

Efficacy And Patient Outcomes Of Colposcopic Resection For High-grade Cervical Dysplasia

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Background

Cervical intraepithelial neoplasia (CIN), commonly referred to as cervical dysplasia, constitutes the most prevalent precancerous lesion of the cervix. It is characterized by abnormal squamous epithelial changes within the transformation zone. Management options for high-grade or recurrent cervical dysplasia include local ablative therapies and colposcopic loop electrosurgical excision. Ongoing surveillance following initial treatment remains a critical component of care to monitor for recurrence and progression.

Objectives

The primary aim of this study was to evaluate the efficacy of colposcopic resection in the management of high-grade or recurrent cervical dysplasia. Additionally, the study sought to assess patient compliance with follow-up protocols and explore patient perceptions and attitudes towards the procedure and its outcomes.

Study Design

This was a retrospective descriptive study conducted among patients who underwent colposcopic resection following a diagnosis of cervical dysplasia.

Methods

The study included 25 patients who were diagnosed with cervical dysplasia based on findings from routine Papanicolaou (PAP) smear screening and subsequently underwent colposcopic resection. Patient data were collected retrospectively from clinical records and supplemented by information obtained through interviewer-administered questionnaires. Participants were followed up postoperatively to assess recurrence, further intervention, and satisfaction with the procedure. The median duration of follow-up was 3 years.

Results

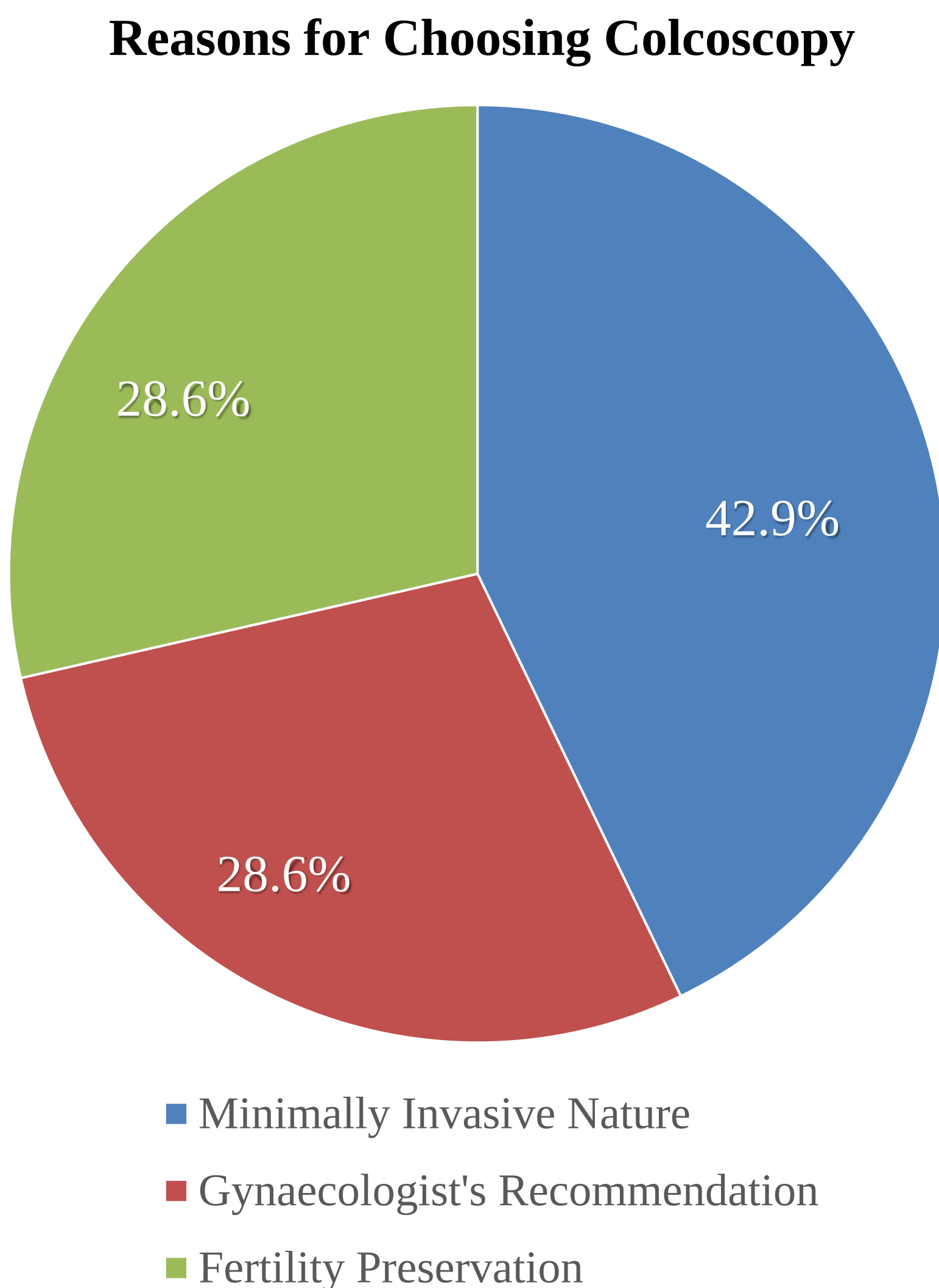
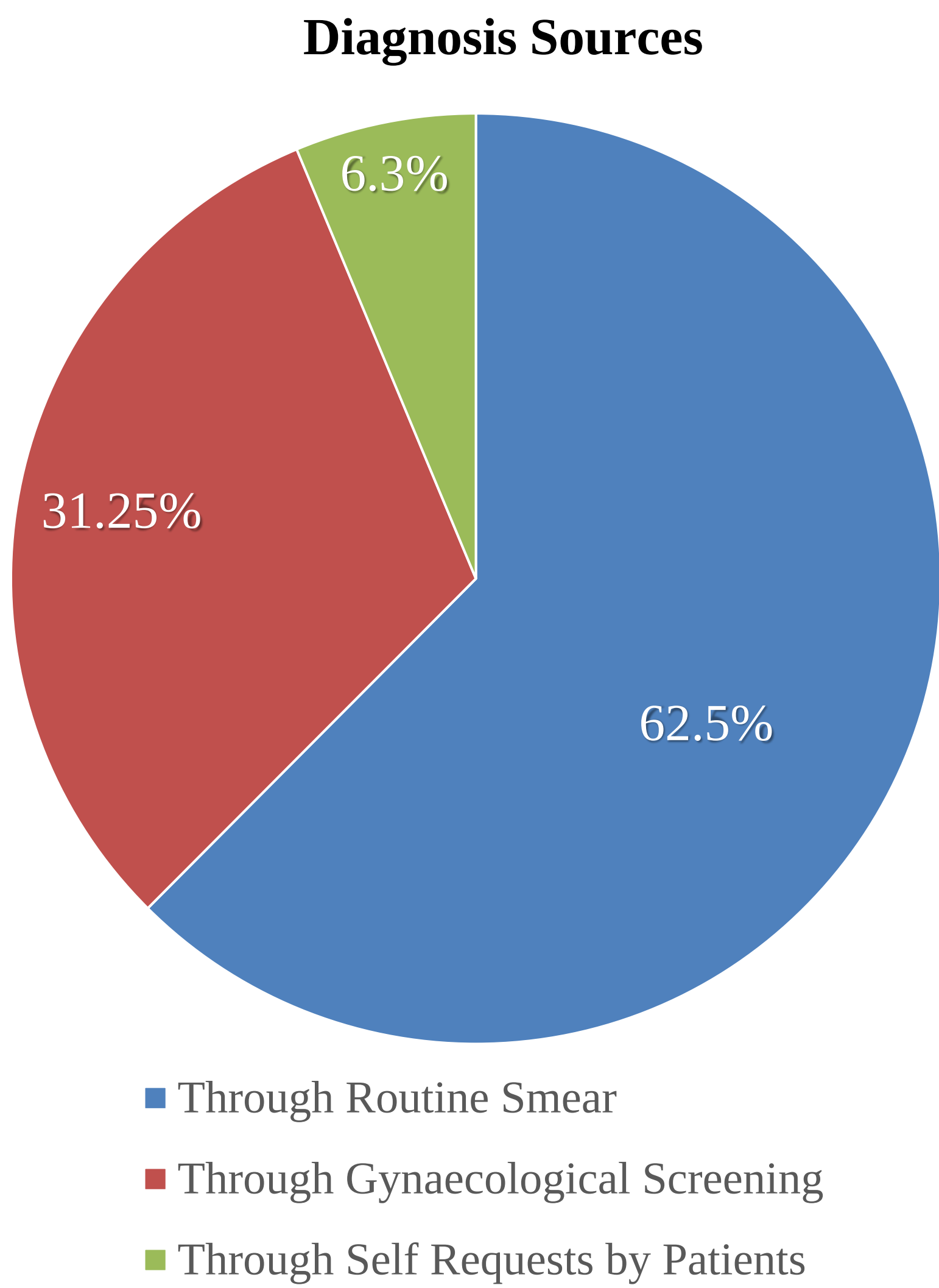
The mean age of the cohort was 43.2 years, and all participants were of Asian ethnicity. A majority (94.1%) were married, with 47.1% having attained tertiary education and 58.8% being employed.

Regarding the mode of diagnosis, 62.5% of dysplasia cases were detected via routine cervical smear screening at ages 35 or 45, 31.25% through gynaecologist-initiated screening, and 6.3% through self-requested PAP smears.

Cytological assessment revealed that 50% of patients had high-grade squamous intraepithelial lesions (HSIL), while the remaining 50% presented with persistent low-grade lesions (LSIL).

Patient-reported reasons for opting for colposcopic resection included its minimally invasive nature (42.9%), gynaecologist recommendation (28.6%), and the desire to preserve fertility (28.6%).

Histopathological examination post-resection showed 45.5% HSIL and 54.5% LSIL, with 72.7% of specimens demonstrating clear surgical margins. Importantly, no cases of invasive carcinoma were identified.



Follow-Up

All patients acknowledged the necessity of postoperative follow-up, which was scheduled at 2 and 6 months following the procedure, followed by annual reviews for a duration of 5 years.

Despite this structured follow-up plan, more than 50% of participants missed one or more appointments. Among those who attended the initial follow-up, 40% exhibited positive cytological findings, and 30% developed new abnormalities during subsequent evaluations. Only 18.2% required additional surgical intervention.

In terms of patient experience, 37.5% reported satisfaction with the procedure, while 43.8% expressed anxiety about potential recurrence. A smaller proportion (18%) remained indifferent regarding their post-treatment status.

Conclusion

Colposcopic resection serves as an effective and fertility-preserving modality in the treatment of high-grade and recurrent cervical dysplasia. The procedure is associated with clear resection margins in the majority of cases and a low rate of progression to invasive carcinoma.

Nevertheless, considerable levels of post-treatment anxiety persist among patients, and adherence to long-term follow-up remains suboptimal. Despite these challenges, the necessity for further surgical intervention was limited to a minority (18.2%) of patients, indicating a generally favourable clinical outcome.