



Conservative Management of Cervical Intraepithelial Neoplasia Grade-2: An audit to evaluate safety and outcomes

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BACKGROUND

CIN-2 is considered as challenging category because of its limited reproducibility and encompassing manifestations of HPV infections and early abnormalities. CIN2 can be effectively monitored especially in young women contemplating future pregnancies. This management approach is favored due to its low cancer associated risks and the increased risk of pre term delivery linked to excisional treatments.

OBJECTIVES

To evaluate the safety and outcomes of conservative management of CIN-2 such as regression and persistence of CIN-2 and progression to CIN-3 / Invasive Cancer.

METHODS

Retrospective audit conducted from 1st January 2020 to 31st December 2023. All patients with histologically proven CIN-2 on index biopsy were included in the study .The auditable standards were taken from BSCCP and UK national guideline 2018 including histological confirmation of CIN-2, MDT review of all the cases of CIN-2 having conservative management to exclude under / over diagnosis, patients agreement to follow up six monthly for 24 months in Colposcopy Clinic with colposcopic examinations including repeat cervical sampling and repeat biopsy (if indicated by the presence of a more severe lesion on colposcopic examination), CIN2 lesion occupies no more than 2 quadrants of the cervix. The data collection was done from colposcopy database . A total number of 126 patients were included in the study out of which, 84(66.66%) had conservative management and the results concluded were expressed in percentages.

CONCLUSION

All patients for conservative management of CIN 2 should be discussed in MDT meeting to exclude over/under diagnosis. Based on the audit results we recommended to develop a departmental protocol for conservative management of CIN2 i-e 6 monthly follow up with colposcopy, cytology and cervical biopsy if indicated and also for the plan of discharge after follow up in colposcopy i-e one / two negative cytology and HPV to discharge to GP for smear in 36 months.

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RESULTS

