Borderline changes in endo-cervical cells – Management dilemma: requires Multidisciplinary team approach

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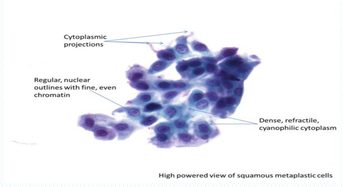
BACKGROUND

Borderline nuclear change in endocervical cells is a rare cytological abnormality; however, it is associated with a significant risk of high-grade histology, including glandular lesions and invasive carcinomas.

OBJECTIVES

There is limited data and guidance on Borderline changes in Endocervical cells(BNCs). Borderline changes in endocervical cells must be referred on a 2 week wait pathway. At least 93% of women referred with these results must be offered colposcopy within 2 weeks as per Guidelines for commissioners, screening providers and programme managers for NHS cervical screening by Public Health England.



High powered view of squamous metaplastic cells

MATERIAL AND METHOD

We conducted a retrospective audit to assess the final histology outcome of this smear category in our Princess Royal University Hospital NHS Trust referred from January 2018 till December 2018.

RESULTS

A total of 15 cases were identified with borderline changes in endo-cervical cells.
One patient, 37 years old P0+0, ex-smoker had followed up smear after 1 year, known case of Stage 1A1 squamous cell carcinoma had previous 2 LLETZ, referred with BNC, had treatment and referred for IVF.
We performed colposcopy examination on all the patients within two weeks, except 1 patient who travelled abroad and attended after 33 days. (99%).

BNC in endocervical cells: 10 Cases,
BNC and borderline changes in squamous cells: 2 Cases,
BNC and atypical glandular cells: 1 Case,
BNC and herpes infection 1 Case and
BNC and dyskaryosis of uncertain degree: 1 Case

CONCLUSION

It is challenging to distinguish BNCs from endocervical and endometrial origin. There is also limited guidance on the management.
All should undergo colposcopy examination and biopsy.
Patients receiving no treatment, should have MDT discussion and a repeat smear, colposcopy and biopsy in 6 months.
Those with BNCs in endocervical cells >40 years of age, or with other risk factors should have a pelvic USS and endometrial biopsy to exclude endometrial pathology.

REFERENCES

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