module3

TREATMENT OF VIA/VILI
POSITIVE CASES

Comprehensive Visual Inspection of the Cervix with Acetic Acid (VIA) and Lugol's Iodine (VILI)
http://www.gfmer.ch/vic/

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Learning objectives

To describe **cryotherapy** and **thermocoagulation** techniques and define their indications.

To describe **conization** technique and define its indications.

To distinguish between lesions suitable for **destructive therapy** (*cryotherapy, thermocoagulation*) or for **excisional therapy** (*conization*).
What is cryotherapy?

A metal probe cooled by a refrigerant gas ($CO_2$ or $N_2O$) freezes by direct contact the abnormal zone of the ectocervix (destructive therapy). No anesthesia is needed.

Cryotherapy is >85% effective in the treatment of Cervical Intraepithelial Neoplasia grade 2-3 (CIN2-3).

Cryotherapy is executed in two successive freeze-thaw cycles. A cycle consists in a 3-minute freeze followed by a 5-minute thawing.
What is cryotherapy?

Cryoprobes, the cryogun, pressure gauge and stop watch.

CRYOFREEZING IN PROGRESS

Cryotherapy: after the procedure

(a) The iceball on the cervix immediately after cryotherapy.
(b) Appearance 2 weeks after cryotherapy.
(c) Appearance 3 months after cryotherapy.
(d) Appearance 1 year after cryotherapy.

Cryotherapy: What are the side effects?

Mild pelvic pain.

Watery discharge, spotting or light bleeding for 2 weeks.

Other side effects are rare.
(Infection, very rarely cervical stenosis)

Cryotherapy is well tolerated.
Cryotherapy: What are the indications?

Patients having VIA/VILI positive lesion suspicious of CIN 2-3.

Lesions:
- not suspicious of cancer
- covered by the cryoprobe at your disposal
- without > 2mm extension in the endocervical canal

Pregnant women must delay cryotherapy treatment until the postpartum period.
What is thermo-coagulation?

A probe heated to 100°C destroys by direct contact the abnormal zone of the ectocervix (destructive therapy), and may be performed without anesthesia.

Thermocoagulation is >90% effective in the treatment of CIN 2-3.

Thermocoagulation is executed in one application of 60 seconds.
What is thermo-coagulation?

Different *thermasounds* are available according to the location and size of the lesion.

Multiple *overlapping* applications may be used to cover the entire lesion.
THERMOCOAGULATION PROCEDURE

Directly after complete VIA - VILI diagnostic procedure (3)

Thermocoagulation procedure (1,2)
Thermo-coagulation: What are the side effects?

Mild pelvic pain.

Watery discharge, spotting or light bleeding for 2 weeks.

Other side effects are rare.
  (Infection, very rarely cervical stenosis)

Thermocoagulation is well tolerated.
Thermo-coagulation: What are the indications?

Patients having VIA/VILI positive lesion suspicious of CIN 2-3.

Lesions:
- not suspicious of cancer
- without > 2mm extension in the endocervical canal

Pregnant women must delay thermocoagulation treatment until the postpartum period.
What is a conization?

Conization is the surgical removal of abnormal cervical area, only the electrosurgical treatment is discussed here:

LEEP/LLETZ = Loop Electrosurgical Excision Procedure / Large Loop Excision of the Transformation Zone:

This procedure uses fine cutting stainless steel or tungsten wire loop-electrodes (0.2mm) to remove the entire circumference of the transformation zone that contains cervical lesions.
LOOP ELECTROSURGICAL PROCEDURE (LEEP)

LEEP procedure (1-5)

LEEP - 6 months later (6)
Conization: What are the indications?

Cervical lesion suspicious of early stage cancer. Conization should be avoided in women with large cervical cancer (high risk of bleeding).

Cervical lesions that are ineligible for cryotherapy or thermocoagulation.

Lesions with deep extension into the endocervical canal (more than 2mm).

Pregnant women must delay conization until the postpartum period.
Conization: What are the side effects?

Side effects similar to cryotherapy or thermocoagulation.

Bleeding may be heavier (2%) (deep excisions are associated with more bleeding).

Women may have a light bleeding for up to two-three weeks after LEEP.

In rare cases, conization may be associated with subsequent spontaneous miscarriage in future pregnancy, premature delivery or a long labor due to cervical incompetency or cervical stenosis.
DECISION MAKING AND MANAGEMENT

1. Lesion suspicious of CIN2-3.
2. Cancer is excluded.

This patient should be treated by destructive therapy.
1. Lesion suspicious of CIN2-3.
2. Cancer is excluded.

Here the lesion is large but may be treated by overlapping probe application (thermocoagulation) or conization.
DECISION MAKING AND MANAGEMENT

1. Lesion suspicious of invasive cancer

This lesion is suspicious of cancer and presents a high risk for hemorrhage during conization. Perform biopsy for hystological assessment and refer patient to a tertiary center for staging and therapy.
1. Lesion suspicious of invasive cancer

This lesion is suspicious of cancer and presents a high risk for hemorrhage during conization. Perform biopsy for histological assessment and refer patient to a tertiary center for staging and therapy.

The lesion bleeds easily during examination and multiple blood vessels are visible at the surface (hypervascular friable lesion).
Cryotherapy, thermocoagulation and conization are effective procedures that are well tolerated for the treatment of CIN2-3.

Conization is an effective method for the treatment of lesions deep within the endocervical canal (>2mm).

If invasive cancer is suspected, women should be referred to a tertiary center for biopsy, staging and therapy.