

SCREENING FOR CERVICAL CANCER IN A TUNISIAN HOSPITAL

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BACKGROUND

As mentioned in our title, our study focused on screening for cervical cancer in Tunisia. Cervical cancer is still one of the most common cancers in the world today, ranking second among women's cancers in terms of incidence and first in terms of mortality. In Tunisia, it represents the second woman cancer site after breast cancer. It affects the young woman and is mostly discovered at an advanced stage. Persistent infection of the cervical mucosa with HPV is a necessary condition for the development of cervical cancer and precancerous lesions.

Its an ideal candidate for screening by it's slow evolution and the existence of many curable pre-cancerous lesions.

AIM OF THE STUDY

Our first objective was to analyze the epidemiological, clinical and cyto-colpo-histological data of patients who had a colposcopy.

The second objective is to evaluate the reliability of colposcopy and its results in our practice.

METHODS

To meet these objectives, we conducted a prospective, single-center longitudinal descriptive study at our obstetrics and gynecology department over a 22-month period from May 2015 to February 2017.

Inclusion criteria: all patients who had a colposcopy, whatever the indication.

Criteria for non-inclusion: known patients with gynecological neoplastic pathology.

Exclusion criteria: Colposcopy was performed for a different indication than pathological PAP such as colposcopic control in post-treatment surveillance.

Our standard in judgment is the presence of cervical dysplasia (cervical biopsies, cone pieces) and we use the WHO histological classification CIN in 3 stages of increasing severity.

DISCUSSION

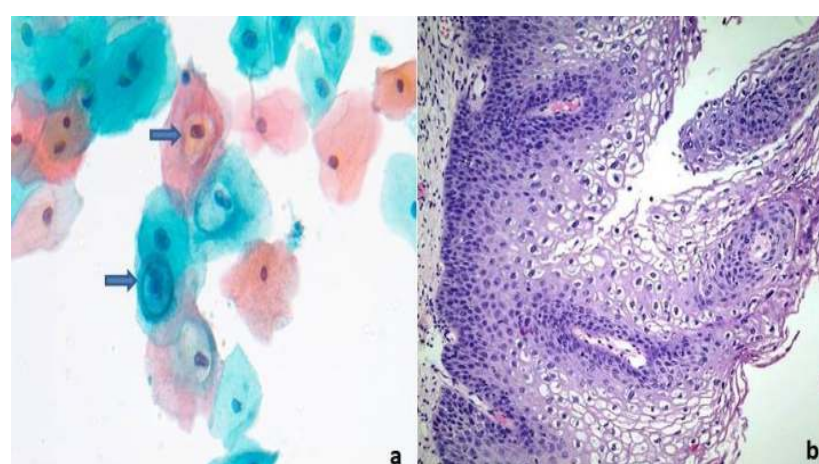
Our results show that screening is done late with a rate of 85% achieved at an age of over 40 years.

Munoz, in a meta-analysis of 8 case-control studies, showed that women who had 3 or 4 children were 2.6 times more likely to get cervical cancer; those who had 7 or more children were 3.8 times more likely.

Moreno in a meta-analysis of 10 case-control studies suggests that long-term use of oral contraceptives could increase the risk of cervical cancer up to 4-fold in women with HPV infection.

2% of the PAP's performed in our hospital was ASCUS, which is correct since the limit is set at 5% according to international recommendations.

There was no statistically significant relationship between degree of cytologic severity and degree of severity of colposcopic abnormalities with $p = 0.103$ (Fisher's test).

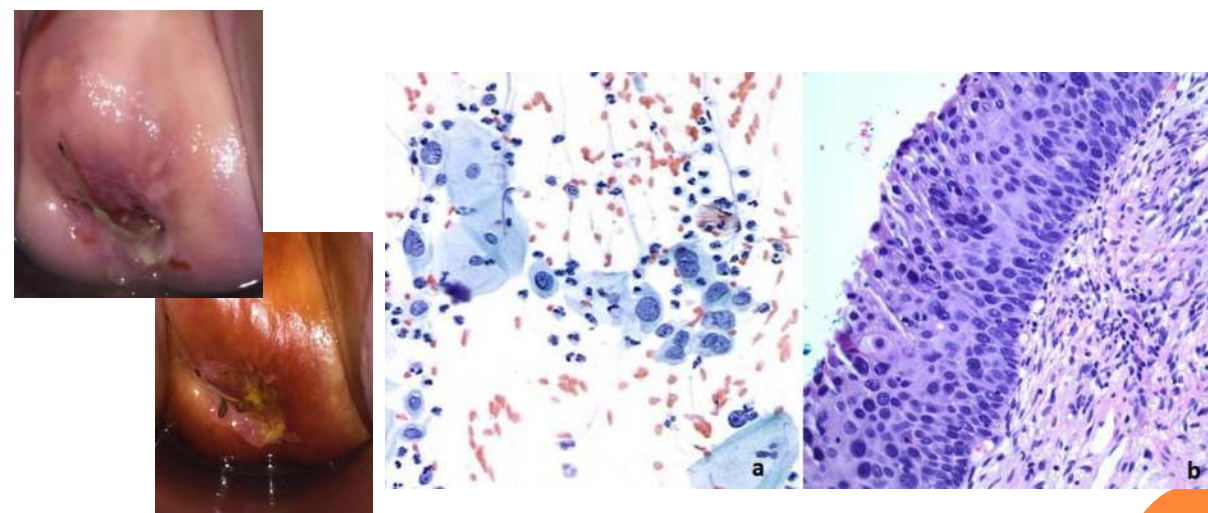


LSIL : multiple koilocytes (arrows) (a). Condyloma (b)

RESULTS

During the study period, 1543 of the patients who were screened in our department, 49 women had a pathological PAP. Nineteen other patients were referred to us for pathological PAP.

The mean age of our patients was 47,3 years. The mean parity was 2,7. The mean age at first sexual intercourse was 21 years. Five patients (8%) had multiple intimate partners. Thirty patients (47%), were in a genital activity period. Our study included 64 Pap smears : 31 atypical squamous cells of undetermined significance (48%), seven high grade squamous intraepithelial lesions (HSIL) (11%), 14 atypical squamous cells cannot exclude HSIL (22%), nine low grade squamous intraepithelial lesions (LSIL) (14%), three atypical glandular cells (5%). The Colposcopy showed atypical transformation grade 1 (ATG 1) in 22 patients (34%) (four cases of ATG 1a and 18 cases of ATG 1b), an atypical transformation grade 2 (ATG 2) in 42 patients (66%) (33 cases of ATG 2a and nine cases of ATG 2b). Cervical biopsy revealed normal cervical squamous mucosa in five patients (8%), cervicitis in 46 patients (72%) and condyloma in five patients (8%). A case of CIN 1 was found in four patients (6%), CIN 2 in two patients (3%) and CIN 3 in one patient (2%). Cervical biopsy revealed a case of squamous cell carcinoma with an imprecise infiltrating degree in one patient. The sensitivity of the colposcopy was 77% and the specificity of 37%. The positive predictive value was 24% and the negative predictive value was 86%. For high grade dysplasia, colposcopy had a sensitivity of 100%, a specificity of 37%. A conization was performed in five patients for squamous cell carcinoma or high grade dysplasia (two case of CIN 2 and one case of CIN 3). Conization was performed in a patient with cyto-histological discordance. Histological results of the tissue excised during conization detected a in situ carcinoma with adequate margins in two cases including one with micro-invasion.



HSIL : Oval cells with increased N/C ratio. Irregular nuclei with an irregular coarsely clumped chromatin (a) Severe dysplasie (CIN 3) : Loss of maturation and atypia in all layers of the epithelium (b)

CONCLUSION

We must make national recommendations on the subject, generalize the HPV test in ASCUS, centralize the management of pathological PAPs and create a colposcopy diploma to train accredited colposcopists.