

Co-adjuvant treatment post-conization

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Reason for consultation

• Patient attends for gynecological check-up. Reports last visit 4 years ago for a change in birth control pill and does not remember having done cytology or an HPV test.

Medical History

- 34 years of age.
- Smoker (1 pack a day).
- Combined hormonal birth control from age 17 until the present.
- Not vaccinated against HPV.
- Nulliparous.
- Frequent episodes of vaginal discomfort that have brought her to different emergency rooms with the result of bacterial vaginosis and vulvovaginal candidiasis.

Gynecological exam

- Breast exam: No nodules or masses identified.
- TV ultrasound: Anteverted uterus of normal size. 9 mm endometrium. Right Ovary: 20x26 mm. 4 antral follicles. Left Ovary: 31x22 mm. 20 mm peri-ovulatory follicle.

Gynecological exam

- In the context of the "annual" gynecological exam, we perform a routine colposcopy.
- The combination of simultaneous colposcopy and cytology obtains a negative predictive value near 100% to detect CIN2+ or carcinoma¹.

1. Carrera JM, Dexeus S, Coupez F. Tratado y Atlas de Colposcopia [Treatment and Atlas of Colposcopy]. Barcelona: Salvat. 1973:228.

Question 1

What is the sensitivity of adding cytology to colposcopy for detecting HSIL / carcinoma?

- **1. 70%**
- **2.** 85%
- **3.** Close to 100%





Adequate. Wide Transformation Zone (Type 1). Abnormal colposcopic findings. Grade 2 changes - Mosaic and vascular punctuation. Small but central lesion.





Grade 2 changes - Mosaic and vascular punctuation. Small but central lesion.



Results

Immature metaplastic cells with marked nuclear-cytoplasmic atypias Cells of the endocervical columnar epithelium arranged in normal-appearing plaques

High-grade intraepithelial lesion

Histology (Biopsy at 2 o'clock.)

High-grade squamous intraepithelial lesion. CIN III.

Treatment



Guía AEPCC Prevención del Cáncer de Cuello Uterino [AEPCC Guide for Prevention of Cervical Cancer] (2014)



In this list of conditions to observe/monitor HSIL in a woman <30 years of age - agreement of the woman and potential for follow-up, assessable colposcopy with TZ completely visible, lesion completely visible, no endocervical involvement – one is missing; which one?

- **1.** Vaccinated against HPV
- **2.** Non-extensive lesion, <50% of the cervical surface.
- **3.** Not being HPV16 positive.

Treatment and Results

- Fischer Cone Biopsy Excision performed in outpatient setting.
- Release with indication to return to the clinic for a first clinical check-up four weeks after the intervention.
- During this period of time, the patient uses the repairing vaginal gel for the mucosa to accelerate the epithelialization process and reduce the risk of bleeding.

Pathology Report

High-grade squamous intraepithelial lesion: Severe dysplasia (CIN III). 7 mm long lesion in the quadrant from 12 to 6 o'clock.

Post-Conization Follow-Up





Courtesy of Dr. Cristina Vanrell. Hospital St. Pau. Barcelona



Comments

- It is a complication that is resolved by coagulating the bleeding points.
- One of the strategies proposed to reduce this complication consists of accelerating the process of cervical healing.
- The epithelializing capacity of the use of the Coriolus versicolor-based vaginal gel has been demonstrated in two studies¹⁻².

1. Miniello G. Prevenzione e trattamento coadiuvante delle lesioni della cervice uterina indotte da HPV: un'esperienza di "real life" [Prevention and coadjuvant treatment of cervical lesions with HPV: a real-life experience]. Miniello G. Progress in Gynaecology. Momenti di Medicina e cirugía 2018;4(1):01-15.

2. Serrano et al. Effect of a Coriolus Versicolor-Based Vaginal Gel in HPV+ Women With No Colposcopy Cervical Lesions [Abstract]. A Pilot Study: Low Genit Tract Dis. 2018; 22(28): S22.

Comments



Courtesy of Prof. G. Miniello



1. Sexual intercourse using a condom for 6 weeks.

Question 3

- **2.** Using a vaginal gel with Coriolus versicolor.
- **3.** Not using vaginal tampons.