

Colposcopy

Putting it all Together and Case Presentations

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Colposcopy General Assessment

Cervix visibility- fully/not fully visible due to...

SCJ visibility- fully/ not fully visible

Acetowhite changes- any degree of whitening after application of Acetic Acid 3-5%

Low Grade vs High Grade disease

Defining Characteristics of Colposcopy

Colposcopic Lesion Characteristics

Most Likely Grade	Color	Vessel	Margin	Surface contours
Normal	Pink translucent	Fine, Lacy Normal branching	Normal T zone	Fiat
LSIL	White, shiny Snowy white	None, fine PN, fine MO, orderly	Diffuse, feathery focculated, geographic	Fiat, micro-Papillary, macropapillary
HSIL	Dull white	Dilated, irregular, increased intracapillary distance	Straight, internal margins	"Pasted on", peeling
Cancer	Gray, yellow	Atypical, bizarre	Ulcer	Nodular, ulcer



Preparing you through the Prevention & Treatment of Abnormal Pap Smear Diagnosis

Courses
Comprehensive Colposcopy

Colposcopy General Assessment

- Lesion present- yes/no; location/size
- Normal findings- nabothian cyst, ectropion/ectopy
- Additional findings- polyp, friable, satellite lesion, stenosis, post treatment scarring



Terminology

Key Differences Between the 2017 ASCCP Terminology and Current 2011 IFCCP Terminology

	ASCCP	IFCCP
General assessment: cervix visibility	Fully/Not fully visible	Adequate/Inadequate
General assessment: SCJ visibility	Fully/Not fully visible	Completely/partially/not visible
General assessment: transformation zone type	Not used	Transformation zone types 1, 2, 3
Abnormal colposcopic findings	Low-grade features High-grade features	Grade 1 (minor) Grade 2 (major)
Excision type	Not used	Excision types 1, 2, 3



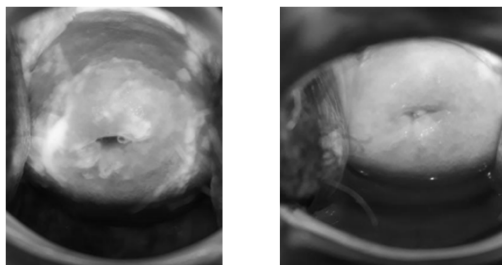
Preparing you through the Prevention & Treatment of Abnormal Pap Smear Diagnosis

Courses
Comprehensive Colposcopy

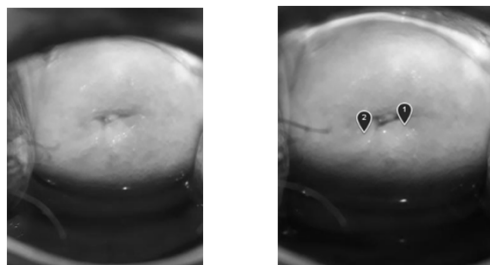
A picture is worth a thousand words.

Unknown

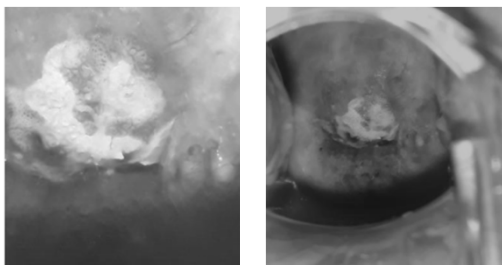
Before and After Acetic Acid



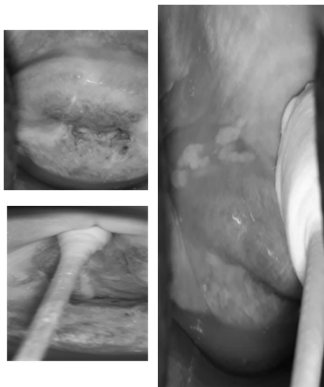
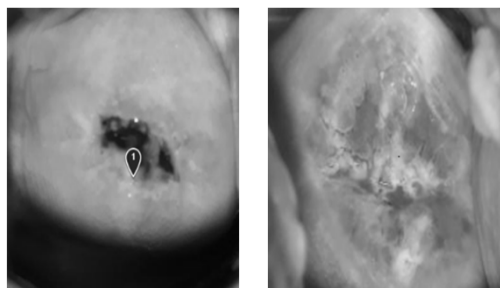
Thin AWE After Acetic Acid



Dense AWE after Acetic Acid

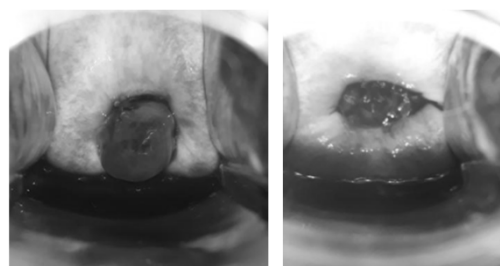


Low Grade vs High Grade

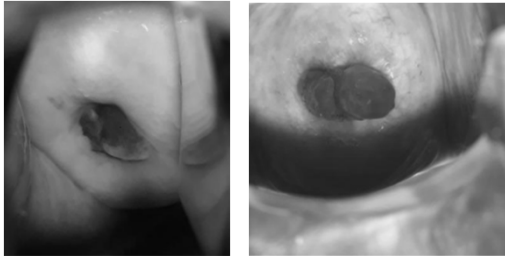


Satellite Lesion

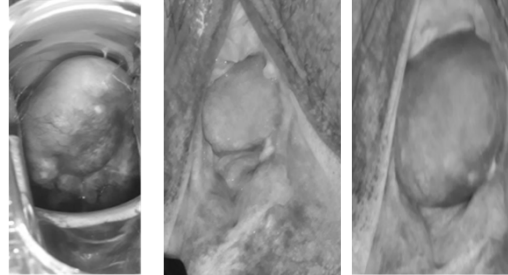
Polyps



Polyps



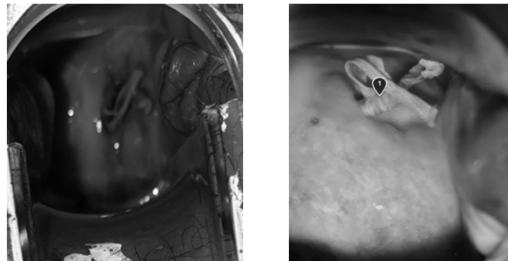
Pelvic Organ Prolapse



Cerclage



Phone vs EVA



Case Study 1

- A 27 year old G0 LMP 11/5/2019 presents today due to ASCUS HPV positive 10/2019
- No complaints; denies use of contraception but no unprotected sex in past month
- Pregnancy test is negative
- STD testing done 1month ago with negative results



Case Study 1

What is the initial management of ASCUS HPV positive in this age group (27 year old)?

- A- Repeat cotest one year
- B- Colposcopy
- C- Routine screening
- D- Colposcopy with EMB

Case Study 1

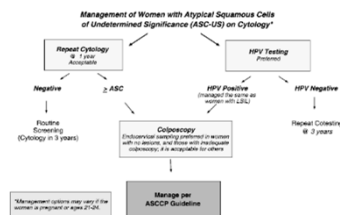
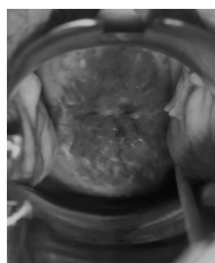
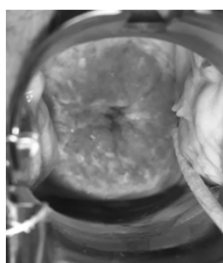


Figure 4.



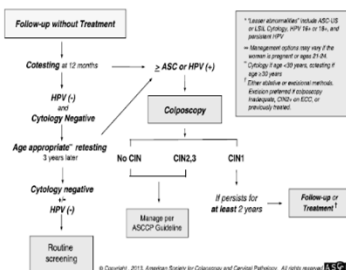
Colposcopy reveals large ectropion consistent for age
Cervix fully visualized
Ectocervix without AWE; ECC obtained
Impression: Benign
Pathology: ECC- Benign

Case Study 1

What is the recommended subsequent management for women with ASCUS HPV positive in whom no lesion or CIN 1 preceded by lesser abnormalities?

- A- Age appropriate screening in one year
- B- Cotest in one year
- C- Cotest in three years

Management of Women with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia - Grade 1 (CIN1) Preceded by "Lesser Abnormalities"



Case Study 1

Follow up recommendations in this 27 year old with history of ASCUS HPV positive and negative colposcopy is a cotest in 12 months.

Your patient returns for follow up co-testing in one year. Her cytology and HPV testing are both negative. She would like to know if she could have a positive HPV test again in the future. What do you tell her?

HPV Counseling

A- She is now immune to HPV and will not have another positive HPV test in the future

B- She has cleared the virus and will not have another positive HPV test unless she has a new exposure to the virus



HPV Counseling

C- She may have cleared the virus, or it may have become latent on the cervix. She could have a positive HPV test again in the future without a new exposure

D- HPV cannot be cleared and she will always have HPV



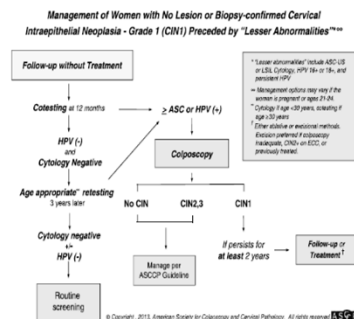
Case Study 1

She is now 30 years old. The 3 year cotest is done and results are ASCUS HPV negative. What are the next steps?

A- Cotest in 3 years

B- Cotest in 1 year

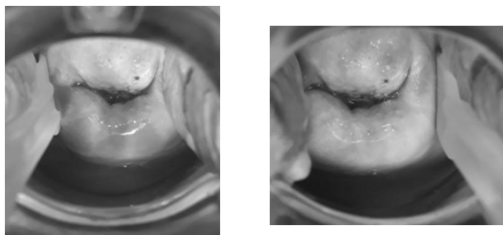
C- Refer for colposcopy



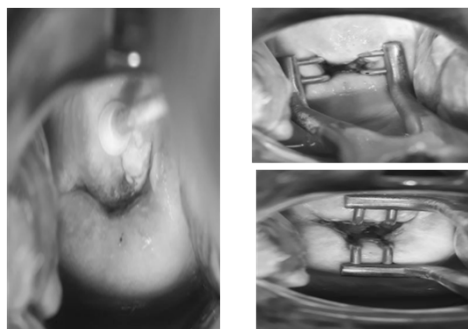
Case Study 2

- 30 yo seeking pregnancy in for colposcopy due to history of LGSIL HPV + from 9/2019
- Pregnancy test negative
- Smokes 1 ppd for 9 years
- External exam of the vulva with no gross
- Cervix is fully visualized

Case Study 2



Case Study 2



Case Study 2

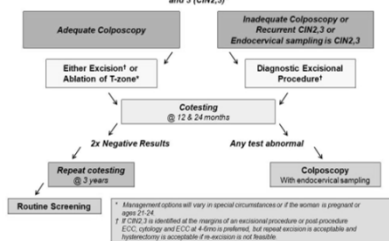
The SCJ was not fully visualized and the biopsy of the dense acetowhite lesion shows CIN 3 and ECC is benign.

According to ASCCP, what is the next step for this 30 year old?

- A- Repeat cotesting one year
- B- Ablation
- C- Diagnostic excisional procedure

Case Study 2

Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia - Grade 2 and 3 (CIN2,3)*



Case Study 2

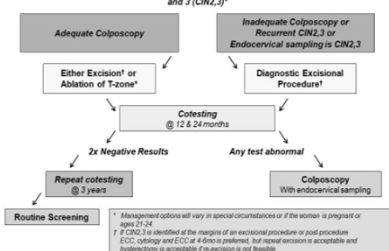
LEEP confirmed HSIL (CIN 3) diagnosis; margins of resection are free of high grade dysplasia.

• What is the next step in follow up?

- A- Cotest one year
- B- Repeat Cytology and colposcopy one year
- C- Cytology and ECC in 4-6 months
- D- Repeat LEEP

ASCCP

Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia - Grade 2 and 3 (CIN2,3)*



What if...

What is the preferred follow up for a CIN3 with positive margins?

- A- Cervical cytology and ECC in 4-6 months
- B- Cervical cotesting in 12 and 24 months
- C- Repeat diagnostic excisional procedure
- D- GYN recommended cotest one year

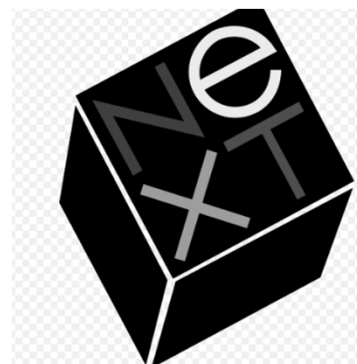
Case Study 2

- After the LEEP the results were discussed with the patient and the follow-up was established, she wants to become pregnant soon and ask if there are any lifestyle changes that can help decrease her risk of developing cervical cancer.

Case Study 2

- Which one of the following lifestyle changes would have the greatest impact in decreasing this patient's risk of developing cervical cancer?

- A- Weight reduction
- B- Use of condoms with every sexual encounter
- C- Smoking cessation
- D- Alcohol intake cessation



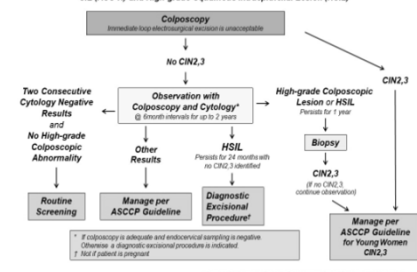
Case Study 3

21 year old with ASC-H on Initial pap test.
How should she be managed?

- A- LEEP
- B- EMB
- C- HPV test
- D- Colposcopy

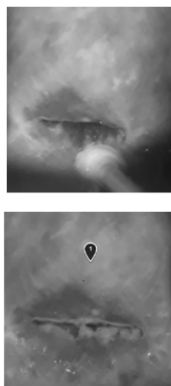
Case Study 3

Management of Women Ages 21-24 Years with Atypical Squamous Cells, Cannot Rule Out High Grade SIL (ASC-H) and High-grade Squamous Intraepithelial Lesion (HSIL)



Case Study 3

- 21 yo with ASC-H.
- SCJ fully visualized.
- Faint AWE noted from 11-1 o'clock; no mosaicism or punctations
- Impression CIN 1



Colposcopy is adequate; Biopsy/ECC done
Dx-Biopsy LSIL (CIN 1) ECC- negative

- What is your next step in this 21 year old with pap of ASC-H?

A- LEEP

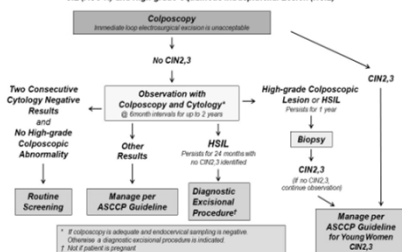
B- EMB

C- Cotest in one year

D- Colposcopy and cytology at 6 month intervals

Case Study 3

Management of Women Ages 21-24 Years with Atypical Squamous Cells, Cannot Rule Out High Grade SIL (ASC-H) and High-grade Squamous Intraepithelial Lesion (HSIL)



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Case Study 4

41 y/o with no history of abnormal paps although last pap 5 years ago. Pap result of AGC & HSIL +HPV. Menses are normal and voices no complaints or postcoital bleed.

The next step is:

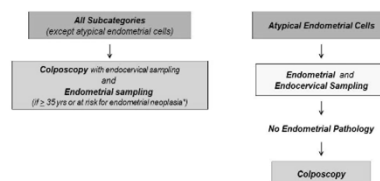
A- EMB only

B- Colposcopy with ECC and EMB

C- HPV with genotyping for further evaluation

Case Study 4

Initial Workup of Women with Atypical Glandular Cells (AGC)

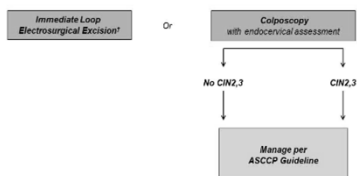


* includes unresected vaginal bleeding or conditions suggesting chronic atrophy

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Case Study 4

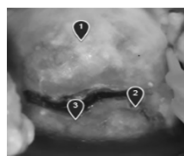
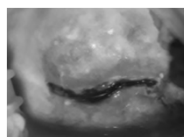
Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL) *



* Management options may vary if the woman is pregnant, postmenopausal, or ages 21-24
† Not if patient is pregnant or ages 21-24

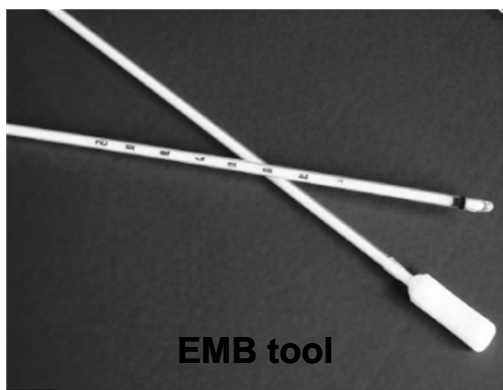
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Case Study 4



- EMB done with moderate amount of tissue retrieved.
- SCJ- fully visualized with manipulation
- Biopsies at 5:00, 7:00 and 12:00
- Impression CIN 2

ASCP



EMB tool

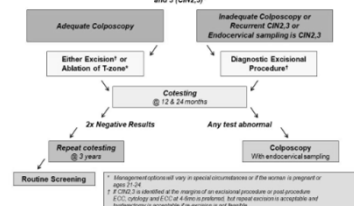
Pathology: ECC HSIL (CIN 2); P16 supports dx; Cervical Biopsy-Benign and EMB-Benign

- What is the next steps in treatment of this 41 year old with these pathology results?

- A- Cytology and ECC in 6 months
- B- Cotest one year
- C- Refer for LEEP
- D- Ablation of T-zone

ECC-CIN 2; Bx-benign; EMB- benign Colpo Adequate

Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia - Grade 2 and 3 (CIN2,3) *



* Management options will vary in special circumstances or if the woman is pregnant or ages 21-24
† If CIN2,3 is identified at the margin of an excisional procedure or post-procedure, ECC, colposcopy and ECC or a follow-up procedure, but repeat excision is acceptable and hysterectomy is acceptable if the decision is not feasible.

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Case Study 4

Cervix-LEEP with top hat:

Diagnosis:

- Invasive squamous cell carcinoma, poorly differentiated

extensive high grade squamous intraepithelial lesion (HSIL)

Tumor extends to cauterized and inked margins

Case Study 4

Recommendations were a radical hysterectomy and pelvic lymph node dissection.

She completed this plan of care October and will follow up with her surgeon in November for further recommendations

Case Study 4

She has 3 daughters and a sister and she wants to know what could be done to prevent this from happening to them.



Question

How should the patient be counseled regarding the best intervention to prevent cervical cancer in her daughters and her sister?

- A- Annual Pap and HPV testing (cotesting)
- B- Screening colposcopy
- C- HPV vaccination
- D- Genetic testing

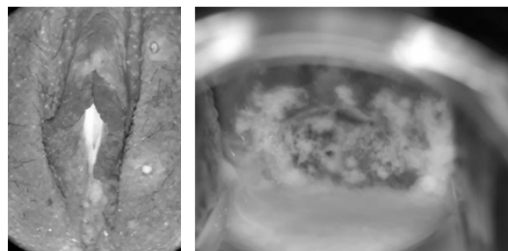
Something is wrong.
I can feel it.
I'm scared to find out
what it is

Case Study 5

- 28 year-old G0 with results of LSIL HPV positive. The week before her colposcopy appointment she calls to tell you she is having a discharge. You tell her to keep her appointment next week for colpo and can be evaluated at that time.

Case Study 5

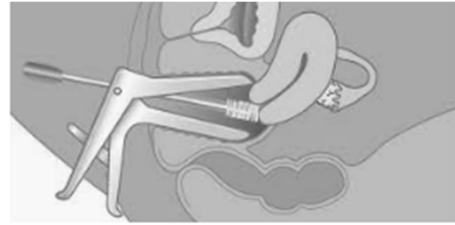
- Non-painful sores to labia and moderate amount mucopurulent discharge



Case Study 5

How do you proceed with this patient?

- A- Colposcopy with ECC and biopsy if indicated
- B- Pelvic exam, wet prep, treat for MPC and proceed with colposcopy
- C. Pelvic exam, wet prep, DCS testing, treat for MPC and postpone colposcopy



What an Abnormal Pap Smear Really Means ...

it's
Complicated
SO
CONSULT