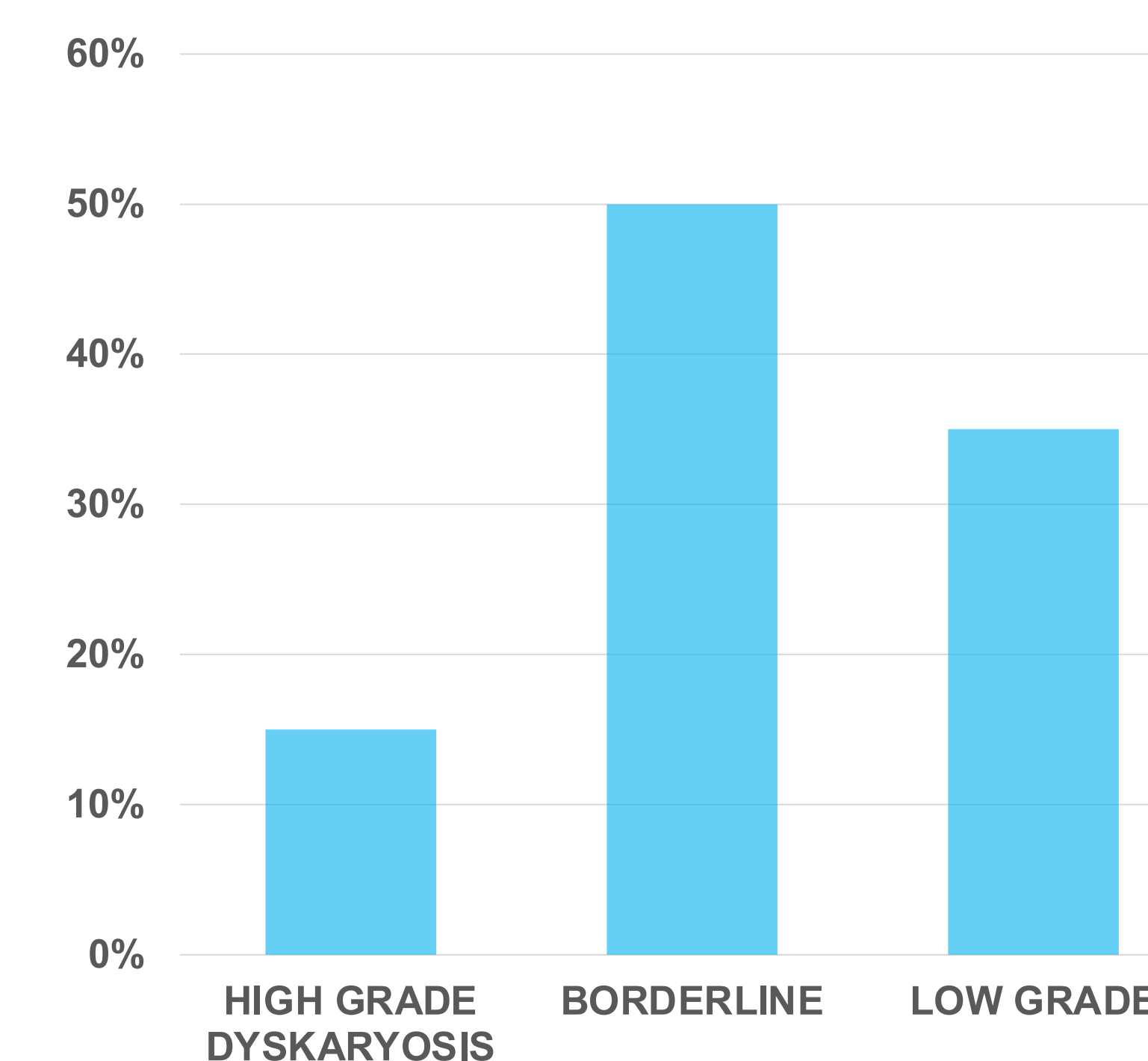


Figure 3: Severity



Conclusion

- CIN 2 has a high spontaneous regression rate
- Conservative management can be offered to young women up to the age of thirty-five with careful follow up as an alternative to excisional management. This can avoid the obstetric complications associated with the later

References

1. BS CCP Document 20
2. Tainio K, Athanasiou A, Tikkinen KAO et al. Clinical course of untreated cervical intraepithelial neoplasia grade 2 under active surveillance: systematic review and meta-analysis. BMJ. 2018 Feb 27;360: k499
3. Skorstengaard M, Lynge E, Suhr J, Napolitano G. Conservative management of women with cervical intraepithelial neoplasia grade 2 in Denmark: a cohort study. BJOG 2020; 127: 729-736