RESIDUAL LESION POST CERVICAL CONIZATION IN CERVICAL CARCINOMA

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OBJECTIVE

To determine the presence of residual disease in the radical surgery specimen, in patients with a diagnosis of cervical carcinoma stage IA1-IB1 after cervical conization.

METHODS

Retrospective study. We included 21 patients with cervical carcinoma stage IA1-IB1 treated in our Section between June 2005 and December 2018. All were submitted to diagnostic cervical conization followed by radical oncological surgery. Different variables have been analyzed to establish their relationship with the presence of residual disease (RD) in the final surgical specimen.

RESULTS

The average age of the patients was 34 years. There were 5 patients with stage FIGO IA1, 2 with stage IA2 and 15 with stage IB1. The margins of the cones were negative in 7 cases (36.4%). In 14 (63.6%) cases the margins were compromised; 4 (28.6%) went for high-grade intraepithelial lesion, and 10 (71.4%) for invasive carcinoma. The result of the pathological anatomies of the oncological surgeries after the cone showed the presence of carcinoma in 7 surgical pieces (31.8%) (5 Type C Radical Hysterectomy 71.4%, 1 trachelectomy 14.3% and 1 Pelvic Lymphadenectomy 14.3%), HSIL in 1 hysterectomy (4.5%), and absence of injury in 15 cases (68.1%) (10 Type C Radical Hysterectomy 73.3%, 1 hysterectomies 6.6% and 3 trachelectomy 20%). Age older than 34 years, the postmenopausal state, the presence of symptoms, the margins of the cone compromised by invasive injury, and stage IB were associated with a higher incidence of residual lesion in the post surgical radical surgical specimen.

YEAR	AGE	STAGE	MARGINS	SURGERY	RD
2014	31	IB1	HSIL	RTQ PL MIS	Negative
2014	71	IB1	Inv Carcinoma	RTH Type C	Negative
2014	34	IB1	Inv Carcinoma	RTH Type C MIS	Negative
2013	33	IA2	Negative	RTH Type C MIS	Negative
2013	32	IB1	Negative	RTH Type C	Negative
2012	31	IB1	Negative	RTQ PL	Negative
2012	30	IB1	Inv Carcinoma	RTH Type C	Positive
2012	31	IA1	Negative	RTQ PL	Positive
2011	32	IB1	Negative	RTH Type C	Positive
2009	53	IB1	Inv Carcinoma	RTH Type C	Negative
2009	56	IB1	Inv Carcinoma	RTH Type C	Positive
2008	40	IA1	HSIL	Hysterectomy	Negative
2008	47	IA1	Negative	Hysterectomy	Negative
2007	45	IA1	Negative	Hysterectomy	Negative
2007	29	IB1	Inv Carcinoma	RTH Type C	Positive
2007	34	IA1	HSIL	RTH Type C	Positive
2006	28	IB1	Inv Carcinoma	RTH Type C	Negative
2005	38	IB1	HSIL	RTH Type C	Negative
2005	37	IB1	Inv Carcinoma	RTH Type C	Positive
2016	34	IB1	Inv Carcinoma	RTQ PL MIS	Negative
2018	28	IA2	Inv Carcinoma	RTQ PL	Negative
2018	51	IB1	Inv Carcinoma	RTH Type C	Negative

CONCLUSION

The characteristics of the patients, such as age and hormonal status, as well as margins of the conization piece and the histological type of the tumor are factors to be considered in the prediction of residual tumor postconization.