



HIGH GRADE SIL CONSERVATIVE MANAGEMENT

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Although it is well known that treatment for cervical intraepithelial neoplasm may affect pregnancy outcomes, it is still controversial how to stratify women at risk. The cervix proportion excised is probably one of the main risk factors; however conclusions are difficult to reach due to disparity in treatment method used, length of the cone as well as other population confounding factors.

In the past few years the early onset of first intercourse and the delay in first pregnancy has increased the number of nulliparous women treated for cervical intraepithelial neoplasm. To avoid unnecessary pregnancy-related morbidity, it is mandatory to reduce the proportion of women treated for cervical intraepithelial neoplasm to those who are really at cancer risk. The actual better knowledge of the human papillomavirus lesions and its potential for developing cervical malignancy has helped in reducing this proportion. The new guidelines insist in follow up of most of low grade lesions to avoid overtreatment, and for the same reason, offer the possibility to conservative management with observation in selected cases of high grade lesions in young women. We will review the published data on this matter as well as our own results

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