

Management of Cervical Intraepithelial Neoplasia 2 (CIN 2): A Retrospective Observational Study

Neha Shah¹, Rabhia Basry², Sonu Pathak³

Royal Free London NHS Foundation Trust (Barnet and Chase Farm Hospitals)

¹ ST7 Registrar in Obstetrics and Gynaecology

² Obstetrics and Gynaecology Consultant

³ Obstetrics and Gynaecology Consultant, Colposcopy Lead

Introduction

CIN 2 is a premalignant lesion of the cervix that has traditionally been managed with excisional treatment. Growing evidence suggests that a substantial proportion of CIN 2 cases may regress spontaneously. A recent meta-analysis¹ reported a spontaneous regression rate of 50% over a 24-month period, highlighting the potential for conservative management. The British Society for Colposcopy and Cervical Pathology (BSCCP) supports this approach, outlining criteria to identify patients who may be safely managed conservatively.

The objectives of this study were to:

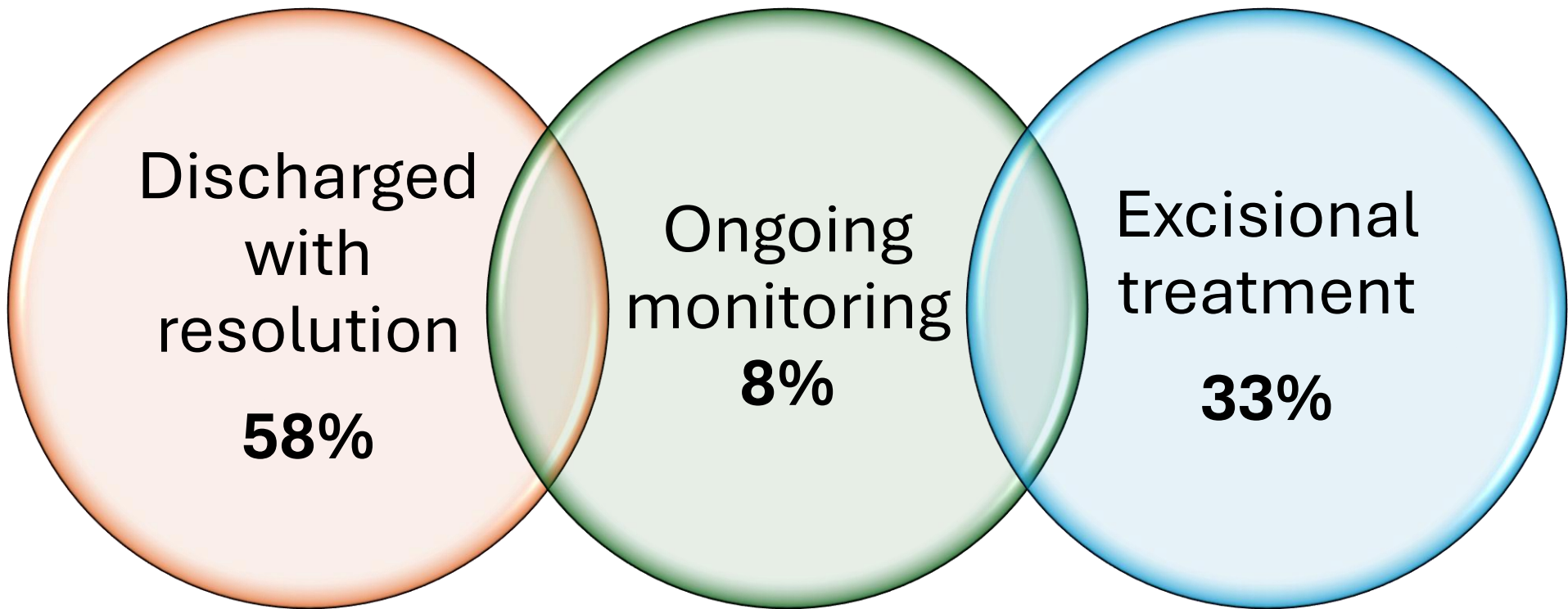
- Assess the proportion of patients diagnosed with CIN 2 who were managed with excisional procedures versus conservative follow-up in our unit.
- Evaluate the clinical outcomes of patients managed conservatively.

Methods

We identified the first 50 patients diagnosed with biopsy-confirmed CIN 2 in 2022 at Barnet and Chase Farm Hospitals using the colposcopy database. Retrospective data collection included demographics, referral reasons, colposcopic findings, management approach, and clinical outcomes.

Outcomes following conservative management

Data was available for 12 out of the 15 patients in the conservative management group. Of these, 58% were discharged with resolution of dyskaryosis. 33% underwent LLETZ treatment during the surveillance timeframe and 8% remained under monitoring at the end of the follow-up period. There were no cases of cervical cancer.



Conclusion

This study suggests that conservative management of CIN 2 in carefully selected cases can be effective, with 58% of conservatively managed patients in our unit being discharged within 24 months due to resolution of dyskaryosis.

Results

Patient Demographics

The median age of patients was 34.5 (IQR 30-41.5). 39% of patients were nulliparous. 18% were current smokers. 4% of patients had undergone prior treatment for cervical dyskaryosis.

Reason for referral

The primary reasons for referral included borderline changes in squamous cells (12%), mild dyskaryosis (28%), moderate dyskaryosis (44%), severe dyskaryosis (10%), moderate dyskaryosis & glandular neoplasia of endocervical type (2%) and symptom-based referrals (4%).

Management

Of the 50 patients, 30% were managed conservatively, while 70% underwent surgical treatment.

Surgical treatments consisted of LLETZ in 97% of cases, and cone biopsy in 3% of cases. 32% these procedures were performed under general anaesthetic, and 68% under local anaesthetic. Depth of excision ranged from <7mm (29%), 7-10mm (46%), 11-15mm (11%), 16-20mm (11%) to >20mm (3%). Histopathology from the excisional treatment revealed CIN 1 (14%), CIN 2 (51%), CIN 3 (29%), CIN 2 with co-existent CGIN (3%), CIN 3 with co-existent CGIN (3%). 89% of excisional treatments had clear margins, and test-of-cure was negative in 86% of cases. Over the two years follow up period, 6% of patients required a secondary procedure.

References

1. Tainio K, Athanasiou A, Tikkinen KAO, Aaltonen R, Cárdenas J, Glazer-Livson S, et al. Clinical course of untreated cervical intraepithelial neoplasia grade 2 under active surveillance: systematic review and meta-analysis. *BMJ*. 2018;360:k499. doi:10.1136/bmj.k499