

International Journal of Medical Science and Advanced Clinical Research (IJMACR)

Available Online at: www.ijmacr.com

Volume - 5, Issue - 6, November - December - 2022, Page No.: 339 - 342

Evaluation of unhealthy cervix in correlation with Pap smear colposcopy and Histopathology

¹Dr. Santoshi Kumari Gollapalli, 3rd year PG (MS OBG), Kamineni academy of medical sciences and research Centre, L.B Nagar. MBBS: Kamineni institute of medical sciences, Narketpally.

Corresponding Author: Dr. Santoshi Kumari Gollapalli, 3rd year PG (MS OBG), Kamineni academy of medical sciences and research Centre, L.B Nagar. MBBS: Kamineni institute of medical sciences, Narketpally.

How to citation this article: Dr. Santoshi Kumari Gollapalli, "Evaluation of unhealthy cervix in correlation with Pap smear colposcopy and Histopathology", IJMACR- November – December - 2022, Vol – 5, Issue - 6, P. No. 339 – 342.

Copyright: © 2022, Dr. Santoshi Kumari Gollapalli, et al. This is an open access journal and article distributed under the terms of the creative commons attribution noncommercial License 4.0. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Introduction: Cervical cancer is the most common gynecological malignancies in women. Incidence of cervical cancer according to GLOBOCAN 2020 is 13.3, mortality rate is 7.3. Unhealthy cervix is a group of cervical lesions, usually include chronic cervicitis, Endo cervicitis, cervical erosions, polyps and leukoplakia.

Aims & objectives: to detect the Pre-cancerous & Cancerous lesions of cervix.

To correlate Pap smear, Colposcopy & Histopathology.

Materials & methods: This retrospective study is conducted in women aged 18-65 with unhealthy cervix and was carried out at department of obstetrics and Gynaecology in Kamineni Academy of Medical Sciences and Research Centre, LB Nagar between Nov 2020 to May 2022.

Inclusion criteria

1. Age: 18-65 years.

- 2. Patients with abnormal symptoms like profuse white discharge, post coital bleeding, intermenstrual bleeding and post-menopausal bleeding.
- 3. Patients with abnormal pap smear reports.
- 4. Patients with unhealthy cervix diagnosed by speculum examination like cervical erosion, cervical polyps, condylomas.

Exclusion criteria

- 1. Women with frank invasive cancer.
- 2. Patients with bleeding at the time of examination.
- 3. Pregnant women.
- 4. Unmarried women.

Results

Table 1: Distribution of patients according to age

| Age in years | No. of patients | % |
|--------------|-----------------|-----|
| <30 | 5 | 5 |
| 31-40 | 86 | 86 |
| 41-50 | 9 | 9 |
| Total | 100 | 100 |

Table 2: distribution of patients according to symptoms

| Symptoms | No. of patients | % |
|--------------------------|-----------------|-----|
| White Discharge | 86 | 86 |
| Intermenstrual bleeding | 5 | 5 |
| Post coital bleeding | 5 | 5 |
| post-menopausal bleeding | 4 | 4 |
| Total | 100 | 100 |

Table 3: distribution of patients according to clinical appearance of cervix

| Clinical Appearance of Cervix | No. of patients | % |
|--------------------------------------|-----------------|-----|
| Cervix flushed with vagina | 3 | 3 |
| Endocervical polyp | 2 | 2 |
| Erosion | 44 | 44 |
| Hypertrophied cervix with erosion | 30 | 30 |
| Hypertrophied cervix bleeds on touch | 21 | 21 |
| Total | 100 | 100 |

Table 4: pap smear results

| PAPSMEAR | No. of patients | % |
|----------|-----------------|-----|
| Normal | 4 | 4 |
| INF | 78 | 78 |
| LSIL | 13 | 13 |
| HSIL | 5 | 5 |
| Total | 100 | 100 |

Table 5: colposcopy results

| COLPOSCOPY | No. of patients (n=100) | % |
|---|----------------------------|----|
| Normal | 3 | 3 |
| Abnormal | 97 | 97 |
| Inflammation/squamous metaplasia/erosion | 60 | 60 |
| Hazy/faint acetowhite areas. Fine punctations or mosaicism | 15 | 15 |
| Dense acetowhite areas. Coarse punctations or mosaicism | 13 | 13 |
| Unsatisfactory | 7 | 7 |
| Malignancy (intense acetowhite lesion, coarse irregular punctations, cork screw vessels | 2 | 2 |

Table 6: biopsy results.

| Biopsy | No. of patients (n=100) | % |
|---|-------------------------|----|
| Normal | 3 | 3 |
| Abnormal | 97 | 97 |
| A. Cervicitis | 75 | 75 |
| B. Chronic non- specific polypoidal Endocervicitis with Benign Polyp | 2 | 2 |
| C. Mild dysplasia | 9 | 9 |
| D. Moderate/Severe dysplasia | 7 | 7 |
| E. SCC | 4 | 4 |

Table 7: correlation between colposcopy and biopsy

| | | | Biopsy | | | |
|--|----------|---------------------------|-------------------|----------------------------------|------------|---------|
| Colposcopy | Normal | Cervicitis/ metaplasia | Mild dysplasia | Moderate/ Severe dysplasia | Malignancy | Total |
| Normal | 2(66.7%) | 0(0%) | 1(11.1%) | 0(0%) | 0(0%) | 3(3%) |
| Inflammatory/Squamous metaplasia/erosion | 1(33.3%) | 56(72.7%) | 2(22.2%) | 1(14.3%) | 0(0%) | 60(60%) |
| Hazy/Faint acetowhite areas, fine punctations or mosaicism | 0(0%) | 11(14.3%) | 4(44.4%) | 0(0%) | 0(0%) | 15(15%) |
| Dense acetowhite areas, coarse punctations or mosaicism | 0(0%) | 4(5.2%) | 2(22.2%) | 5(71.4%) | 2(50%) | 13(13%) |
| Unsatisfactory | 0(0%) | 6(7.8%) | 0(0%) | 1(14.3%) | 0(0%) | 7(7%) |
| Malignancy | 0(0%) | 0(0%) | 0(0%) | 0(0%) | 2(50%) | 2(2%) |

Table 8: diagnostic efficacy of pap smear

| Pap | Bio | psy | Total |
|----------|----------|----------|-----------|
| smear | Positive | Negative | Total |
| Positive | 10(50%) | 8(10%) | 18(18%) |
| Negative | 10(50%) | 72(90%) | 82(82%) |
| Total | 20(100%) | 80(100%) | 100(100%) |

Table 10: correlation between pap smear and biopsy

| Table 9: diagnostic efficacy of colposcopy and biopsy | Table 9: | diagnostic | efficacy | of col | poscopy | and bio | psy |
|---|----------|------------|----------|--------|---------|---------|-----|
|---|----------|------------|----------|--------|---------|---------|-----|

| Colnoscopy | Bio | psy | Total |
|------------|----------|-----------|-----------|
| Colposcopy | Positive | Negative | Total |
| Positive | 17(85%) | 13(16.2%) | 30(30%) |
| Negative | 3(15%) | 67(83.7%) | 70(70%) |
| Total | 20(100%) | 80(100%) | 100(100%) |

| Pap | | Biopsy | | | | Total |
|--------------|----------|------------|----------------|----------------------|------------|-----------|
| Smear | Normal | Cervicitis | Mild dysplasia | Mod/Severe dysplasia | Malignancy | Total |
| Normal | 2(66.7%) | 2(2.6%) | 0(0%) | 0(0%) | 0(0%) | 4(4%) |
| Inflammatory | 1(33.3%) | 67(87.01%) | 6(66.7%) | 4(57.14%) | 0(0%) | 78(78%) |
| LSIL | 0(0%) | 8(10.3%) | 2(22.2%) | 2(28.57%) | 1(25%) | 13(13%) |
| HSIL | 0(0%) | 0(0%) | 1(11.1%) | 1(14.2%) | 3(75%) | 5(5%) |
| Total | 3(100%) | 77(100%) | 9(100%) | 7(100%) | 4(100%) | 100(100%) |

Table 11: diagnostic efficacy of tests

| | Sensitivity | Specificity | PPV | NPV | TP | FP | TN | FN | Accuracy |
|------------|-------------|-------------|--------|--------|----|----|----|----|----------|
| Pap Smear | 50% | 90% | 55.50% | 87.80% | 10 | 8 | 72 | 10 | 82% |
| Colposcopy | 85% | 83.75% | 56.60% | 95.70% | 17 | 13 | 67 | 3 | 84% |

From the results of this study, it is evident that colposcopy and colposcopic guided biopsy is definitely more sensitive and accurate than Pap smear. By combining Pap smear with colposcopy and colposcopic guided biopsy, we can maximize the sensitivity and specificity of cervical cancer screening.

References

- 1. World health organization. Cervical Cancer Screening in Developing Countries [Internet]. Geneva: World health organization; 2002:1-75. Available from: https://www.who.int/cancer/media/en/cancer cervical 37321.pd (accessed 21 November 2014).
- 2. Bobdey S, Sathwara J, Jain A, Balasubramanian G. Burden of cervical cancer and role of screening in India. Indian J Med Paediatric Oncology. 2016 Oct-Dec; 37 (4): 278-285.

- 3. Pandey K, Bhogoliwal A: Cancer cervix- need for mass surveillance program especially in Rural areas. J Obstet Gynecol India. 2005:55(5):436-9.
- 4. Vinay K, Abbas AK, Aster JC. Robbins and Cot ran Patho logic Basis of Disease. 9th ed. Chicago: Elsevier Science Health Science Division: 2015.
- 5. Addis IB. Hatch KD, Berek JS. Intraepithelial disease of the cervix, vagina and vulva. Berek and Novak's Gynecology 14thEd Lippincott Williams and Wilkins 2007;573.
- 6. Reid R, Scalzi P. Genital warts and cervical cancer. VII. An improved colposcopic index for differentiating benign papillomaviral infections from high-grade cervical in traepithelialneoplasia. Am J Obstetric Gynecol. 1985; 153(6):611-8.

- 7. Goel A, Gandhi G, Batra S, Bhambani S, Zutshi V, Sachdeva P. Visual inspection of the cervix with acetic acid for cervical Intraepithelial lesions. Dept of Obstetrics and Gynaecology, Maulan Azad medical college, new Delhi, India. Int J Gynecol Obstet. 2005: 88 (1): 25-30.
- 8. Arora R, Vijaya K, Habeebullah S, Asha O. Colpos copice valuation of unhealthy cervix. J Obstet Gynecol Ind.2000; 50:102-3.
- 9. Chaudhary RD, Inamdar SA, Hariharan C. Correlation of diagnostic efficacy of unhealthy cervix by cytology, colposcopy and histopathology in women of rural areas. Int J Reprod Contracept Obstet Gynecol. 2014;3(1):213-8.
- 10.Krishnegowda S, Veena MS. Efficacy of colposcopy technique with Pap smear and histology in screening of cervical lesions. Int J Repord Contracept Obstet Gynecol. 2014;3(3):696-702.
- 11.Bal MS, Goyal R, Suri AK, Mohi MK. Detection of abnormal cervical cytology in Papanicolaou smears. J Cytol. 2012 Jan-Mar:29(1):45-7.
- 12.Shastri SS, Dins haw K, Amin G, Goswami S, Patil S, Chinoy R, etal. Concurrent evaluation of Visual cytological and HPV testing as screening methods for the early detection of cervical neoplasia in Mumbai, India. Bull World Healthy Organ.2005:83(3):186-94.
- 13.Bodal VK, Brar BK. Correlation of pap smear with his to pathological findings in malignant and non-malignant lesions of cervix. Glob J Med Res E Gynecol Obstet. 2014; 14:19-23.
- 14. Joshi C, Kujur P, Thakur N. Correlation of pap smear and colposcopy in relation to histopathological findings in detection of premalignant lesions of cervix in a tertiary care center. Int J Sci Stud. 2015;3(8):55-60.

- 15.Ramesh G, Sudha R, Jayashree AK, et al. Colposcopic evaluation of unhealthy cervix. I Clin and Diagnos Res. 2012;6(6):1026-8.
- 16.Mallur PR, Desai BR, Anita D, Geeta D, Bhavana S, Pallav G. Sequential screening with cytology and colposcopy in detection of cervical Neoplasia. J South Asian Fed Obstet Gynaecol.2009:1(3):45-8.