

Conservative management of cervical intraepithelial neoplasia Grade 2: Retrospective study

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Objective

To assess the outcomes of conservative management of cervical intraepithelial neoplasia grade 2 (CIN2) in terms of regression, persistence, or progression of the disease.

Design

A retrospective, single-centre study analysing the clinical outcomes of CIN2 patients managed conservatively.

Method

The study included 54 patients with a mean age of 33.5 years. Clinical outcomes of CIN2 were categorized into regression, persistence, and progression. The average duration of resolution time was calculated, and factors such as age and smoking were analysed for their influence on outcomes. Treatment approaches for persistent cases were also reviewed

Results

Of the 54 cases, 33 (61.1%) showed regression of CIN2, while 21 (38.8%) persisted. No case progressed to CIN3. The average age in the regression group was 30.9 years, compared to 33.5 years in the persistent group. Among the regression group, 64% of patients were under 30 years of age, compared to only 20% in the persistent group. The average resolution time for regression cases was 9.5 months.

In persistent CIN2 cases, two patients were treated with cold coagulation, while the remaining underwent large loop excision of the transformation zone (LLETZ). Outcomes were comparable to those reported in the literature. Smoking was identified as a significant risk factor for persistence or progression of the disease.

Conclusion

This study highlights that conservative treatment of CIN2 is effective, with the majority of cases showing regression. Younger age (under 30 years) is associated with a higher likelihood of regression, while smoking remains a key risk factor for persistence or progression. Importantly, no case progressed to CIN3 during the study period. Conservative management should be considered as a viable option for selected patients, provided there is regular and timely assessment along with good patient compliance. Given the association between local treatment for CIN and risks such as preterm birth and pregnancy loss, it is crucial to prioritize treatment for cases with true progressive potential, particularly in women of childbearing age. some studies have also demonstrated Over a two-year follow-up, the costs were higher for patients undergoing treatment compared to those under active surveillance. More studies are recommended to validate these findings and refine patient selection criteria.