

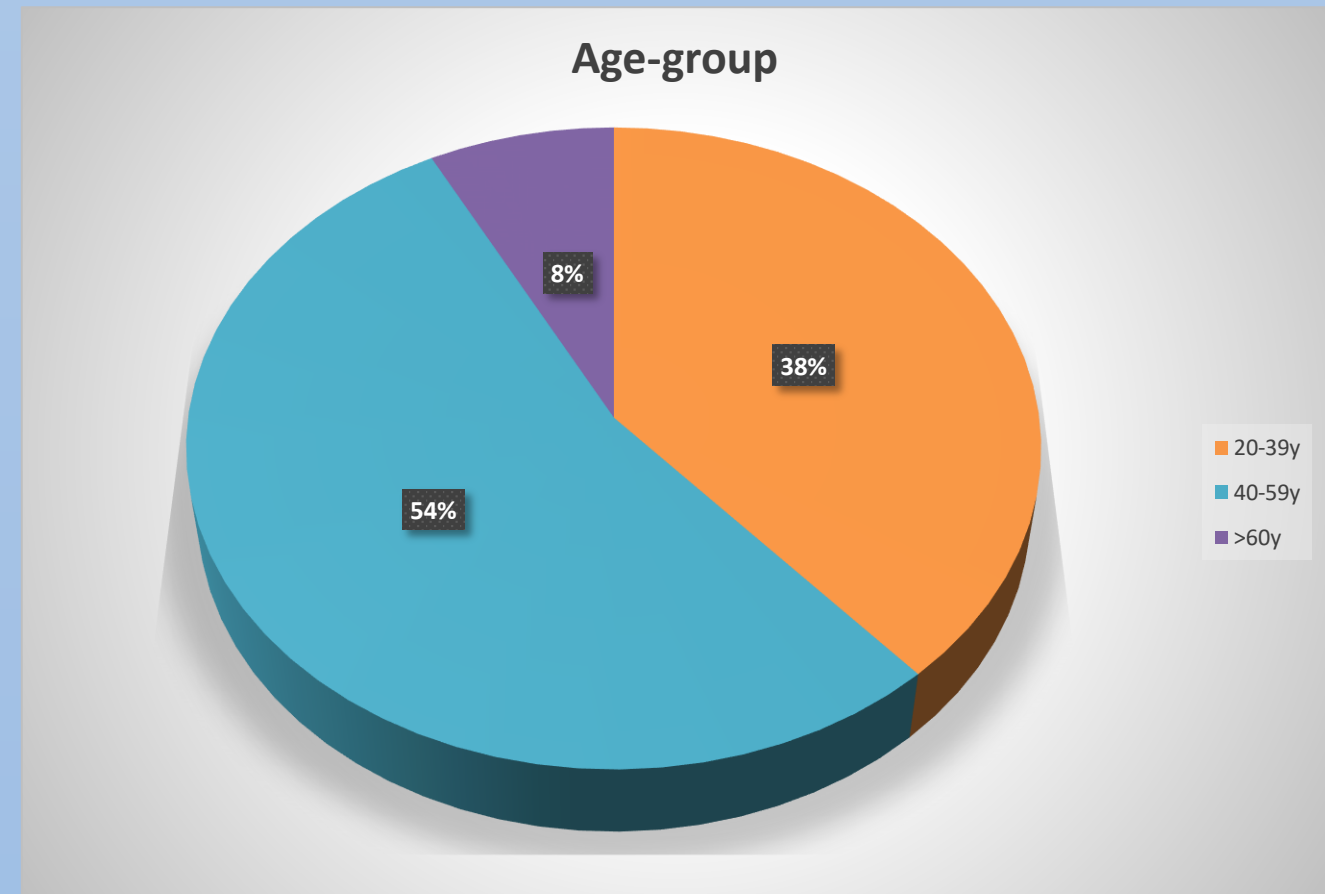
Ten years data review on Cervical endometriosis, ex post facto

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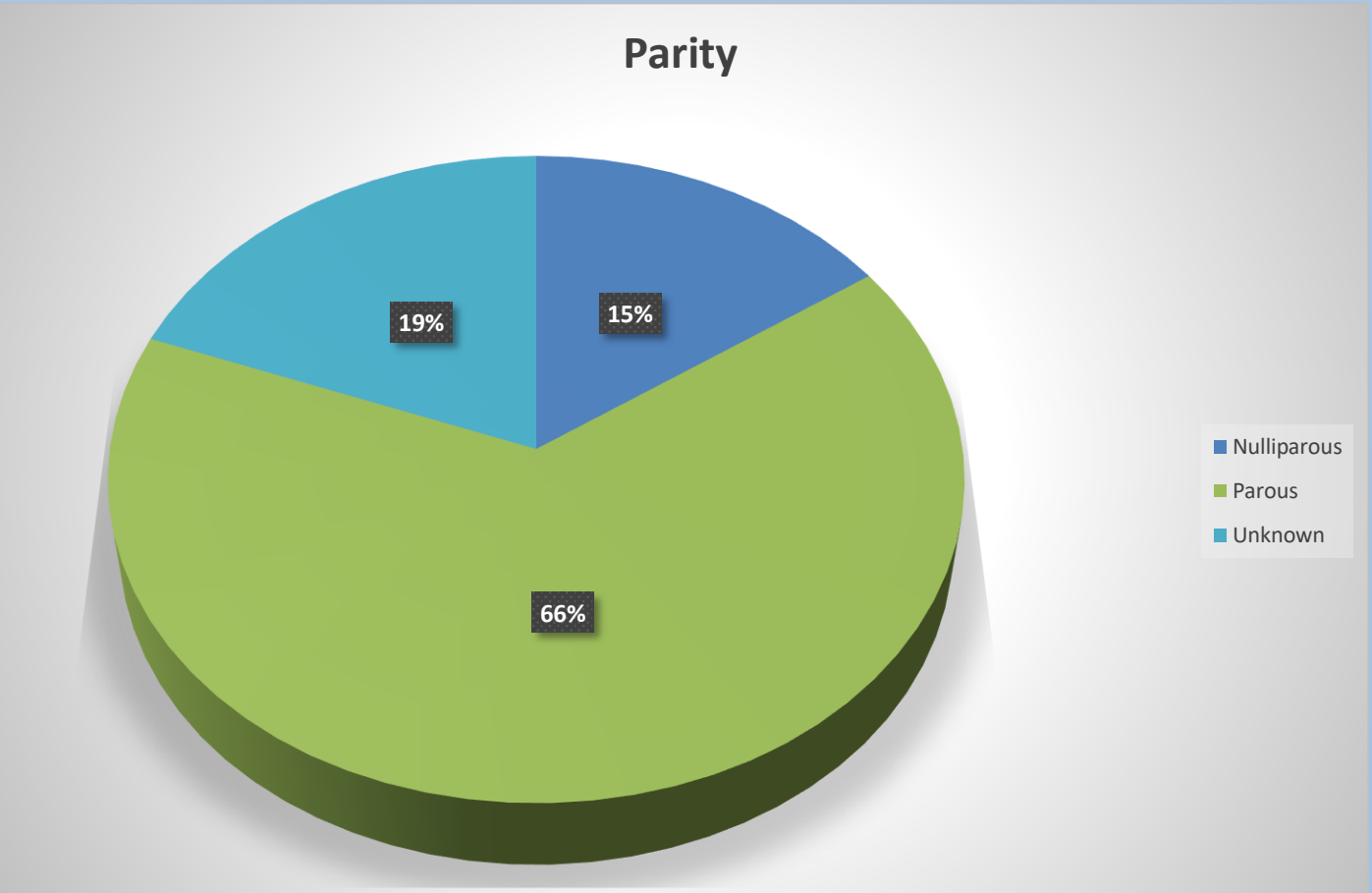
AIM-To identify variations in symptom presentation and management of women with cervical endometriosis (CE) in the last 10 years (2010-2020) in Gynaecology Department at UHL.

STUDY DESIGN- Retrospective studies of CE cases obtained via pathology coding system. Over the 10-year period (2010-2020), 52 cases were identified. Individual case notes and electronic databases were reviewed.

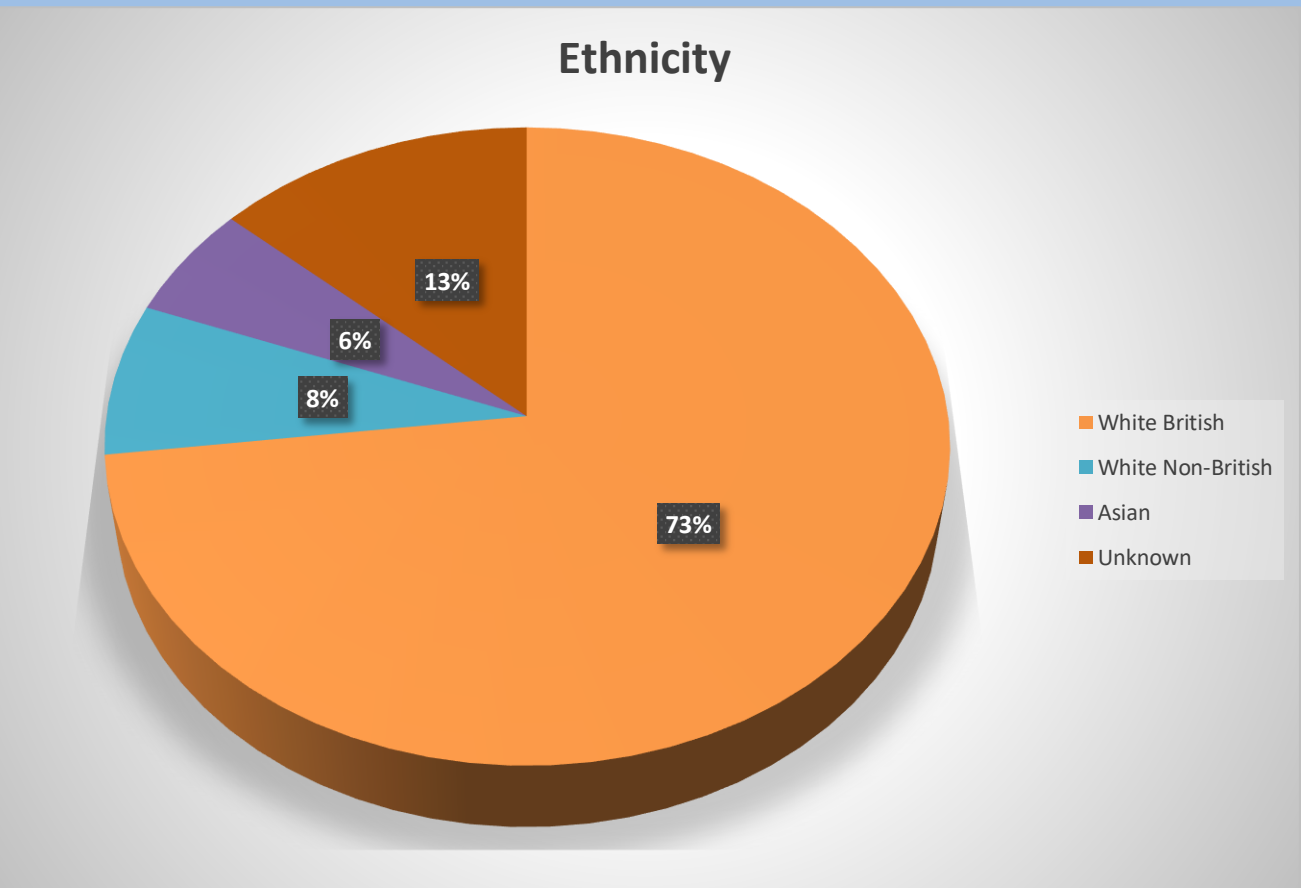
DEMOGRAPHICS



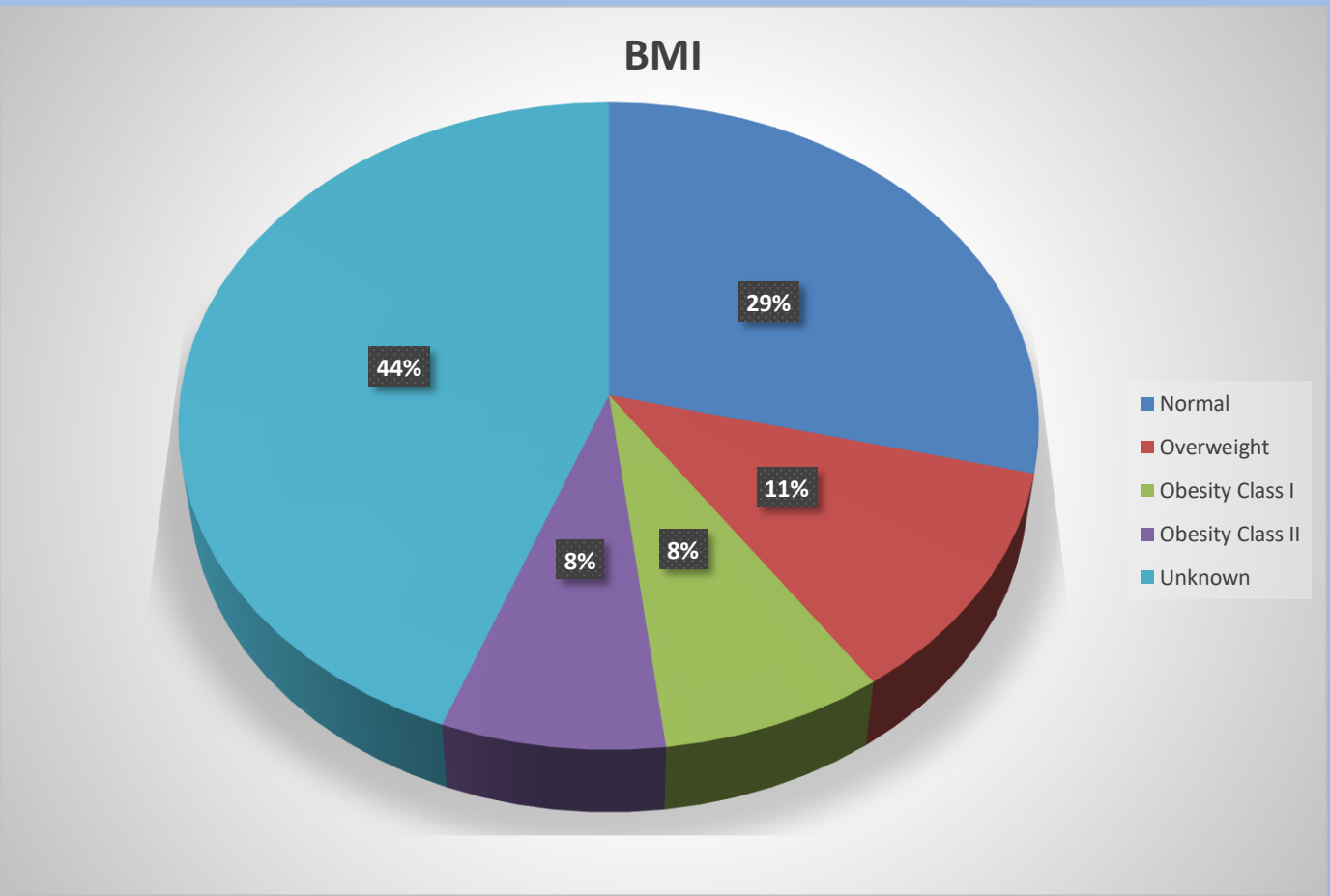
40-59 age group account for the majority (54%) of the cases, followed by age-group 20-39y (38%).



Two-third (66%) women were parous and 15% were nulliparous.

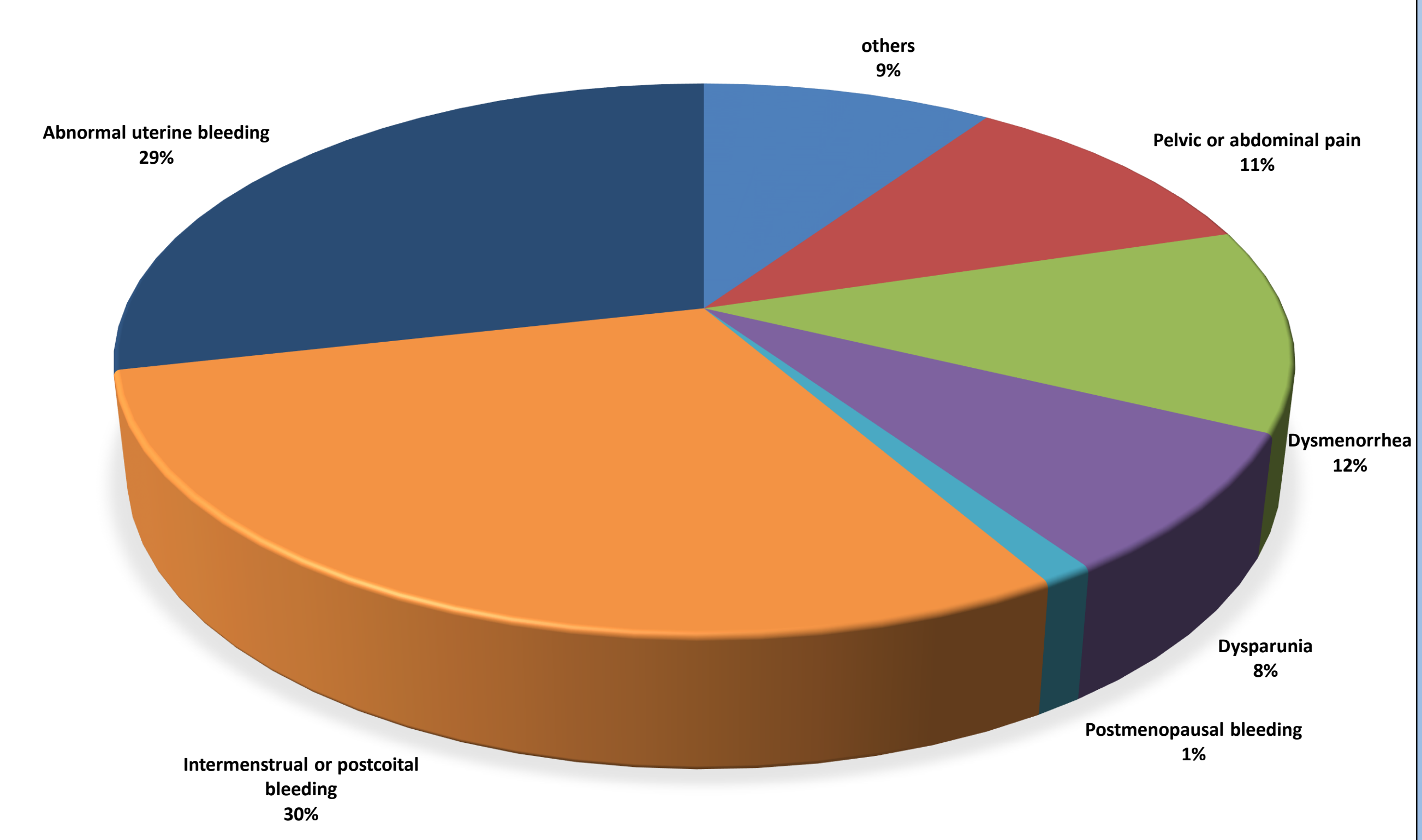


Nearly three-fourth (73%) were White-British ethnicity, 8% White Non-British ethnicity and 6% Asian ethnicity



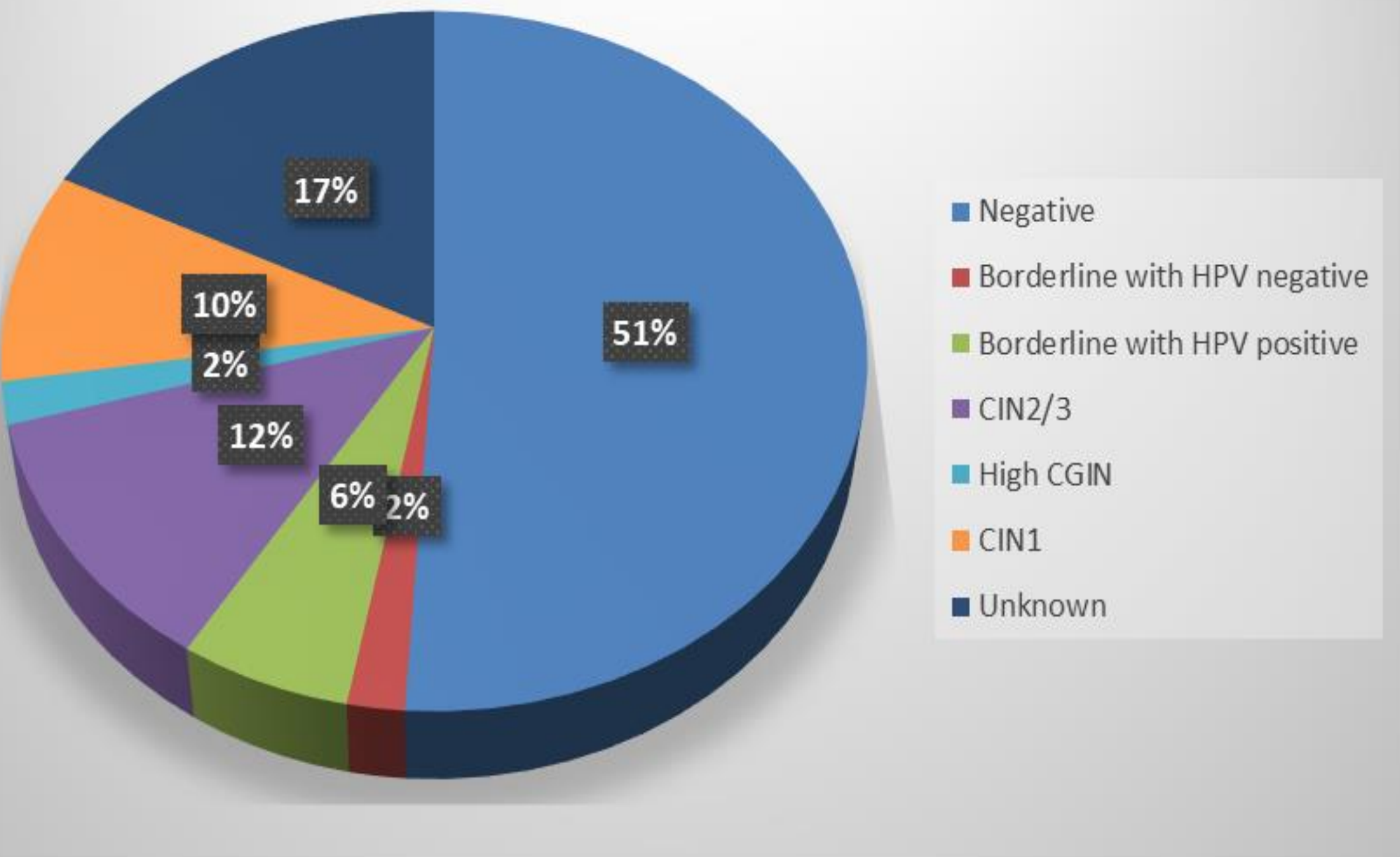
On documentation, BMI obtained for less than half of the women out of which majority had normal BMI. 16 % were obese.

SYMPTOM CATEGORY



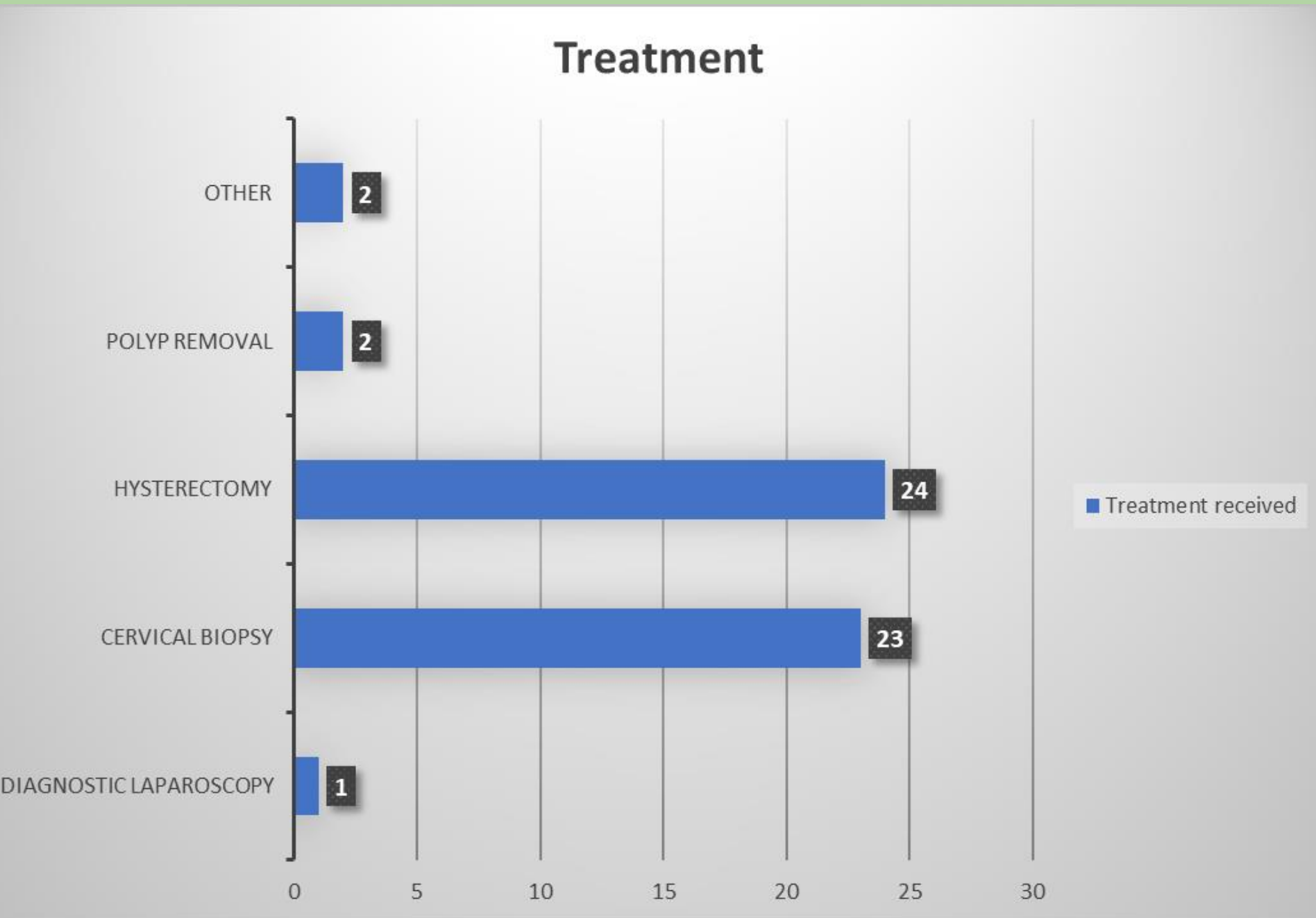
Most common symptom was IMB/PCB (30%), followed by abnormal uterine bleeding (AUB) (29%). Dysmenorrhea (12%), dyspareunia (8%); Pelvic/ abdominal pain (11%) were others. Others include smear follow-ups, polyp suspicion or malignancy.

Recent cervical smear results



- Half of the patients had a negative smear test
- 17% (9/52) smear test result unknown
- 32% (17/52) had abnormal smear test:
 - 12% CIN 2/3
 - 10% CIN 1
 - 6% Borderline with HPV positive
 - 2% Borderline with HPV negative
 - 2% High CGIN

RESULTS



Hysterectomy:

24/52 (46%) of women

Cervical Biopsy:

23/52 (44%) had it done for either cervical abnormality or symptoms

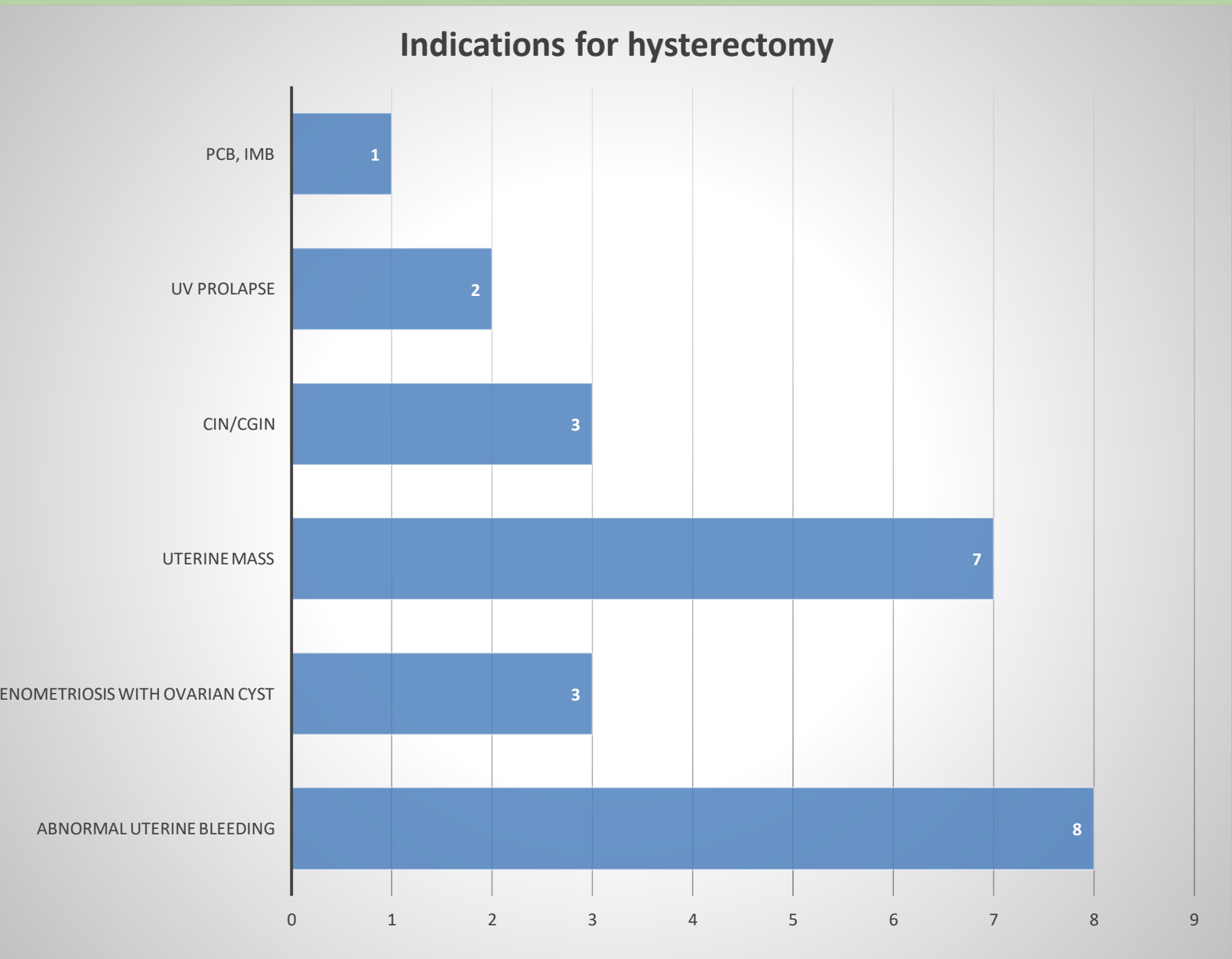
- 11 cases for CIN lesions

- 8 had for bleeding abnormalities

- 1 for PMB

Diag Lap + colposcopy + hysteroscopy

Other: 1 staging laparotomy, Removal of Cervix stump and vaginal cuff+ BSO



Total patients-24

- 8 (33%) for AUB
- 7(28%) for uterine mass like adenomyosis and/or leiomyoma;
- 3 (12%) for ovarian endometriosis
- 3 (12%) for cervical abnormalities
- 2 (8%) vaginal hysterectomy for prolapse

Colposcopy Performed

29/52 (56%) women had it done:

17/52(32%) had for abnormal smears ranging from borderline to CIN1,2,3 and CGIN

10/29 (34%) based on symptoms or inspection (normal smear)

2 as part of follow up.

CONCLUSION

• Cervical endometriosis is not a diagnosis that we consider routinely, however the above data suggests that in women who had abnormal smears or AUB could have this diagnosis.

• There is no guidance regarding further management of women diagnosed with isolated cervical endometriosis. However, the pragmatic approach would be to offer medical suppression or laparoscopy if symptomatic with pelvic pain and/or bowel symptoms.

DISCUSSION

- Should colposcopy +/- cervical biopsy be performed to rule out CE?
- Whether hormonal therapy or cervical treatment could be offered to them, before surgical treatment?

TAKE HOME MESSAGE

Consider cervical endometriosis as one of possible diagnoses when abnormal bleeding (IMB, PCB) is the recurrent symptom and other cervical or uterine causes have been ruled out.