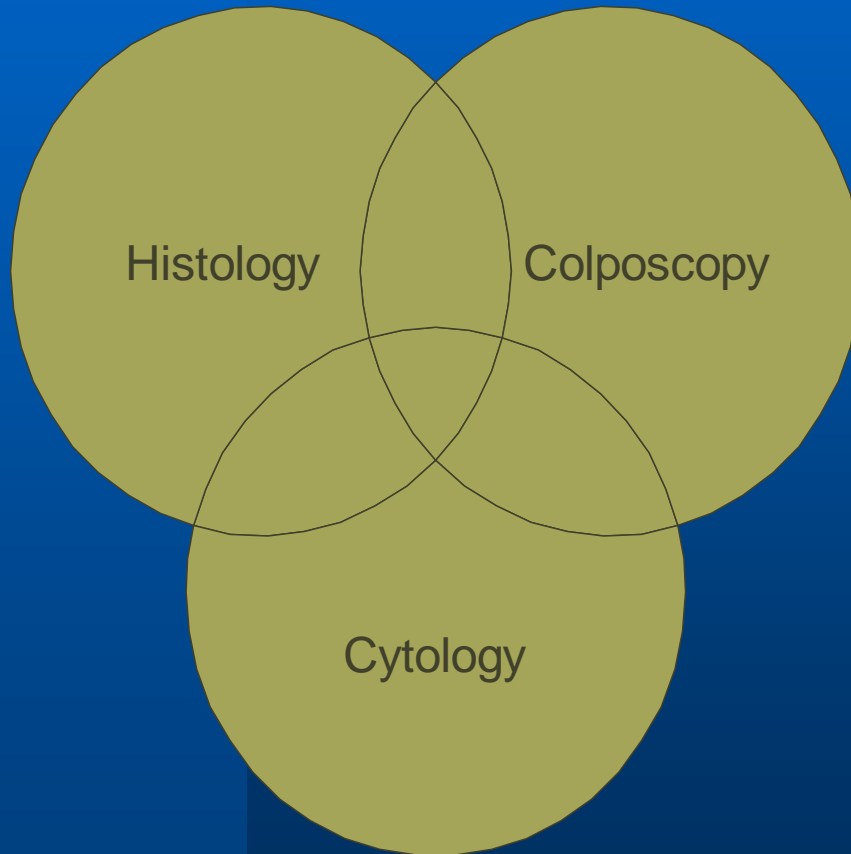


# Colposcopy

Attila L Major, MD, PhD



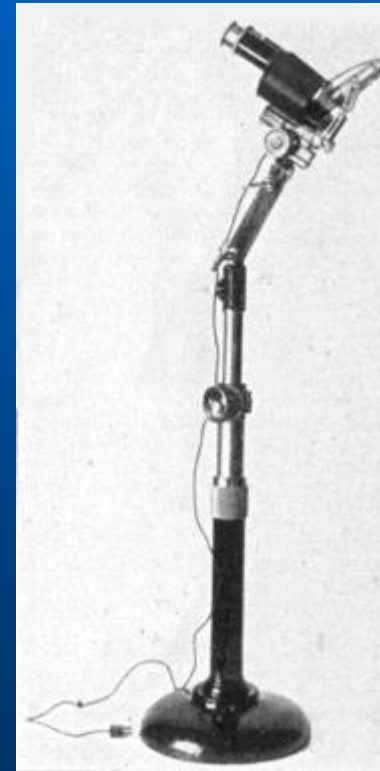
It has been estimated that annual Pap smear testing reduces a woman's chance of dying of cervical cancer from 4 in 1000 to about 5 in 10,000 – a difference of almost 90%



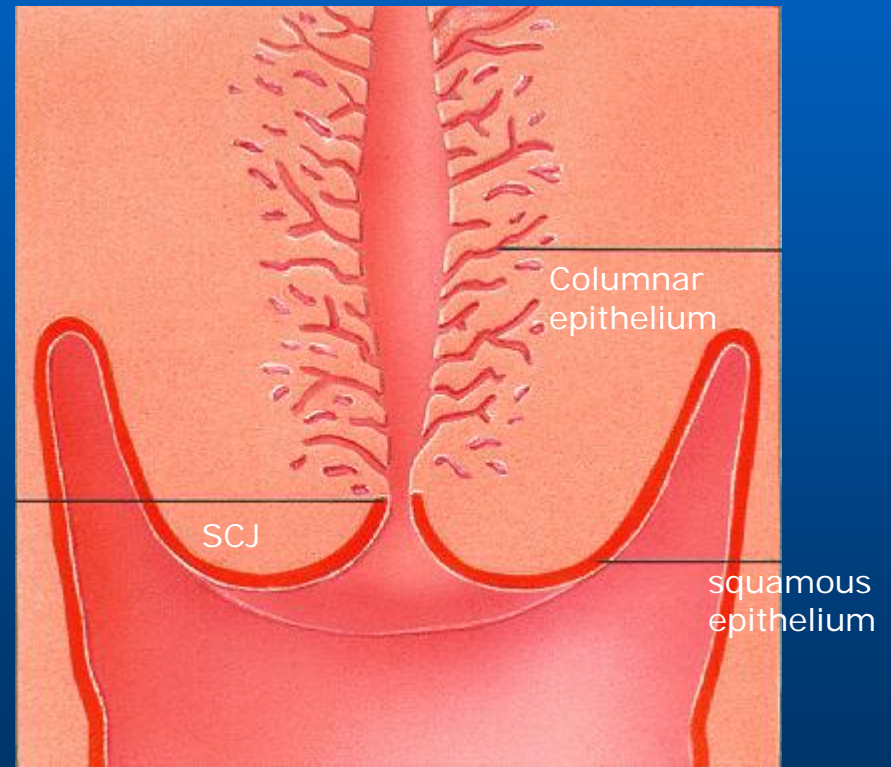
# Nomenclature

<b>CIN I</b>	<b>CIN II</b>	<b>CIN III</b>	
<b>Mild Dysplasia</b>	<b>Moderate Dysplasia</b>	<b>Severe Dysplasia</b>	<b>Carcinoma in situ</b>

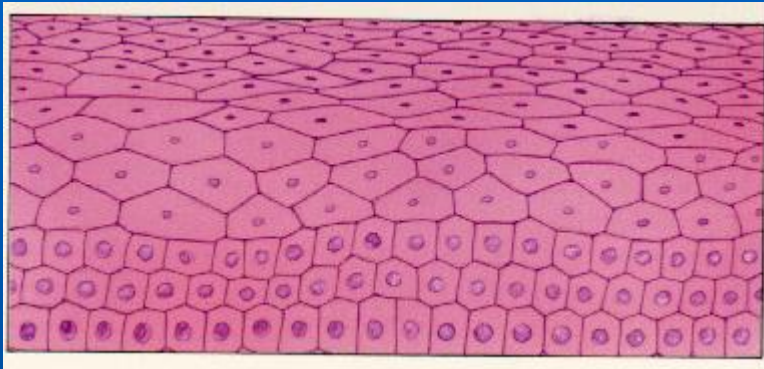
# Hinselmann, 1925



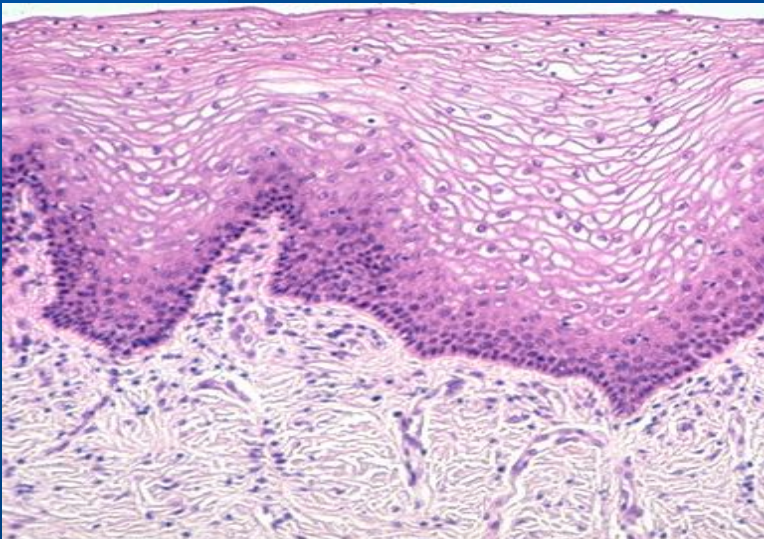
# Squamous Epithelium



# Squamous Epithelium



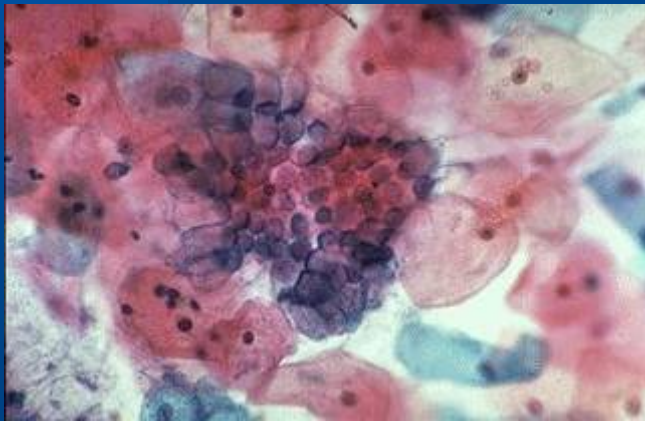
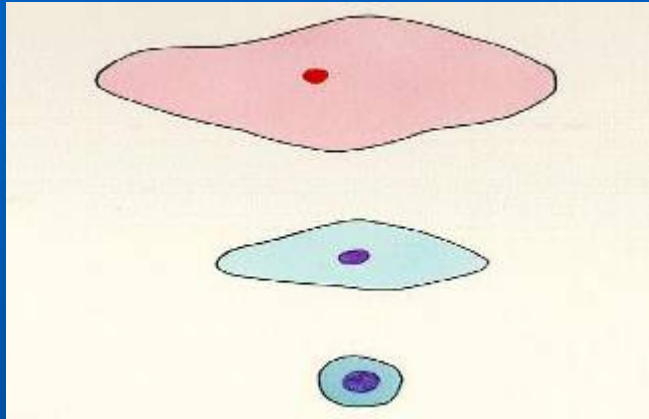
- stratified, non-keratinizing epithelium



original squamous epithelium



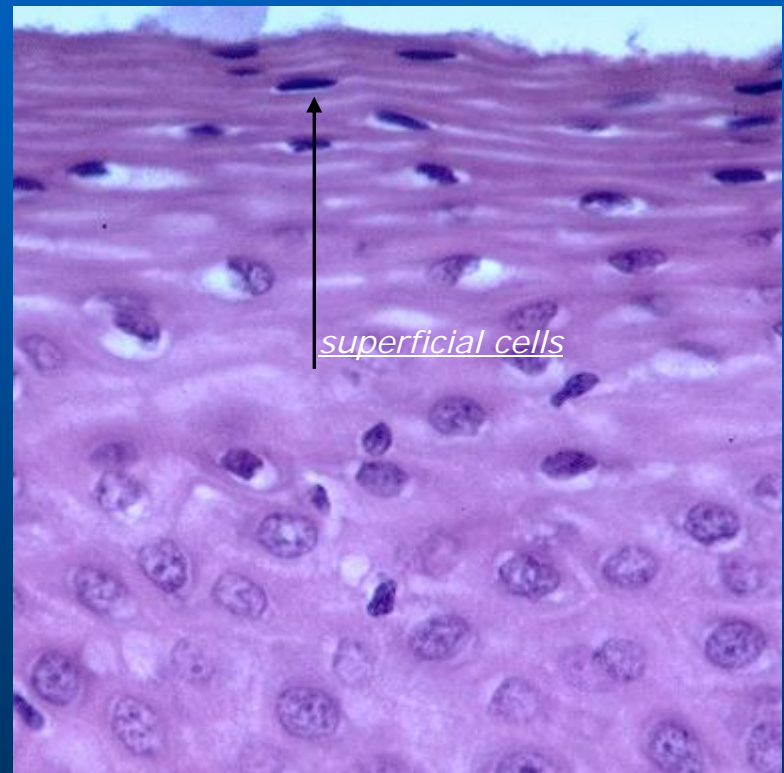
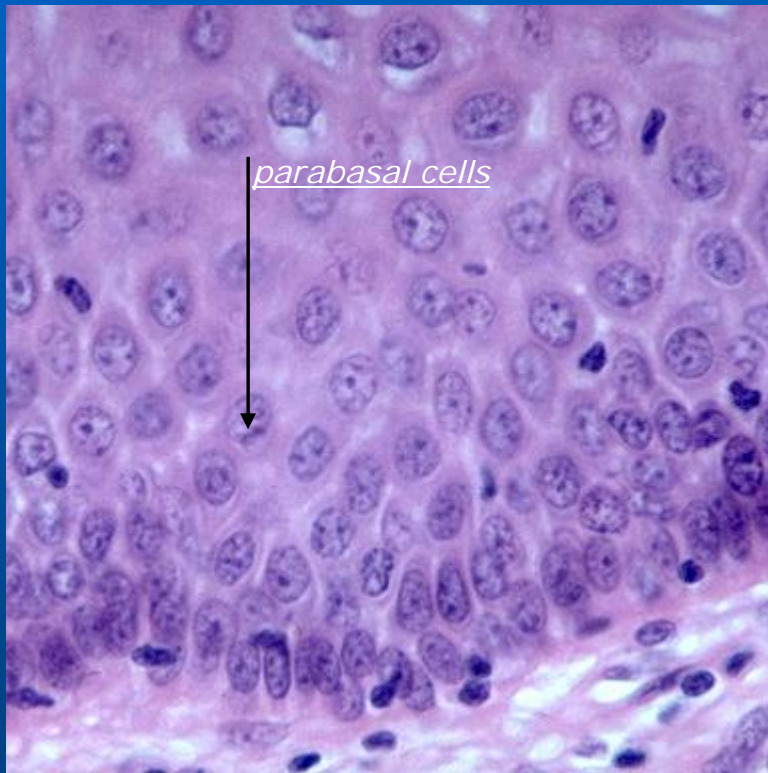
# Cytological features



- The standard method for staining cytological preparations is that of Papanicolaou

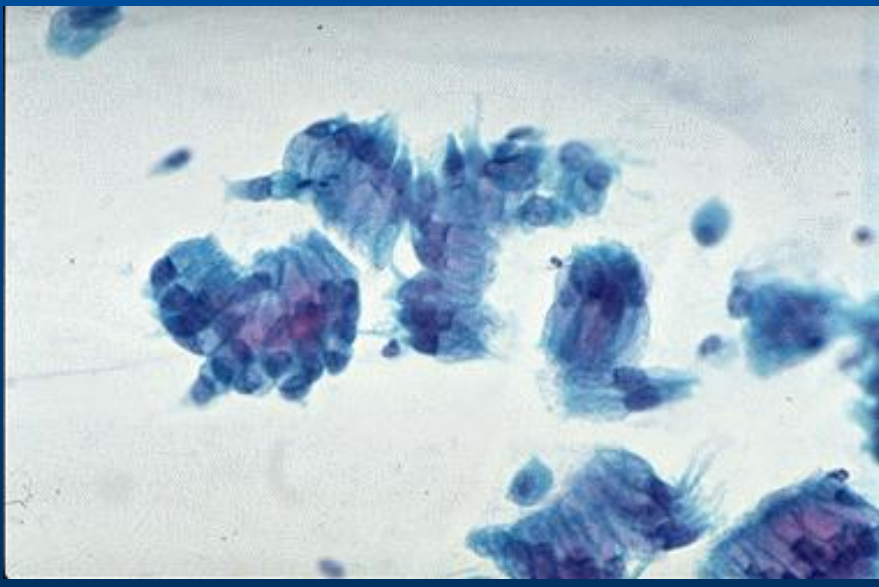
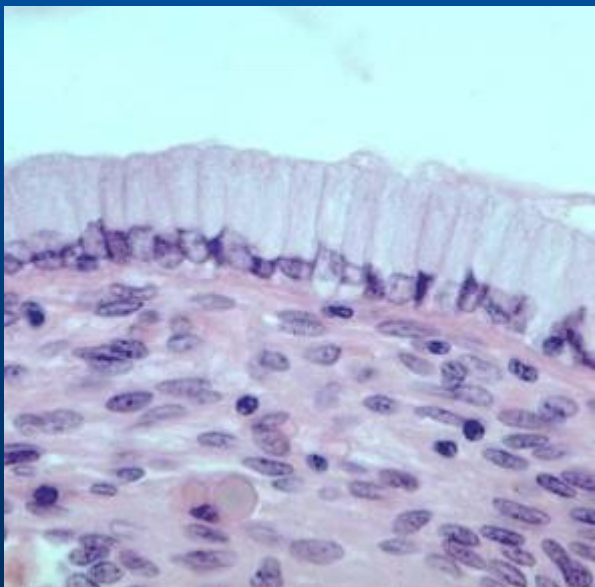
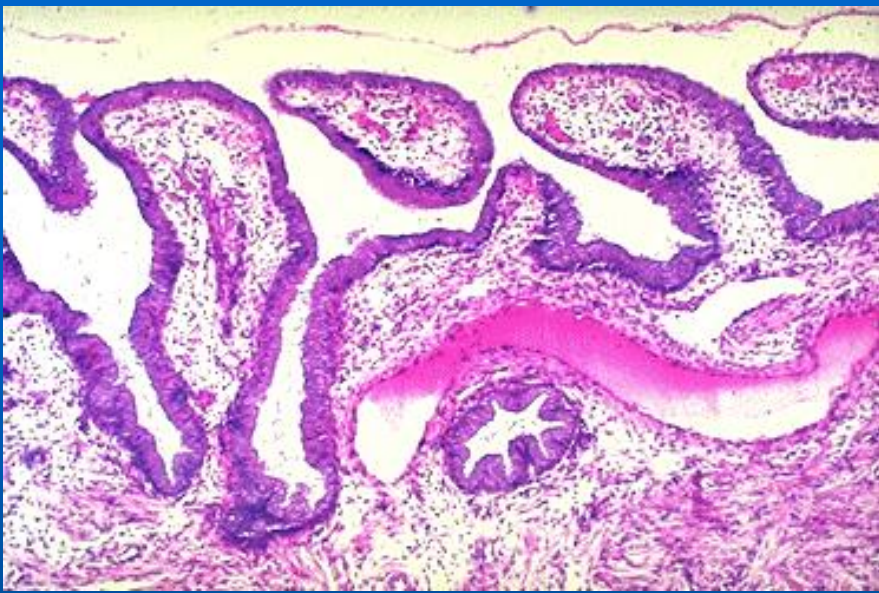
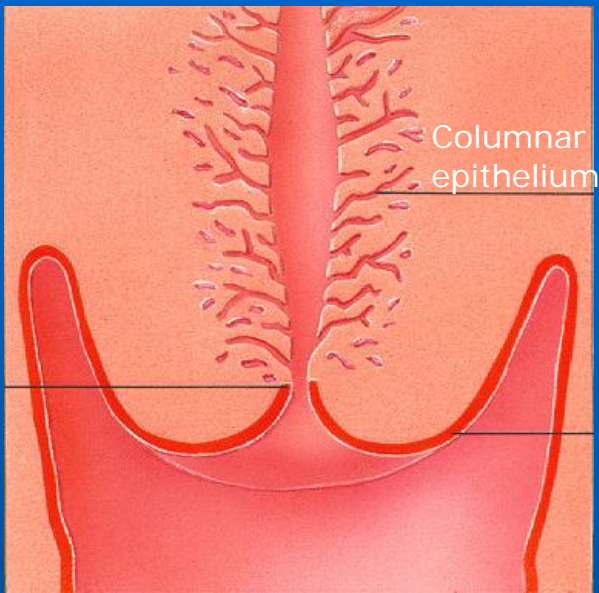


# Squamous Epithelium



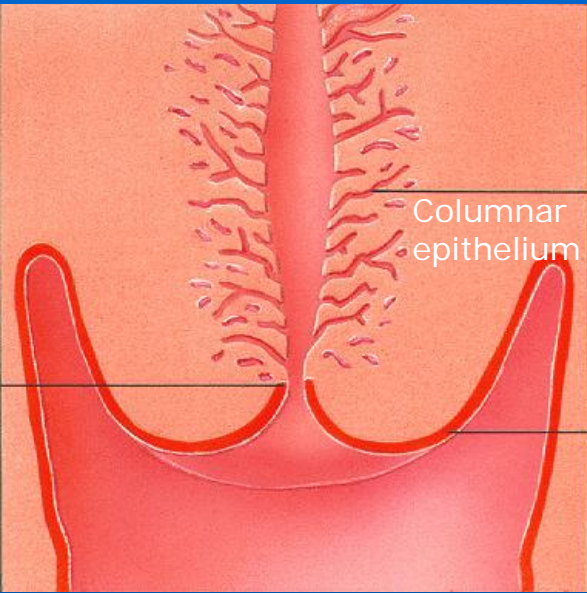


# Columnar Epithelium

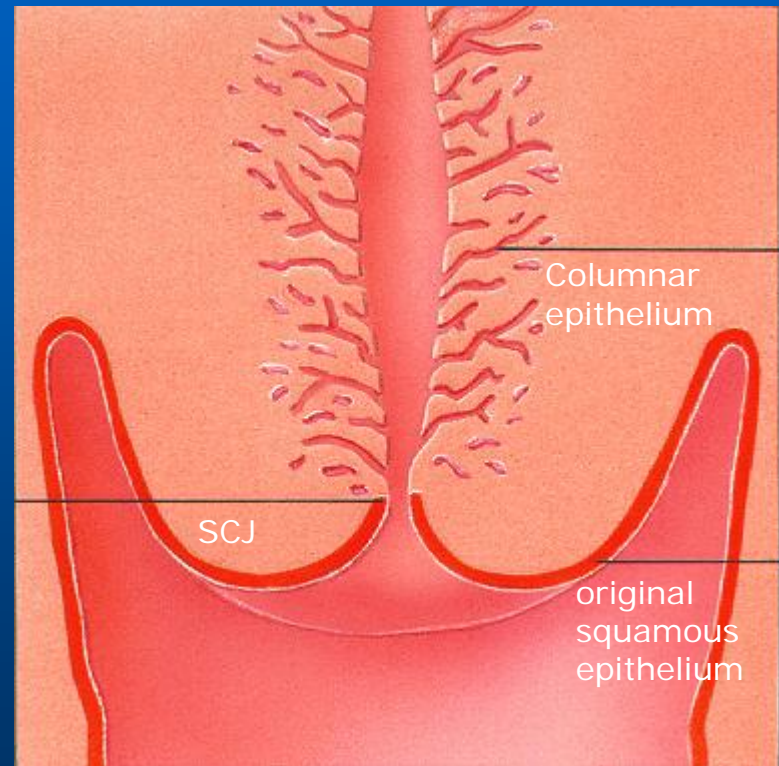
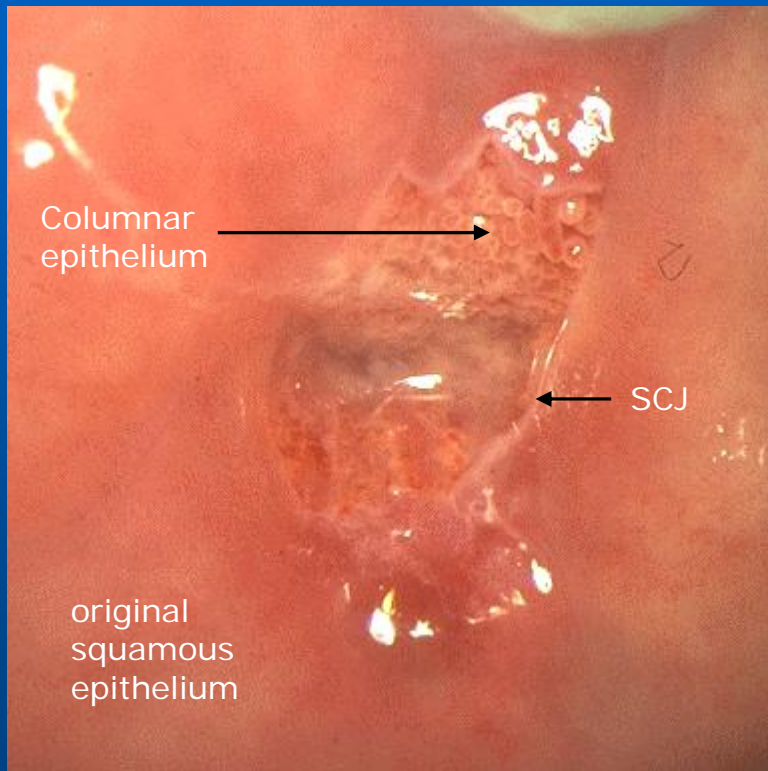


# Columnar Epithelium

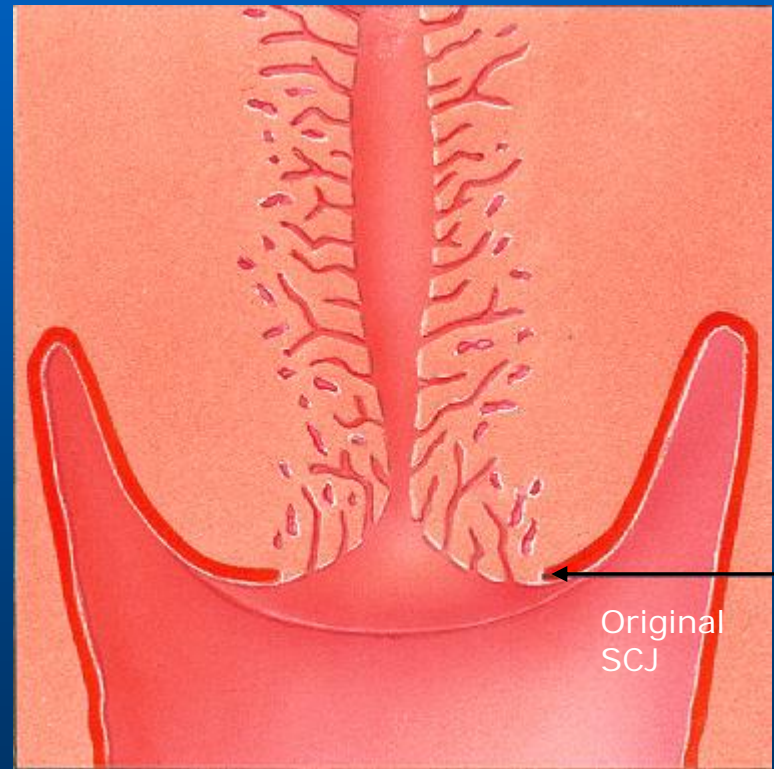
Normal columnar epithelium is easily recognised by its characteristic grape-like or villous appearance. Following application of acetic acid, the villi often appear white and are more easily recognizable.



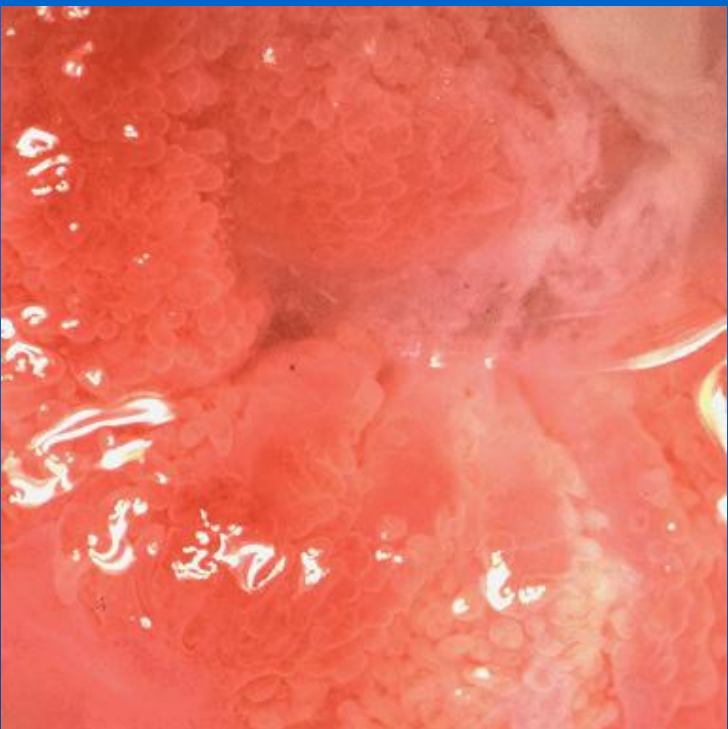
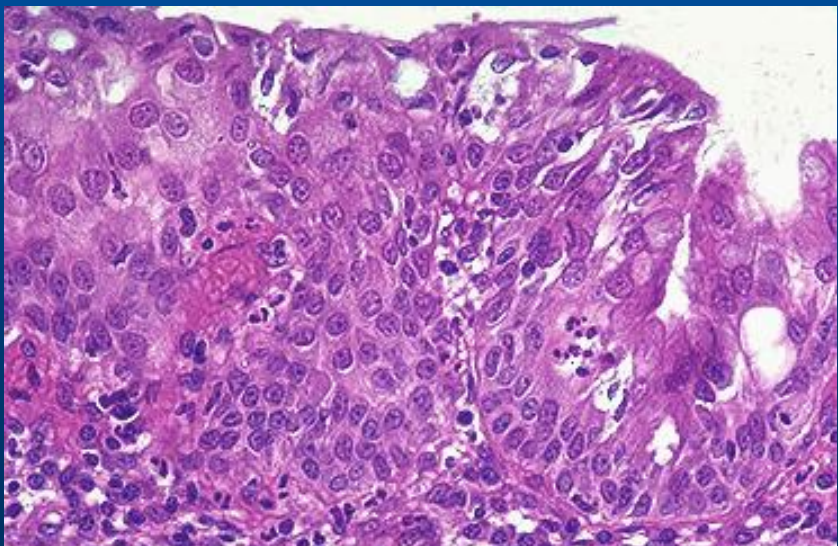
# Normal Cervix, Colposcopy



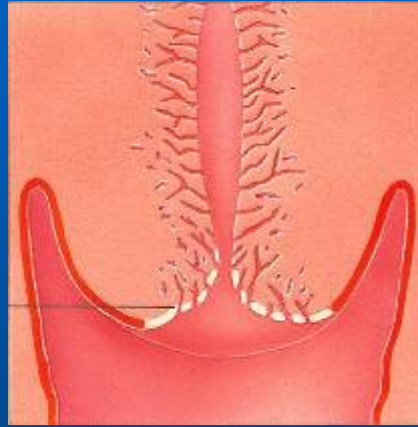
# Transformation Zone



# Immature metaplasia



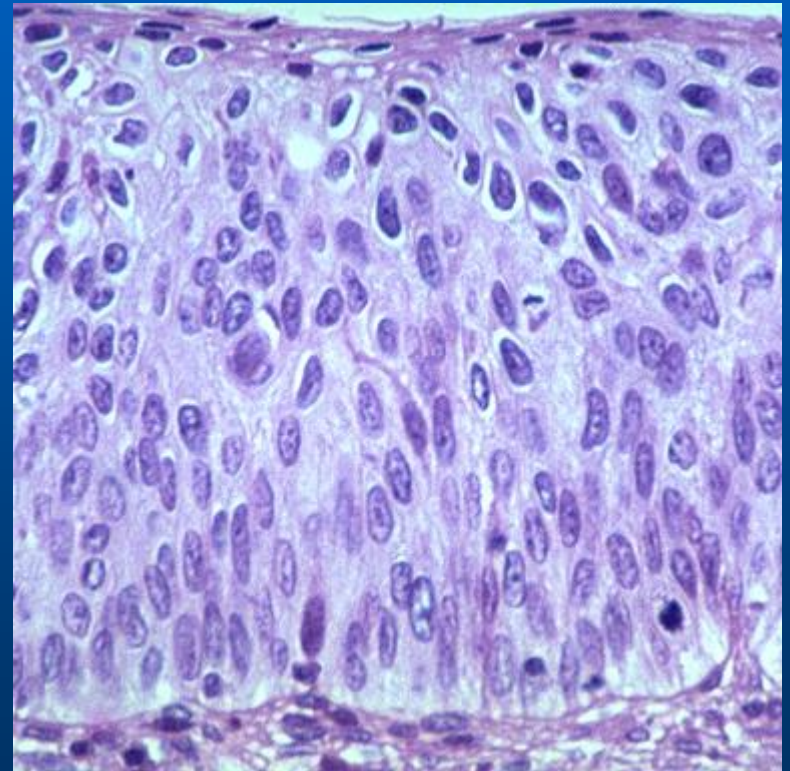
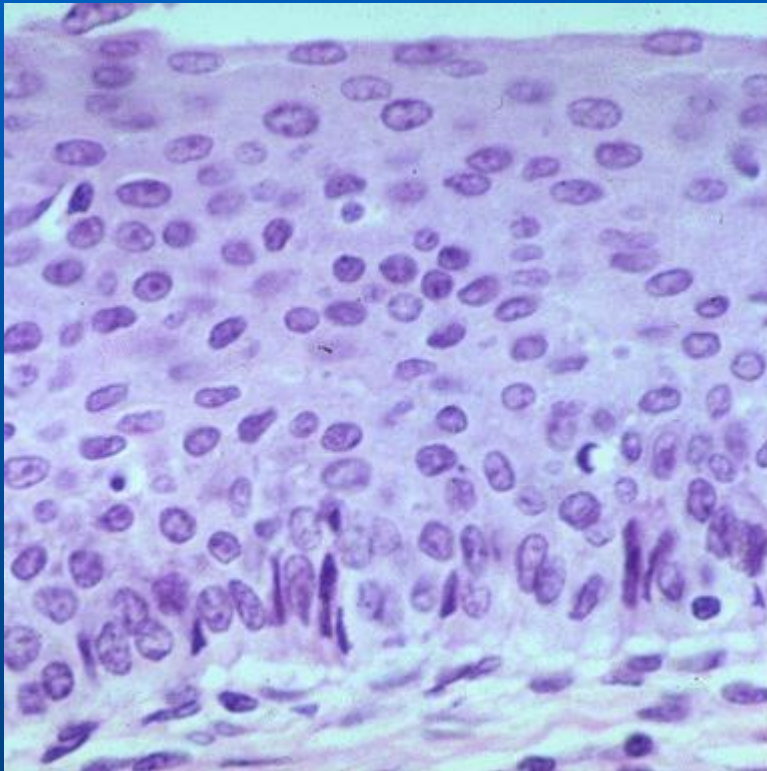
# Mature metaplasia



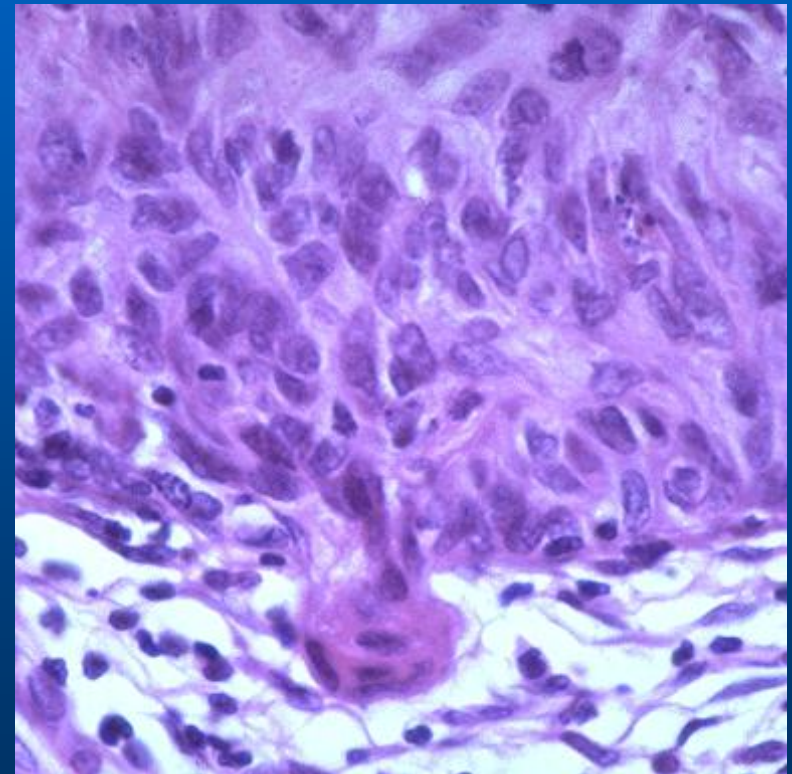
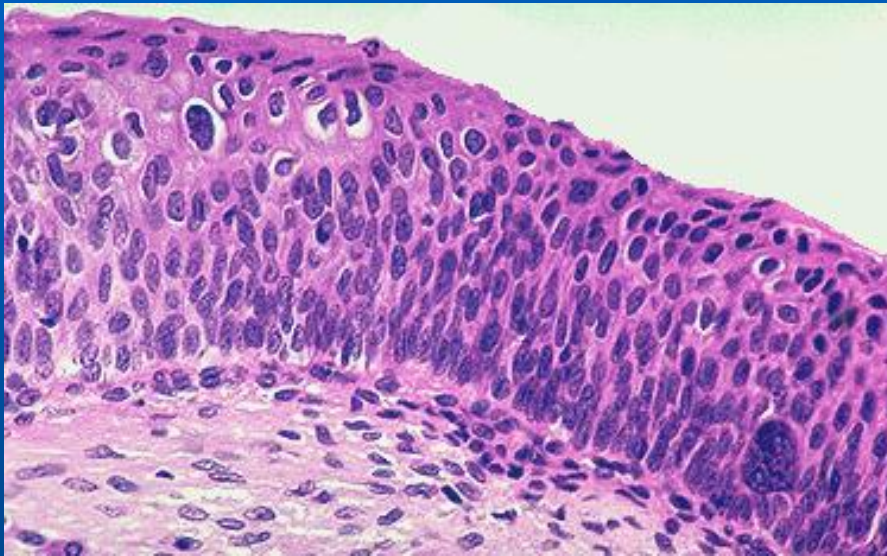
The new epithelium results from transformation of columnar to squamous epithelium, through the process of squamous metaplasia



# CIN 1 & CIN 2



# CIN 3



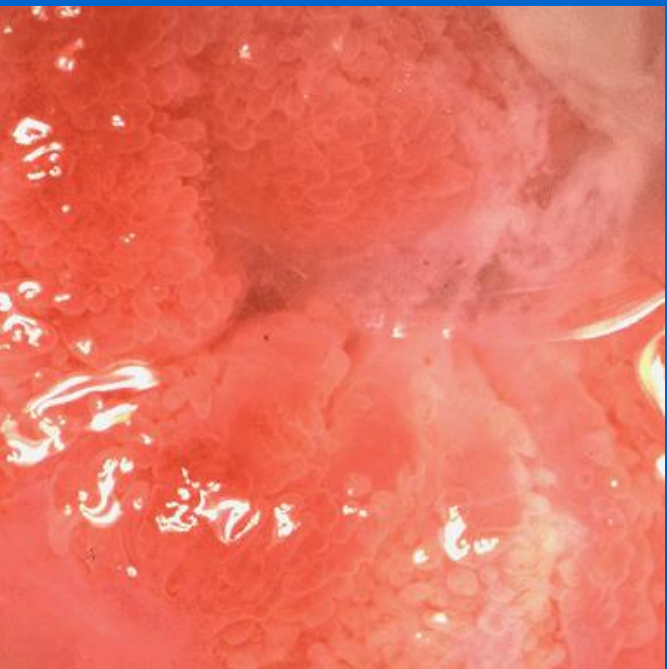
In *CIN 3* differentiation and stratification may be completely absent

12% ; 2-10 years

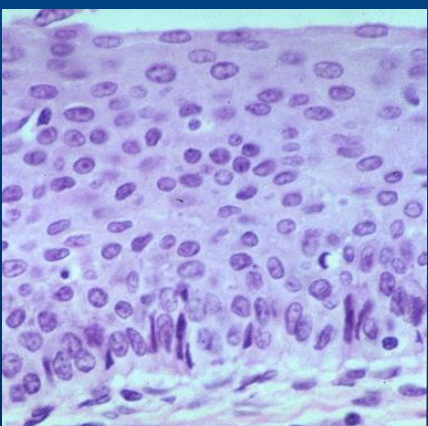
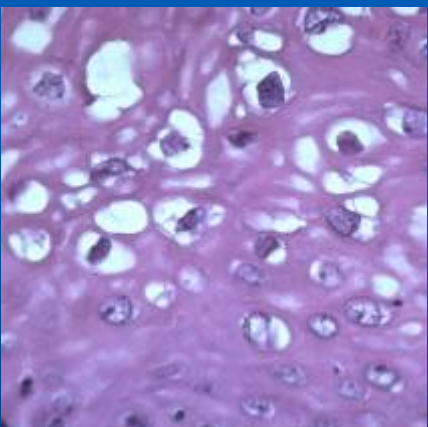
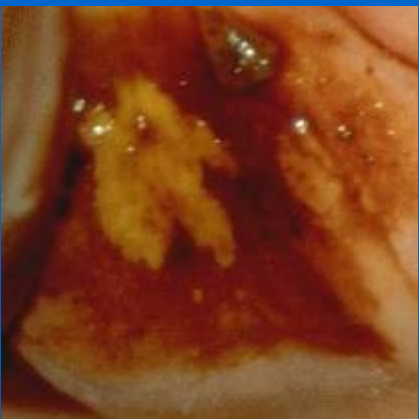
In early stromal invasion a group of cells have breached the epithelial/stromal junction



# Acetowhite change



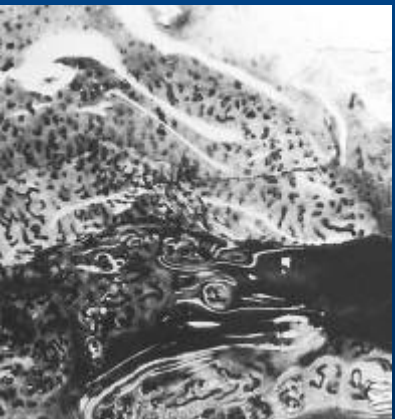
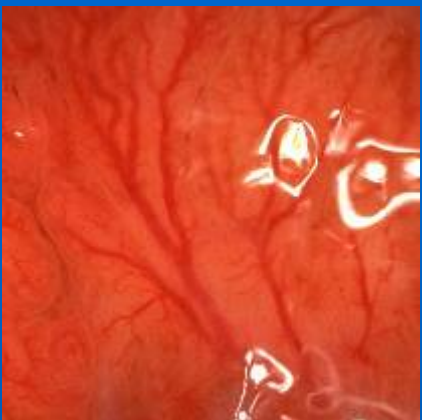
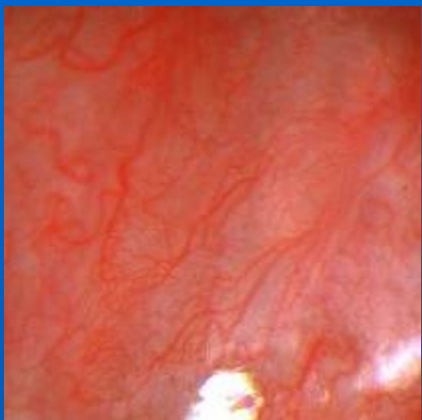
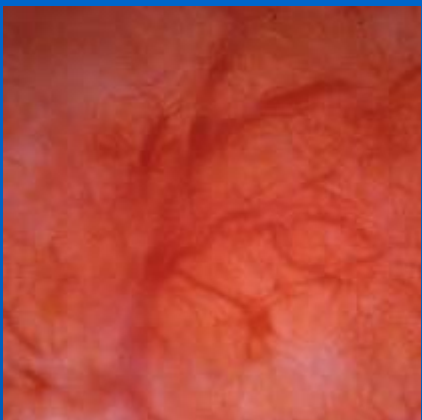
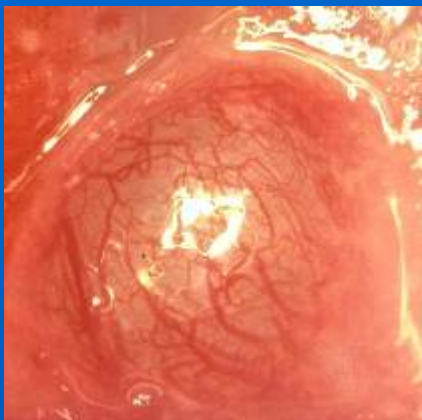
# Acetowhite change



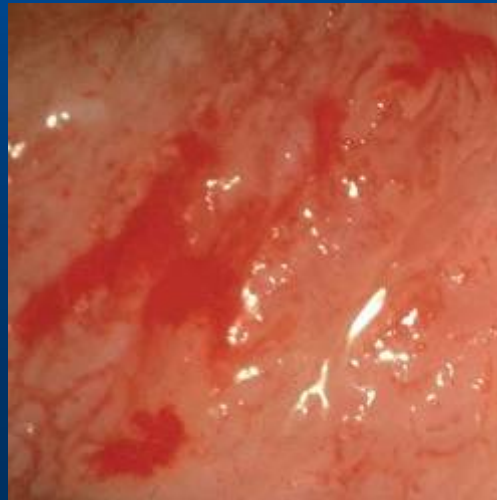
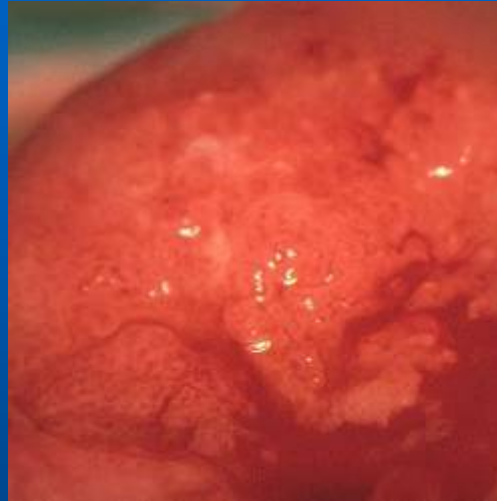
# Acetowhite change



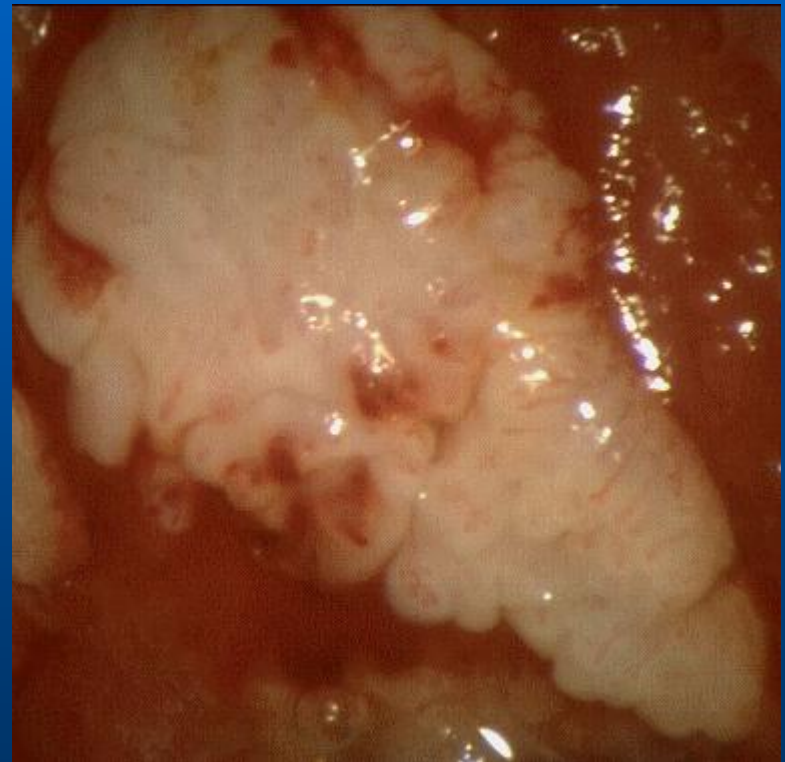
# Vascular pattern



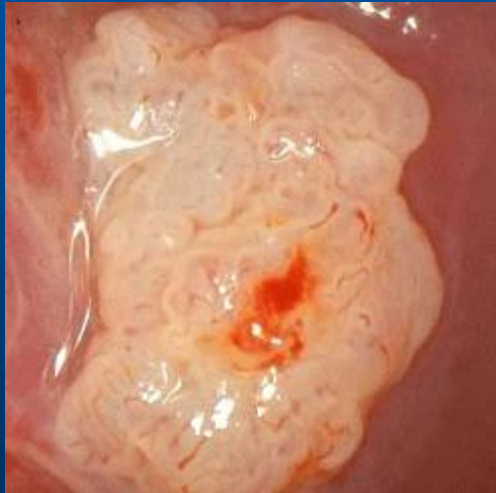
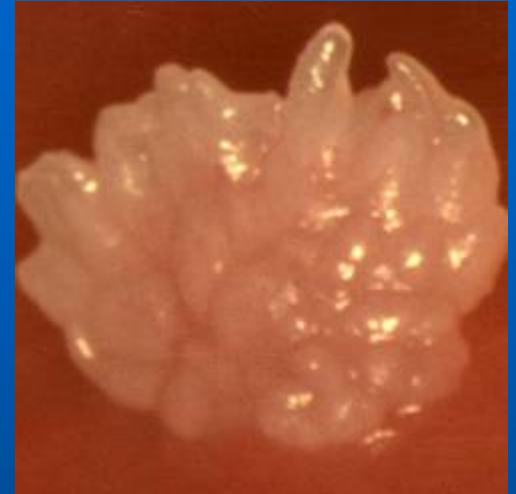
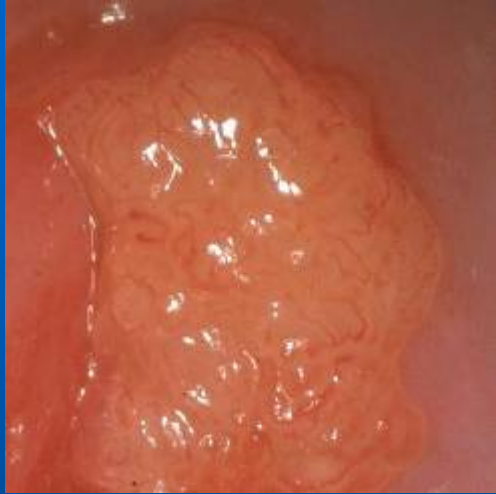
# Invasive



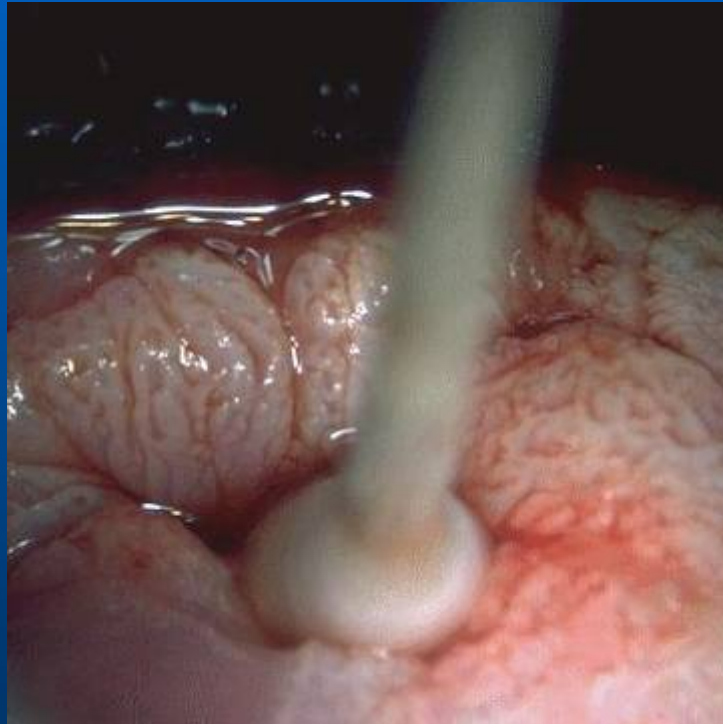
# Vulval condylomata acuminata



# Condyloma

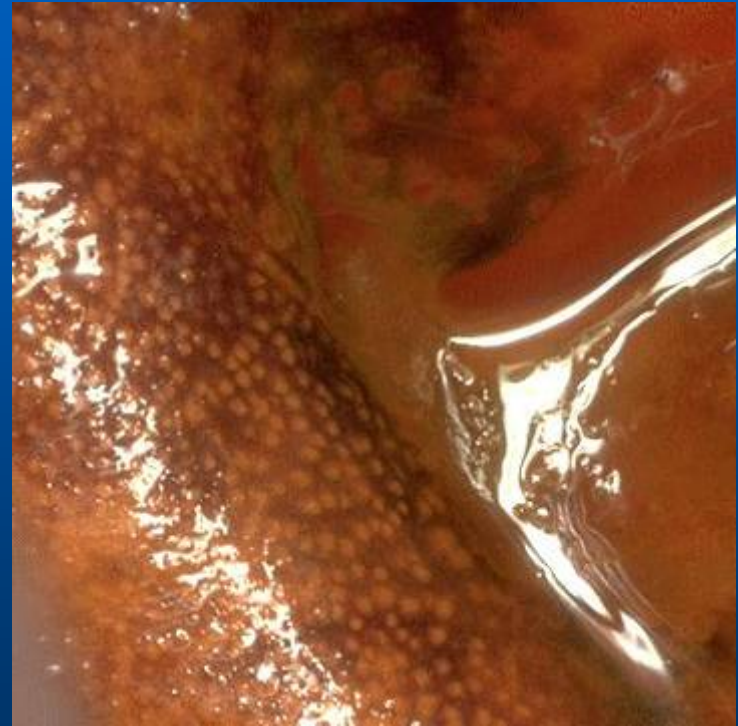


# #1





# #2



#3



#4



#5

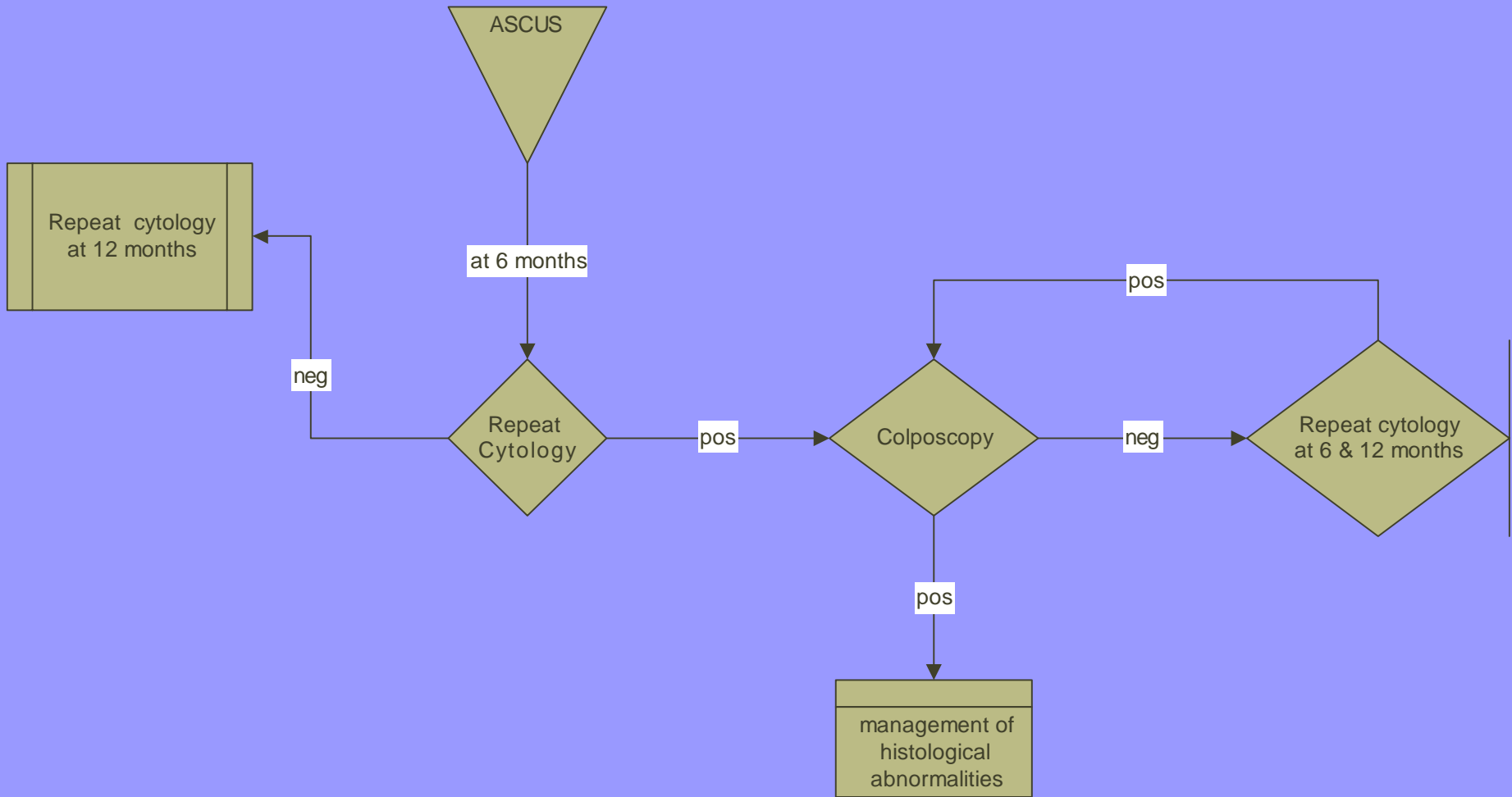


# Nomenclature

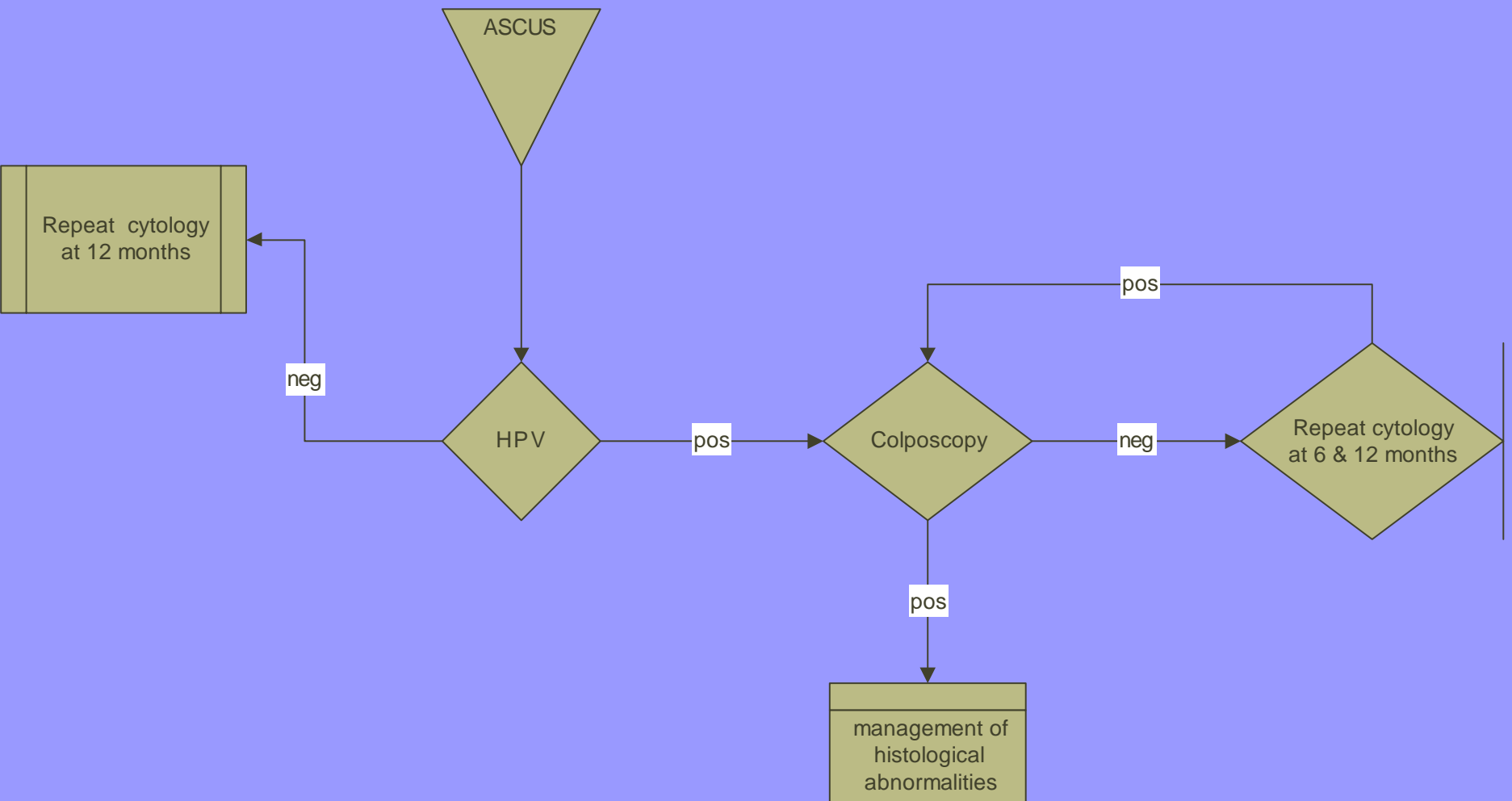
- The concept of *cervical intraepithelial neoplasia* proposes that all degrees of abnormality should be given the same name, as part of a continuous spectrum of disease

CIN I	CIN II	CIN III	
Mild Dysplasia	Moderate Dysplasia	Severe Dysplasia	Carcinoma in situ

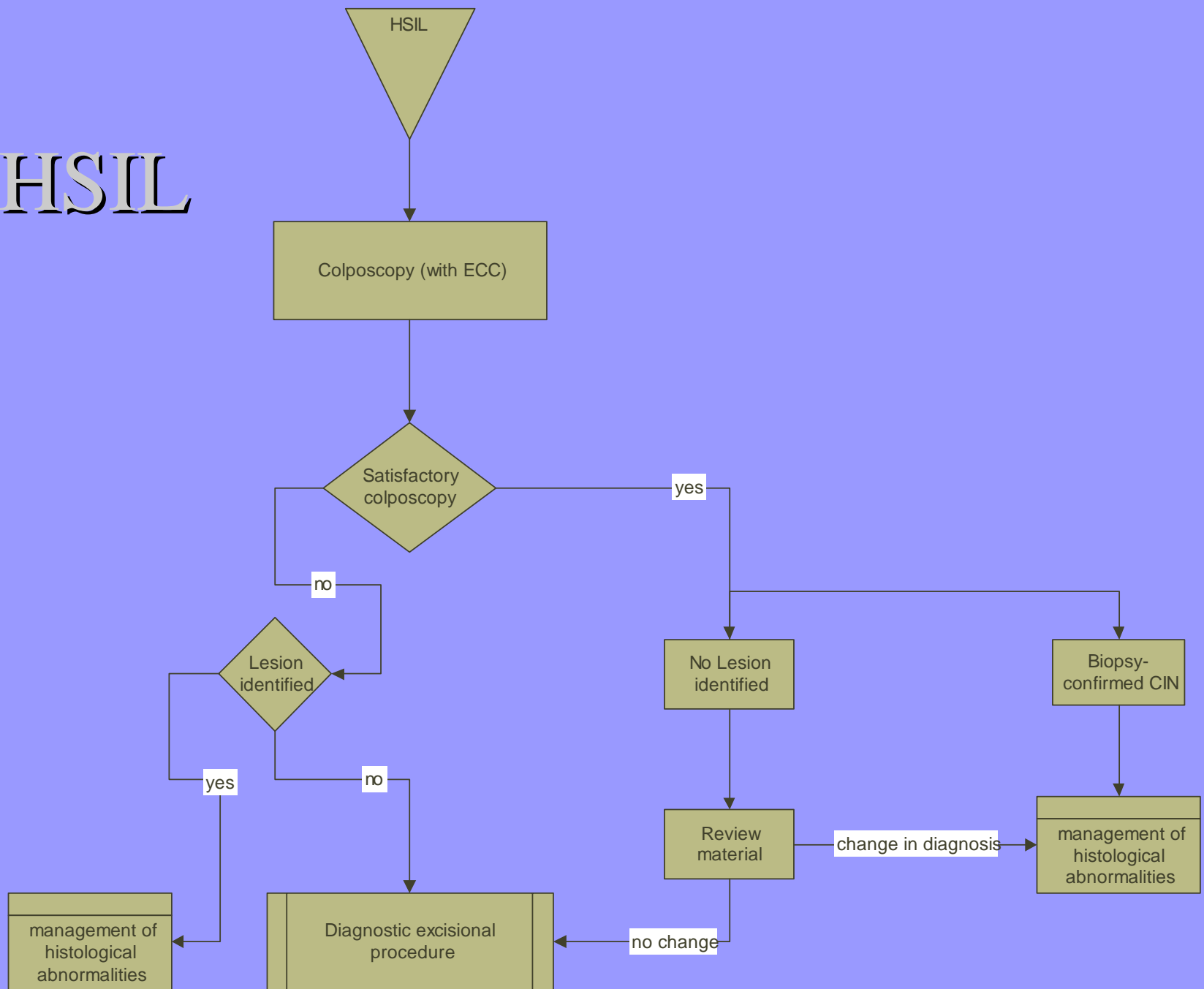
# ASC-US



# ASC-US



# HSIL





# AGC

AGC

Colposcopy (with ECC)  
Endometrial sampling (> 35 years)

Invasive disease

yes

Refer to specialist

no

Initial Pap

AGC - favor neoplasia  
or AIS

Diagnostic excisional  
procedure (cold-knife  
conization)

AGC - NOS

CIN or AIS

yes

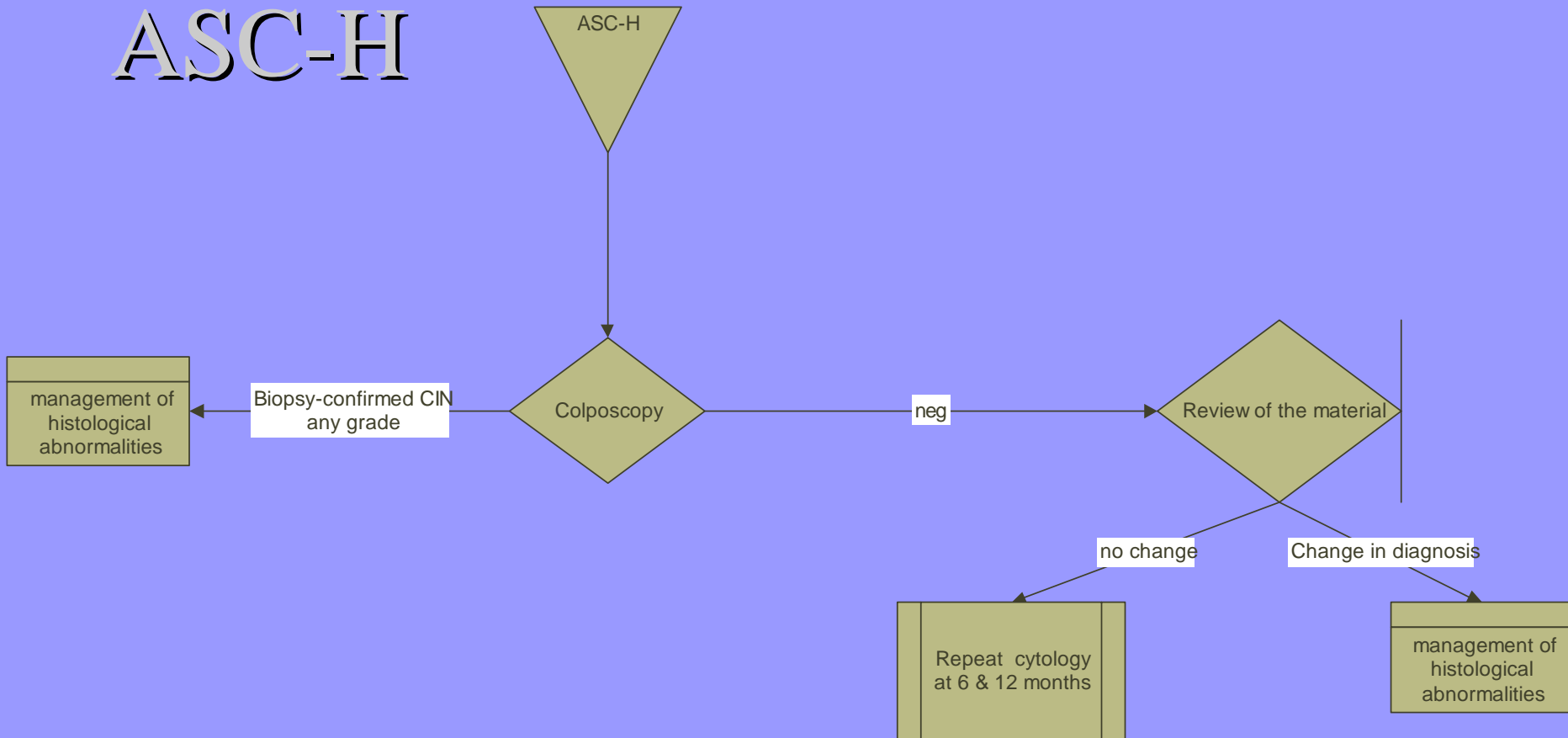
management of  
histological  
abnormalities

no

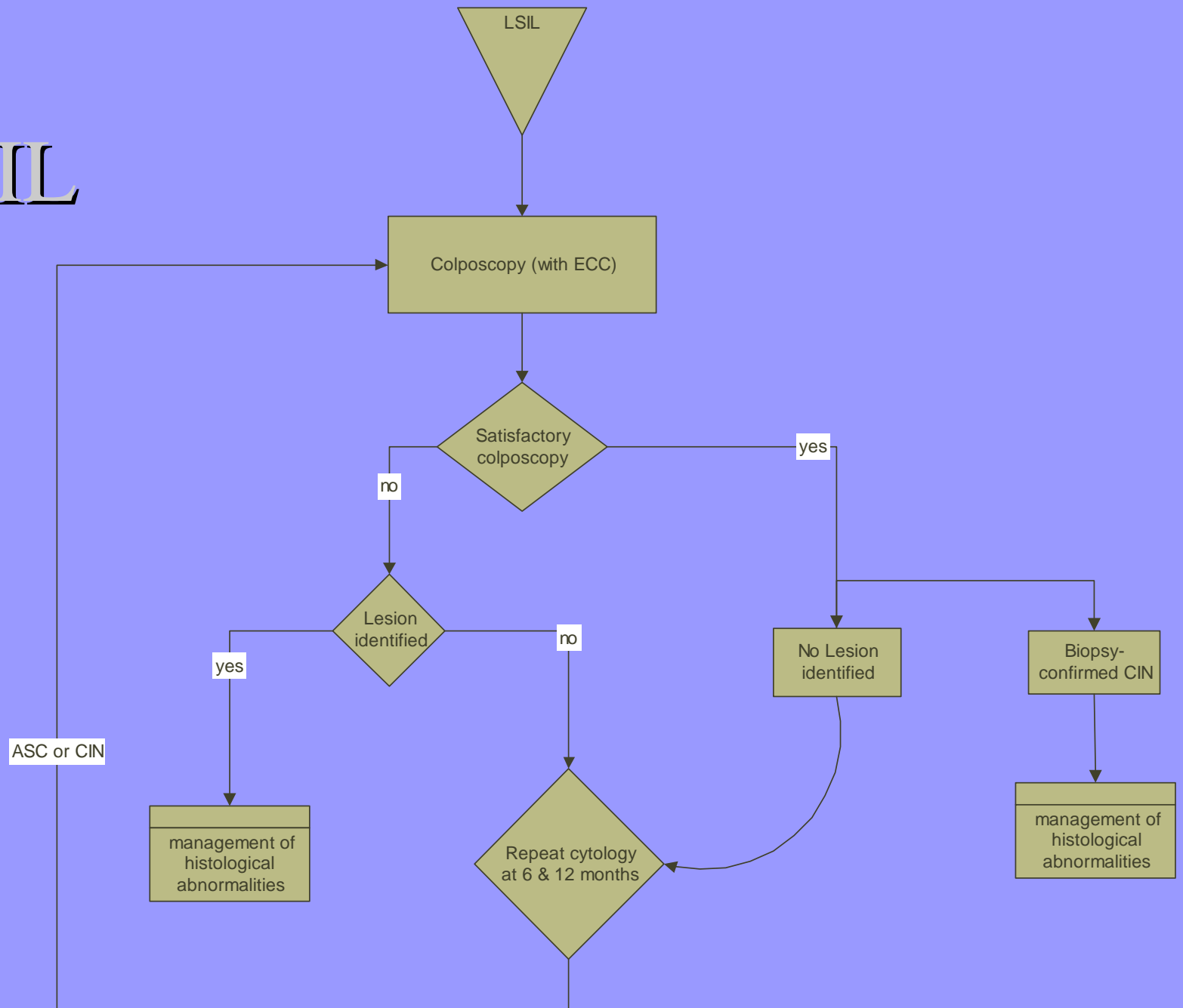
Repeat Cytology  
every 6 months (4x)

HSIL or AGC

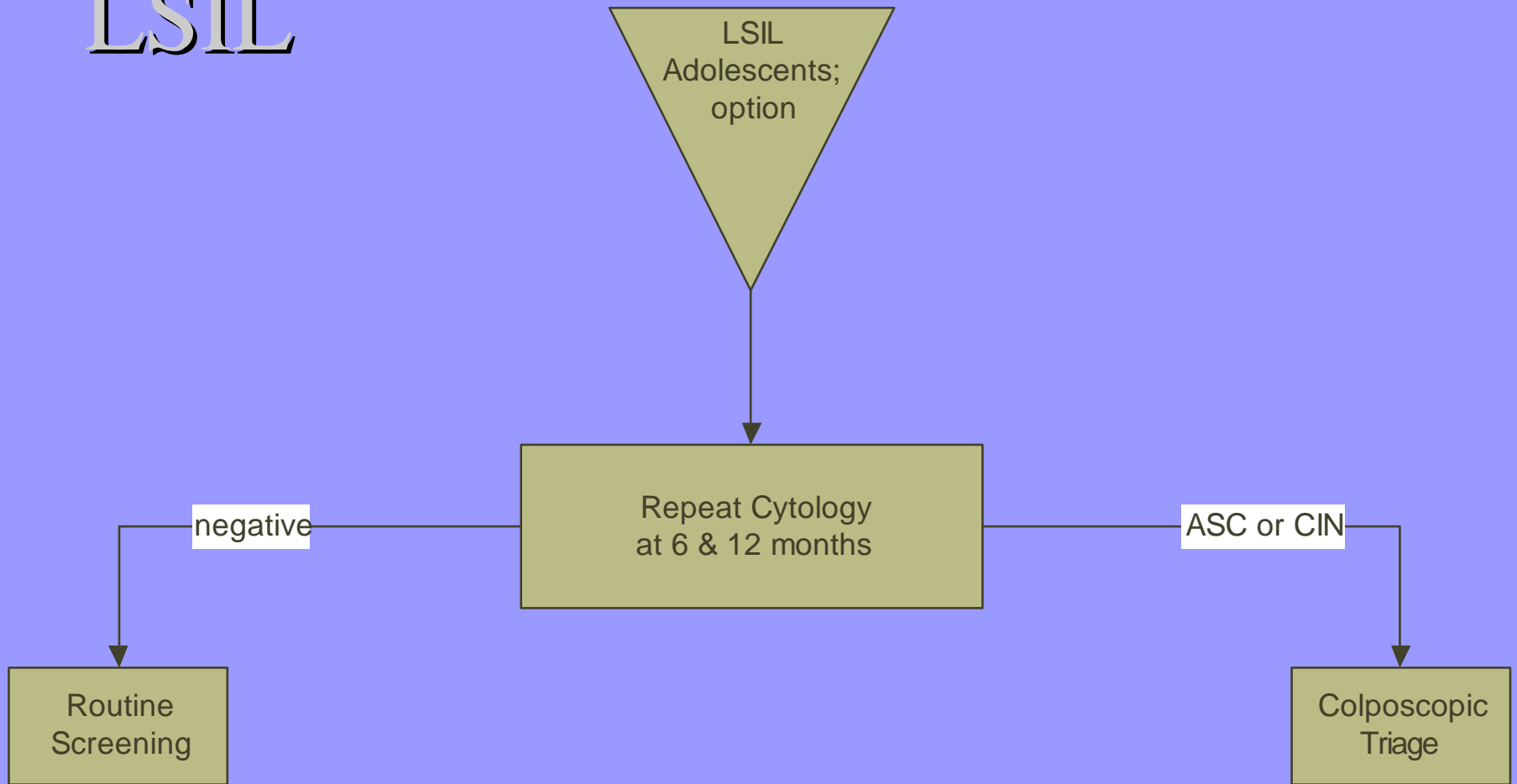
# ASC-H

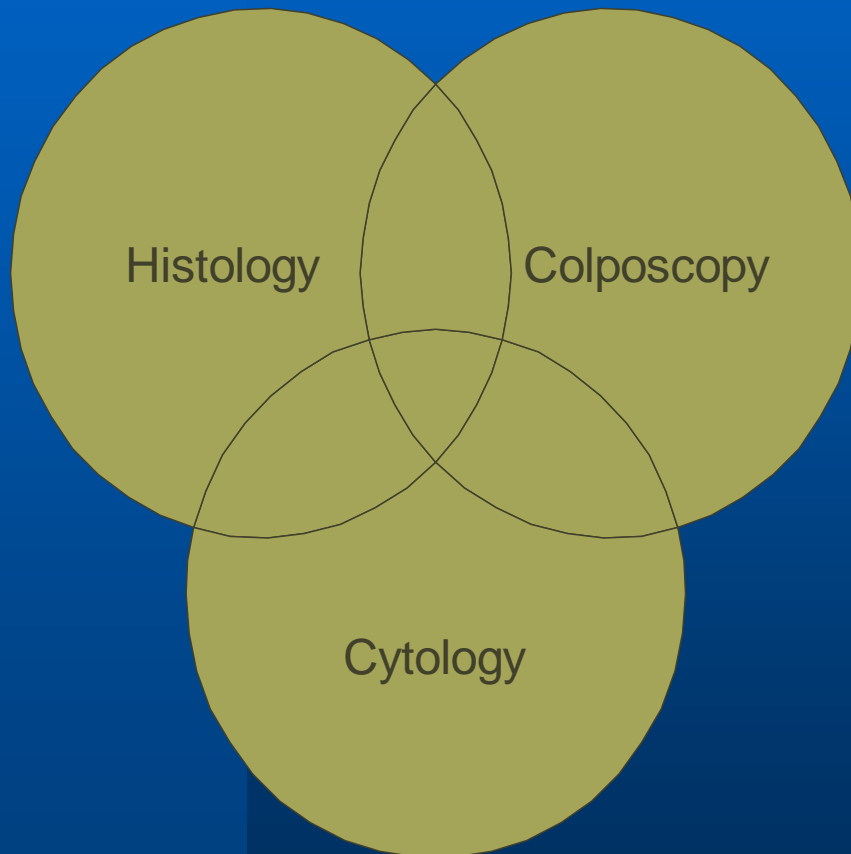


# LSIL



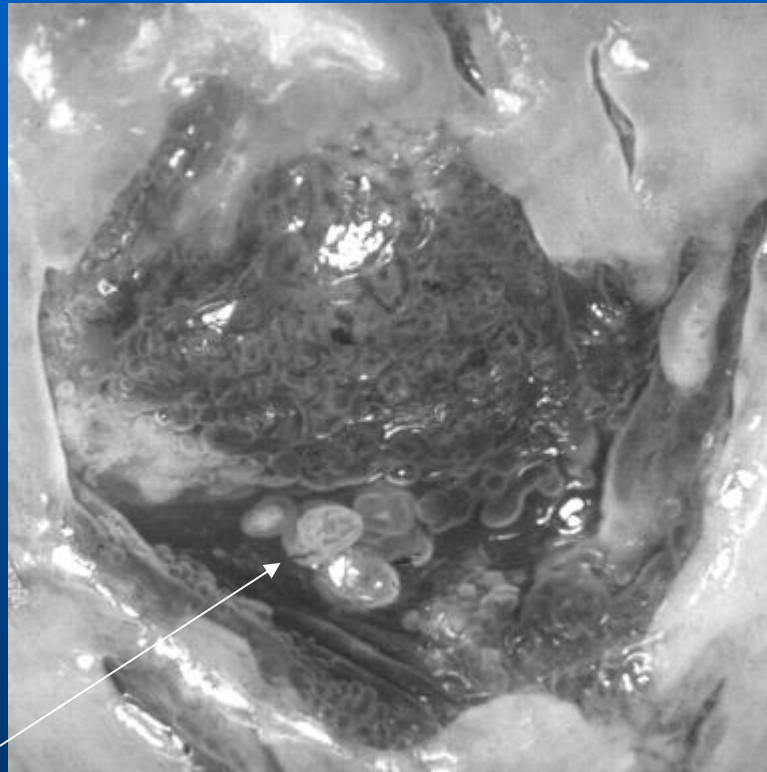
# LSIL





It has been estimated that annual Pap smear testing reduces a woman's chance of dying of cervical cancer from 4 in 1000 to about 5 in 10,000 – a difference of almost 90%

# Microglandular endocervical hyperplasia



polypoidal villi

non-pathologic condition

# Project summaries

text

# Screening

It has been estimated that annual Pap smear testing reduces a woman's chance of dying of cervical cancer from 4 in 1000 to about 5 in 10,000 – a difference of almost 90%



# Microglandular endocervical hyperplasia

