

ENDOSCOPIC-MORPHOLOGICAL CHARACTERISTICS OF BACKGROUND DISEASES OF THE CERVIX

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Summary. The results of colposcopic, cytological and histological examination of cervical polyps in women are presented. At the same time, endocervicosis predominated among the background diseases, and every third woman had a picture of the inflammatory process. Histologically, glandular fibrous polyps were identified in most cases.

Keywords: cervical polyp – colposcopy – oncocytology – histology.

Background processes account for 80-85% of pathological changes in the cervix. These include erosions, pseudoerosions, leukoplakia, and polyps. Their macro- and microscopic picture, diagnostic and treatment methods are well known to doctors and there are no difficulties in recognizing these diseases [1].

For the purpose of early diagnosis of pathological conditions of the cervix (background, dysplasia, cancer), the following methods are used: oncocytological, colposcopic and morphological. A comprehensive examination of patients has the greatest diagnostic value, allowing timely and correct diagnosis in more than 98% of patients [2, 3]. Histological examination of surgical material is currently the most accurate method for diagnosing pathological processes of the reproductive system [1].

Histological examination is an important, but not mandatory, stage in the examination of patients with underlying diseases of the cervix. However, cervical biopsy and polypectomy followed by histological examination are a mandatory step in the treatment of patients with cervical polyps [2, 4].

The purpose of this study was to establish diagnostic criteria for a comprehensive examination of patients with cervical polyps to develop further patient management tactics.

METHODS AND INVESTIGATIONS

To achieve this goal, a comprehensive examination of 90 patients with cervical polyps who applied to the gynecological department of the PREMIUM clinic was carried out, with various no gynecological pathology. The age of the women



examined ranged from 20 to 50 years. The average age was 41.9 ± 0.7 years. Among the women examined, 42 (48.3%) were city residents, 45 (51.7%) were village residents.

All patients underwent clinical and laboratory examination, ultrasound of the pelvic organs, colposcopy, cytological examination of cervical smears, bacteriological and bacterioscopic examination, and histological examination of the removed specimen.

During simple colposcopy, the nature and amount of discharge, the color and relief of the mucous membrane, the condition of the external pharynx and the boundaries of stratified squamous epithelium (MSE) and columnar epithelium (CE) were assessed. Extended colposcopy included examination of the vaginal mucosa and cervix after its additional treatment with a 3% acetic acid solution and Lugol's solution. When assessing the results of the study, we used the classification of L.I. Vasilevskaya [5] and the International Classification of Colposcopic Terms (1990). Cytological examination of fingerprint smears was carried out by staining with hemotoxylin and eosin. The results of cytograms were assessed according to the Papanicolaou classification (Pap-suu-test).

Histologists interpret the histological picture in accordance with the classification of I.A. Yakovleva [6], or in accordance with the classification of Ya.V. Bokhman [7]. The main problem of classifying the condition of the cervix lies precisely in their classification, that is, in assigning them to one or another group with the resulting tactics for managing patients.

The results obtained were processed using a computerized software package (Statistica 6.0).

Results and its discussion

A total of 90 patients with cervical polyps were observed. In 64.4%, the polyp was detected under the age of 35 years, in 35.6% in the age range from 41 to 50 years. Most of the patients were between 30-50 years of age. The average age of patients of reproductive age was 36.2±0.7.

Polyps were identified both during preventive examinations and during treatment with various concomitant gynecological pathologies.

The results of our studies showed that during the initial examination, cervical polyps were combined with endocervicosis - 44.2% of cases; hypertrophic elongation of the cervix - 42.2%, cervicitis - 29.9%, with old cervical rupture - 42.5% of cases. Of the 87 patients, 23 had only a cervical polyp visually diagnosed.



When examined with the naked eye, in the patients we examined, round or lobular formations with a diameter of 0.5-2 cm were identified in the cervical canal. The formations usually had a smooth surface of red or pink color, which was due to the thinness of the epithelial cover, through which the connective tissue base rich in blood vessels was visible.

Among the underlying diseases, endocervicosis in combination with cervical polyp predominated. Endocervicosis was colposcopically characterized by reddish shiny polypoid papillae with a thickened apex. Using a colposcope, combinations of changes characteristic of ectopia and the transformation zone were detected, which indicates the similarity of changes in the epithelial cover in polyps and ectopia. In some young patients, papillary

The surface of the polyp is similar to the surface of the ectopia. This indicated that the polyp was covered with columnar epithelium. In most cases, the surface of the polyps was smooth, indicating an overlap of columnar epithelium with squamous, stratified epithelium. Sometimes, on the smooth surface of the polyp, single open gland ducts and tree-like branching vessels were revealed, as in the colposcopic picture of the transformation zone. In some polyps, we observed a combination of different types of epithelium: the surface of the polyp extending beyond the external os and facing the vagina is smooth, and the surface areas located closer to the base of the polyp, which can be seen by lifting the polyp with a tampon or instrument, are covered with papillae. Polyps, as a rule, were not stained with Lugol's solution. In some cases, this was due to thinning of the squamous stratified epithelium covering the polyp. However, more often the absence of staining indicated that the epidermization of the polyp occurs due to immature metaplosed epithelium.

Polyps were usually not recognized during cytological examination. Some patients had a cytological conclusion about the presence of endocervicosis: in the cytograms of these patients, squamous and columnar epithelial cells were found. A conclusion about the presence of a polyp based on cytological studies was made when true papillae were found in the preparations, which, unlike pseudopapillae, had a central capillary with fibroblasts, fibrocytes and fibers of an acellular substance.

Colposcopic characteristics of a combination of cervical polyp and endocervicosis indicated that 33% of women had a picture characterizing the inflammatory process (color, vascular pattern, thinning of the stratified squamous epithelium (MSE), displacement of the columnar epithelium (CE) to the exocervix,



weakly positive Schiller's test). Moreover, the cytological picture for this pathology also indicated an "inflammatory type" of the smear in 25% of cases.

Colposcopic characteristics with a combination of hypertrophic elongation of the cervix and cervical polyp indicated that 45.2% of women had a picture characterizing the inflammatory process (color, vascular pattern, thinning of the MPE, displacement of the CE to the exocervix, weakly positive Schiller test). At the same time, the cytological picture for this pathology in 42% of cases indicated an "inflammatory type" of the smear.

Colposcopic characteristics of a combination of cervical polyp and cervicitis indicated that 87.3% of patients had a picture characterizing the inflammatory process. In this regard, the colposcopic picture in women of perimenopausal age differed from colposcopy of women of childbearing age, due to age-related changes: mild hyperemia of the mucous membrane, white color of the top of the loops of blood vessels, which resembled scattered semolina on the surface. The vascular loops were small, more tortuous, and less frequently located.

With extended colposcopy with a 3% solution of acetic acid, our studies identified three types of polyps: glandular, epithelial and epidermal - mixed polyp.

The research results established that a cytological examination of the surface of the glandular polyp revealed unchanged columnar epithelial cells. Histological examination confirmed that the surface of the polyp consists of connective tissue papillae covered with single-layer columnar epithelium.

The research results showed that cytological examination of epithelial polyps revealed unchanged cells of stratified squamous epithelium. Histological examination confirmed the lining of the polyp with stratified squamous epithelium.

In epidermal polyps, the cytological picture corresponded to various types of transformation zone (CT). Histological examination revealed areas of stratified squamous epithelium, under which glands and areas of columnar epithelium were located.

Depending on the morphological features and the predominance of elements of glandular or fibrous tissue in the polyps, glandular, glandular-fibrous and fibrous polyps are distinguished.

Histological examination, according to our data, revealed glandular-fibrous polyps in 38 (48.9%) of 78 patients, glandular polyps in 31 (39.6%), glandular-cystic in 5 (6.4%), and glandular-cystic ones in 3 (3.3%).) – glandular-papillary and in one patient (1.1%) – a polyp with a granulating surface.



According to the literature, the incidence of malignancy of polyps ranges from 0 to 10%. V.N. Kustarov et al. [1] found preinvasive cancer in 1.78% of patients. In this regard, the existing practice of removing polyps with mandatory histological examination of them is certainly justified and allows for a timely diagnosis of initial cervical cancer.

The management of women with cervical polyps should be individualized. It depends on age, concomitant lesions of the cervix, the nature of the polyp, its location, whether it was detected for the first time or recurs, etc. The main method of treatment is surgical or thermosurgical. For recurrent polyps located in the cervical canal and in patients over 40 years of age, polypectomy is supplemented with separate diagnostic curettage of the mucous membrane of the cervical canal and the uterine cavity. When a cervical polyp and cervical dysplasia are combined, it is advisable to combine polypectomy with electrical excision.

Thus, in a comprehensive examination of patients with cervical polyps, histological examination is of no small importance. A targeted examination allows us to establish a diagnosis and develop treatment principles. Patient management tactics depend on age, concomitant lesions of the cervix, the nature of the polyp and its location. The main method of treatment is surgical or thermosurgical and treatment of concomitant inflammatory processes of the genital organs, taking into account the identified infectious agents.

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