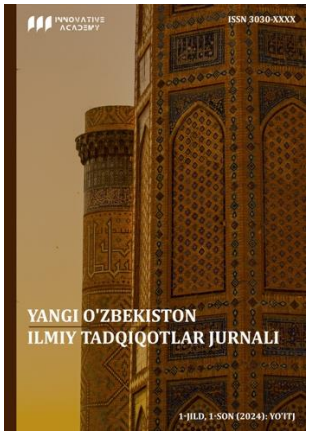

MODERN ASPECTS OF DIAGNOSIS OF SEVERE CERVICAL INTRAEPITHELIAL NEOPLASIA

Dzhamalov Gayrat Umarovich
Karimov Dilshod Mukhammadovich
Khafizov Doston Abduraufovich,
Sunnatov Damir Tulkinovich
Samarkand State Medical University, Samarkand, Uzbekistan.
Scientific adviser: Ulmasov F.G.
https://doi.org/10.5281/zenodo.10731081

ARTICLE INFO

Qabul qilindi: 27-fevral 2024 yil
Ma'qullandi: 28-fevral 2024 yil
Nashr qilindi: 01-mart 2024 yil

KEY WORDS

neoplasia, cervix, CIN, intraepithelial neoplasia, cervical canal

ABSTRACT

The article presents data on the diagnosis of intraepithelial neoplasia in women. A retrospective analysis of 51 medical records of patients with cervical dysplasia was carried out to study and evaluate the indicators and their impact on the manifestation of dysplasia. The study showed that the diagnostic algorithm for the examination of patients with HSIL/CINII is multicomponent and, when fully implemented, allows choosing the most adequate treatment tactics in each case.

Relevance. As you know, cervical dysplasia (cervical interepithelial neoplasia) is a precancerous disease. It is characterized by the presence of atypical cells in the cervix. Often there are no symptoms of cervical dysplasia. Therefore, this condition is dangerous as the disease progresses and can progress to cancer. Every year, 37,000 cases are diagnosed with cervical cancer [4]. Cervical cancer plays an important role among cancer patients. 190,000 women die from cervical cancer in year. In Russia, 12,300 new cases are registered annually [1]. Since 1941, the Papanikalau method or PAP smear cytology has been used for diagnostic purposes. This method makes it possible to detect and treat cervical dysplasia and cervical cancer at an early stage. As a result, the rate of cervical cancer and cancer mortality was reduced to 11.6% of women [2, 5]. Risk factors for the development of cervical dysplasia include women with a history of malignant cancer, women with unhealthy habits (alcohol abuse, smoking), multiple abortions, chronic inflammation of the uterus and cervix.

WHO recommends the use of liquid cytology for cervical screening with 95% efficiency. This method makes it possible to detect cervical dysplasia in the early stages. This makes it possible to treat and improve the consequences of the disease at an early stage. The material is obtained painlessly with the help of a special cytobrush containing an agent that is immediately mixed with the liquid in a sealed vial. Therefore, this test is called liquid cytology. In the fluid, the cell and its nucleus do not change, and a definitive diagnosis is made. In addition to the material obtained, polymerase chain reaction (PJR) and immunocytochemical testing can also be performed. The material is taken 10-20 days after menstruation. The client is advised not to

take medications, not to undergo vaginal douching and to use vaginal tampons, to limit intimate relations. Scan results will be available in 7-10 days. The doctor will explain the results to the patient, that there may be a small amount of spotting after the test. Sexual intercourse, vaginal douching and tampons are not recommended for 10 days after the test.

Diagnosis and treatment of cervical pathologies has been one of the urgent problems of gynecological diseases for several years. Since these pathological processes are detected in a timely manner and are not treated, the likelihood of the disease becomes increasingly dangerous [2].

The aim of the study. Find and evaluate the anamnestic data and the algorithm for diagnosing patients with the result of HSIL/CINII in cytological examination.

Materials and Methods: A retrospective analysis of 51 medical records of patients with cervical dysplasia was carried out according to such characteristics as age, the presence of bad habits, obstetric and gynecological anamnesis, concomitant extragenital diseases, the degree of cervical intraepithelial damage, the algorithm of examinations and its informative value (cytological examination, HPV testing, immunocytochemical study of cervical scrapings with determination of p16 and Ki 67 proteins, extended colposcopy, targeted biopsy of the cervix). Statistical processing of the obtained data was carried out using MS Excel 10 software.

Results and discussion. The patients were divided into 3 groups based on the results of cytological examination: 30 (58.8%) patients with LSIL/CINI were assigned to the first group, 20 (39.2%) patients with HSIL/CINII to the second group, and 1 (2.0%) patient with HSIL/CINIII to the third group. The average age of patients in the first group was 52.3 years, in the second group – 45.3 years, in the third group – 47 years. Smoking, As one of the provoking factors for the development of cervical intraepithelial neoplasia, an average of 10% of patients was detected in three groups. Considering the early onset of sexual activity as a risk factor, it was found that the onset of sexual activity occurs at 19.2 ± 3.4 years in the first group, at 18.5 ± 2.3 years in the second. In turn, reliable data were not obtained on such predictors as frequent change of sexual partners and rejection of barrier methods of contraception in favor of long-term use of COCs.

Cytology was performed in 100% of cases, of which liquid cytology was performed in 32%. HPV testing covered 76% of patients, of which 77.8% were patients with a positive HPV test result. According to the results of HPV testing, the most common strains of this virus were identified: 16, 18, 31, 52, 58. Extended colposcopy, targeted cervical biopsy and curettage of the cervical canal were performed in 100% of cases, with the coincidence of cytological and histological results in 75% of cases, histologically more severe cervical dysplasia in 10% of cases, and milder in 15% of cases. Immunocytochemical examination of cervical scrapings with determination of p16 and Ki 67 protein was performed in two patients, and a wait-and-see approach was chosen based on their negative result, which later turned out to be justified.

Conclusions. In case of detection of HSIL/CINII in the results of cytological examination of smears/co-testing, extended colposcopy with targeted biopsy of the cervix is indicated, while it is necessary to take into account the heterogeneity of this group of patients, whose "sorting" is possible based on the results of immunocytochemical study of cervical scrapings with the determination of the index of proliferative activity of p16/Ki67 expression.

In patients with HSIL/CINII and p16-negative immunocytochemistry, expectant management with dynamic follow-up every 6 months is possible.

The diagnostic algorithm for the examination of patients with HSIL/CINII is multicomponent and, when performed in full, allows you to choose the most adequate treatment tactics in each case.

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