



## PRACTICAL MANAGEMENT OF HGSIL DURING PREGNANCY

Zervoudis S (GR) [1]

Zervoudis S(1)(2)(3),Iatrakis G(1),,TsikourasP(4),Bothou A(1)(2)(3),  
EconomidisP(2),HardavelasT(2),PaschopoulosM(3),Navrozoglou(3),StefosT(3),  
GalaziosG(4)

(1)ATEI University of Greece (2),REA Hospital of Athens (3),University Hospital of Ioannina (4),University Hospital of Alexandroupolis, Greece

Context: Cervical intraepithelial neoplasia (CIN) 2-3 (HGSIL) is a premalignant lesion. It could be diagnosed during pregnancy. Objective: To discuss methods of HGSIL treatment during pregnancy in three Greek hospitals. Methods: Comparison of a "conservative" management of HGSIL during pregnancy and intervention procedure. Patients: Four pregnant patients (all in the first trimester) P1, P2, P3 and P4, 33 to 41 years old, with a HGSIL diagnosed with Papanicolaou (Pap) smear and colposcopy. Intervention: Large Loop Excision of the Transformation Zone (LLETZ) was performed in the two patients to avoid "transformation to cancer". In contrast, the other two patients had a follow-up with colposcopy and Pap smear after 6 months. Main Outcome Measure: Comparison of HGSIL management during pregnancy : follow up or surgical procedure. Results: The four patients were examined again 6 to 10 weeks after delivery. P1 with follow-up had the same lesion: HGSIL after punch biopsy. P2 after LLETZ had a normal Pap smear and colposcopy. P3 with follow-up presented a worse lesion than the initially: major findings in colposcopy and a CIN3 with a small micro invasion on the punch biopsy. P4 after LLETZ had a Pap smear with HPV only and normal colposcopy. .

Discussion: Pregnant women with HGSIL should only be followed with cytology and colposcopy during the pregnancy or until six weeks postpartum. A biopsy may be repeated only if cytology suggests invasion or if the appearance of the lesion worsens and invasive disease cannot be excluded. Excisional procedures for diagnosis and treatment are not necessary during pregnancy. The only exception to this rule is the suspicion of invasive disease. Patients who underwent cervical excision "to avoid progression to cancer" should not have any benefit in comparison to patients with only follow-up. One of our two patients with follow-up of HGSIL did not confirm the optimistic data. Conclusions: In the majority of the cases, HGSIL during pregnancy could be managed by "wait and see". In some cases (suspicion of invasive disease), the intervention procedure, as LLETZ, could be an option, giving an immediate

[1] REA HOSPITAL

diagnosis and treatment.