

Abnormal Cytology in Pregnancy
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Objectives

- * Understand progression of cervical dysplasia
- * Understand likelihood of regression of cervical dysplasia
- * Know the current recommended guidelines for managing abnormal cytology in pregnancy

Example

Initial OB visit @12 weeks

34 y.o. female

PMH

Hx exercise-induced asthma

Obesity (BMI 33.5 down from 38.7 in 2002)

Osteoarthritis of knees

Depression

PSH

Cholecystectomy, 1998

Initial OB visit

12 weeks gestation

OB/Gyn Hx

Never married. G2:P1, vaginal delivery. No history of abnormal paps. No previous colposcopy or treatment for cervical pathology.

Long-term Depo-provera. More recently using OCP.

Pap result: ASC-US. Positive HPV

Cytology Review

2001 Bethesda System

- * NILM
- * ASC-US
- * LSIL
- * ASC-H
- * HSIL

AGC = atypical glandular cells

AIS = adenocarcinoma in situ

Histology Review

- * CIN 1
- * CIN 2
- * CIN 3
- * Microinvasion = <1.0mm
- * Frank invasion

Progression

Known Progression

- * Time of progression from HPV infection to CIN 3 may take 7-15 years
- * Progression to cancer may take up to 10 years longer

Likelihood for regression

- * Younger the female, the more likely to regress

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Spontaneous regression of HSIL

- * 6%-31% in non-pregnant women
- * 30%-54% in pregnant women

Study:

- * 153 pregnant women
- * CIN 2,3 diagnosed antenatally

Followed

- * 69% spontaneous regression in post-partum period
- * No invasive cancers post-partum
- * Abnormal Cytology in Pregnancy

Theories:

- * Cervical trauma with L&D, desquamation of dysplastic cells, epithelial repair
- * Metaplastic change from pregnancy to post-partum
- * Post-partum resolution of immunosuppression
- * Biopsy of lesion, inflammatory process, resolution of CIN

CIN 2,3 in Pregnancy

- * Repeat cytology, colposcopy no sooner than every 12 weeks throughout pregnancy
- * If invasion is suspected, refer to Gyn/Onc for further management

Summary

Management, abnormal Cytology in Pregnancy

- * Conservative approach
- * Unless invasive disease is detected, treatment is unnecessary
- * Document dysplasia
- * Surveillance
- * Appropriate post-partum follow-up

This patient

- * Colposcopy @ 16 weeks
- * 34 y.o. G2:P1
- * ASC-US with Positive HPV

- * Satisfactory colposcopy
- * No high-grade appearing lesions
- * No biopsy taken
- * No ECC

Management:

- * Repeat pap no sooner than 6 weeks post-partum

Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)



References

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