European
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Colposcopy

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FIRST FRENCH-IBERIAN COLPOSCOPY MEETING

EFC training the trainers

1ª Reunião Franco Ibérica de Colposcopia

1ère Reunion Franco-Iberique de Colposcopie

1ª Reunión Franco-Ibérica de Colposcopia

8th and 9th of March 2019

SANA Lisboa Hotel

Lisbon, Portugal

Program

European Federation for Colposcopy

SPCPTGI

SFCPCV

FIRST FRENCH-IBERIAN COLPOSCOPY MEETING

EFC training the trainers

Alessandro Ghelardi (Italy)
Amália Pacheco (Portugal)
Ameli Tropé (Norway)
Amélia Pedro (Portugal)
Ana Palmeira de Oliveira (Portugal)
Aureli Torné (Spain)
Christine Bergeron (France)
Clara Bicho (Portugal)
Cristina Vanrel (Spain)
Daniel Andía (Spain)
Filipa Ribeiro (Portugal)
Jacques Rimailho (France)
Javier Rodriguez (Spain)
Jean Gondry (France)
Jorge Borrego (Portugal)
José Manuel Ramón y Cajal (Spain)
José Martinez de Oliveira (Portugal)
Maggie Cruickshank (United Kingdom)
Mar Ramírez (Spain)
María Castro (Spain)
Montserrat Cararach (Spain)
Pedro Vieira Baptista (Portugal)
Rita Sousa (Portugal)
Ségolène Delmas (France)
Tânia Freitas (Portugal)
Teresa Fraga (Portugal)
Teresa Mascarenhas (Portugal)
Vera Ribeiro (Portugal)
Virgínia Monteiro (Portugal)
Xavier Carcopino (France)

FIRST FRENCH-IBERIAN COLPOSCOPY MEETING

FRIDAY – 8TH OF MARCH

08:00am	Opening of registration desk	
09:00-12:30pm	DIAGNOSIS AND TREATMENT OF VULVOVAGINITIS	ROOM A
	Coordinators: Pedro Vieira Baptista and José Martinez de Oliveira	
09:00-09:10am	Welcome and introduction	
09:10-09:30am	Clinical approach and diagnostic methods José Martinez de Oliveira	
09:30-09:50am	Colposcopic signs of vaginal infections Virgínia Monteiro	
09:50-10:10am	Candidoses José Martinez de Oliveira	
10:10-10:30am	Cytolytic vaginosis and lactobacilosis Pedro Vieira Baptista	
10:30-11:00am	Coffee break	
11:00-11:20am	Vaginal dysbiosis Tânia Freitas	
11:20-11:40am	Trichomoniasis Tânia Freitas	
11:40-12:00pm	Atrophic vaginitis and vaginal atrophy Pedro Vieira Baptista	
12:00-12:20pm	The role of probiotics Ana Palmeira de Oliveira	
12:20-12:30pm	Discussion	
12:30pm	Closing	

09:00-12:30pm LASER TREATMENTS AT LOWER GENITAL TRACT — ROOM B

Coordinators: Virgínia Monteiro and Teresa Fraga

09:00-09:10am Welcome and introduction
09:10-09:30am Physical properties of CO2 laser
Javier Rodriguez
09:30-09:50am Use of CO2 laser in lower genital tract – Brief review
Teresa Fraga
09:50-10:10am Safety rules for CO2 laser treatment
Vera Ribeiro
10:10-10:30am CO2 laser – Cervical pathology
Filipa Ribeiro

10:30-11:00am Coffee break

11:00-11:20am CO2 laser – Vaginal lesions
Virgínia Monteiro
11:20-11:40am CO2 laser – Vulvar lesions
Vera Ribeiro
11:40-12:00pm CO2 laser – Other applications in LGT
Jorge Borrego
12:00-12:30pm Fractional CO2 laser and its applications in GYN
Teresa Fraga
12:20-12:30pm Discussion
12:30pm Conclusion/End

09:00-12:30pm EFC TRAINING THE TRAINERS SESSION — ROOM C

09:00-09:30am EFC quality standards and certification of colposcopy courses (20')
Xavier Carcopino
Discussion (10')
09:30-10:00am Who can be a trainer and what the role is? (20')
Ameli Tropé
Discussion (10')
10:00-10:30am Providing feedback and make an action plan (20')
Maggie Cruickshank
Discussion (10')

10:30-11:00am Coffee break

11:00-11:30am How to help the trainee in difficulty (20')
Maggie Cruickshank
Discussion (10')

11:30-12:00pm Common difficulties the trainees in colposcopy will be facing: Setting the colposcope, localize the SCJ and inform the patient about management, diagnosis and follow up (20')
Ameli Tropé
Discussion (10')

12:00-12:30pm Use of training models for treatment of CIN (20')
Xavier Carcopino
Discussion (10')

FIRST FRENCH-IBERIAN COLPOSCOPY MEETING

13:30-13:45pm Opening session (15')
Chair persons: Amélia Pedro, Teresa Mascarenhas and Xavier Carcopino

13:45-17:15pm SESSION 1: COMPARE OUR PRACTICES AND LEARN FROM EACH OTHER
Chair persons: Amélia Pedro and Xavier Carcopino

13:45-14:45pm How screening is performed in our countries?
In France (10')
Christine Bergeron
In Spain (10')
María Castro
In Portugal (10')
Amália Pacheco
Discussion (30')

14:45-15:45pm What about diagnostic?
In France (10')
Jacques Rimailho
In Spain (10')
Aureli Torné
In Portugal (10')
Rita Sousa
Discussion (30')

15:45-16:15pm Coffee break

16:15-17:15pm Different ways of teaching and training
In France (10')
Jean Gondry
In Spain (10')
Daniel Andía
In Portugal (10')
Amália Pacheco
Discussion (30')

17:15-17:45pm SIMPOSIUM: EFFECT OF A CORIOLUS VERSICOLOR-BASED VAGINAL GEL IN A HIGH-RISK HPV INFECTED PATIENTS. RESULTS OF VARIOUS CLINICAL STUDIES
Clara Bicho and Cristina Vanrell

17:45-19:00pm Oral communications session
Chair persons: Rita Sousa e Montserrat Cararach

19:00pm End of the first day.

SATURDAY – 9TH OF MARCH

07:30am Opening of registration desk

08:00-10:00am SESSION 2: THE IMPORTANCE OF A COMMON LANGUAGE IN COLPOSCOPY
Chair persons: Rita Sousa and Christine Bergeron
The importance of a common language in colposcopy: The classification of Rio de Janeiro (30')
Aureli Torné
Colposcopic patterns of major changes (grade 2) (30')
Montserrat Cararach
What is the appropriate management when the jonction is not fully visible? (30')
Amélia Pedro
Discussion (30')

10:00-10:30am Coffee break

10:30-12:30pm SESSION 3: MAJOR ISSUES IN COLPOSCOPY AND PATIENTS MANAGEMENT
Chair persons: Amélia Pedro and Jean Gondry

Adenocarcinoma in situ: Diagnosis and treatment (30')
José Manuel Ramón y Cajal
Colposcopy of the pregnant woman (30')
Ségolène Delmas
Diagnostic and management of vaginal intraepithelial neoplasia (30')
Virgínia Monteiro
Discussion (30')

12:30-13:00pm SIMPOSIUM: IS THERE SPERANZA FOR WOMEN PREVIOUSLY TREATED FOR CIN2+?
MSD INVENTING FOR LIFE
Chair person: Amélia Pedro
Speaker: Alessandro Ghelardi

13:00-14:30pm Lunch

14:30-16:30pm SESSION 4: TREATMENTS AND FOLLOW-UP AFTER TREATMENT
Chair person: Amália Pacheco and María Castro

How to perform a laser ablation (30')
Teresa Fraga
How to optimize LLETZ (30')
Xavier Carcopino
Follow-up after treatment of HSIL and LSIL (30')
Xavier Carcopino
Discussion (30')

16:30-17:00pm Coffee break

17:00-18:00pm SESSION 5: LET'S DISCUSS AROUND SOME CLINICAL CASES
Chair persons: Teresa Fraga and Aureli Torné

One case presented by France (10')
Ségolène Delmas
One case presented by Spain (10')
Mar Ramírez
One case presented by Portugal (10')
Amélia Pedro
Discussion (30')

18:00pm Closure

Oral communications sssion

FRIDAY – 8TH OF MARCH 17:45-19:00pm

Chair persons: Rita Sousa e Montserrat Cararach

CO 01

HPV 53: A LOW OR HIGH RISK GENOTYPE?

Verónica São Pedro; Ana Carolina Rocha; Inês Sá; Sofia Raposo; Olga Ilhéu; Rita Sousa; Luís Sá
Instituto Português de Oncologia Francisco Gentil – Centro Regional de Coimbra

Introduction: IARC categorizes HPV 53 genotype as having an uncertain oncogenic potential.

In the portuguese CLEOPATRA II study, it was included within the most frequent types detected in invasive cervical cancer, in order: 16, 33, 18, 58, 45, 53 e 73 (92,5%). However, it was always associated to other high risk types.

In our centre, it is believed that HPV 53 has a high prevalence in this region and the recent change from Papillocheck to Cobas HPV test has been matter of concern, since it doesn´t include HPV 53 in the pooled high risk category.

Goals: To analyse the prevalence of HPV 53 type in women submitted to cotesting in our centre, associated pap smear results, colposcopic features, subsequent procedures and histologic diagnosis.

Methods: Retrospective observational study. Data retrieved from file review of the women submitted to cotesting in our centre from January 2010 to December 2017. HPV detection with PapilloCheck® (genotyping of high risk types 16, 18, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 68, 70, 73, 82 and low risk types 6, 11, 40, 42, 43, 44/55).

Statistical analysis with SPSS v24, using Qui-Square and Fisher´s Exact Test.

Results: 3327 women were submitted to cotesting of whom 914 (27,5%) were positive for any HPV and 93 were positive for HPV 53 (2,8% of total; 10,2% of HPV+): 40 alone (4,4%), 13 with co-infection with low risk types and 40 with co-infection with high risk types. HPV 53+ women had a median age of 43 years-old [21-77], Parity status [0-3] with 21% nulliparity, 21 (22%) had been previous submitted to a large loop excision of the transformation zone (LLETZ) and 14 (15%) to a laser vaporization procedure.

Cytology reports: NILM-26, ASC-US-40, LSIL-23, ASC-H-1, AGC-3

Colposcopic features (IFCPC nomenclature): Normal findings-53; Grade 1-32; Grade 2-3; Nonspecific – 2.

Procedures: 25 biopsies; 4 endocervical samplings, 13 laser vaporization and 23 LLETZ (25%) whose histologic diagnosis (LAST terminology) were: absence of dysplasia-11; LSIL-11 and HSIL-1 (co-infection with HPV 16).

There was a tendency for higher grade cytology, more abnormal colposcopy findings and more interventions in the high risk HPV co-infection group.

Conclusions: We found no HSIL associated with HPV 53 alone despite its high prevalence. It appears safe to change for Cobas HPV test, which is FDA approved and in alignment with the 2019 national guidelines for cervical cancer screening.

CO 02

IS COMPLETE EXCISION OF CERVICAL LESIONS A GOOD RISK PREDICTOR OF RESIDUAL/RECURRENT DISEASE AFTER ZT EXCISION ?

Fernanda Vilela; Rodrigo Pereira Mata; Rita Martins; Vera Ribeiro; José Viana; Carmo Cruz; Amália Pacheco
Centro Hospitalar e Universitário do Algarve – Unidade de Faro

Introduction: Cervical cancer is preceded by premalignant lesions that present risk of progression to invasive carcinoma. The diagnosis and treatment of these lesions can prevent cevical cancer development. Transformation zone excision is the treatment used for removal of these lesions. However, even performing a complete excision, defined by negative ressection margins, the risk of recurrence or residual disease persists.

Goals: To evaluate the risk of residual/ recurrent disease after complete ZT excision.

Methods: We did a retrospective study, including women submitted to excisional treatment of premalignant cervical lesions, between 2014-2016 at the the cérvix and inferior genital tract pathology unit of Centro Hospitalar e Universitário do Algarve – Unidade de Faro. Statistical analysis was performed using SPSS version 21.

Results: We obtained 373 ZT excisions. The mean age of the sample was 39.2 years old. On 77,7% (n=290) of the cases, a complete excision was performed. About 61% of the ZT excisions presented HSIL, 28% LSIL and only 1% showed cervical cancer. In the presence of free margins, 81,9% and 90,4% had a normal cervical cytology at 6 and 12 months follow-up, respectively. The prevalence of HPV infection decreases from 19% at 6 months folow-up to 13% at one year follow-up. The most common cytological result at 6 months follow-up after treatment was ASCUS (8.8%), while LSIL was the most frequent at 12 month follow-up. The presence of HPV infection at 12-month follow-up was associated with higher incidence of cytological abnormalities ($p<0.05$).

Conclusion: Complete excision of premalignant cervical lesions is associated with a low rate of therapeutic failure, with only a small percentage of women having cytologic changes during follow-up at 6 and 12 months. HPV detection appears to be an important risk factor of recurrence of cervical lesions.

CO 03

CLINICAL UTILITY OF P16/KI-67 DUAL-STAINING FOR THE IDENTIFICATION OF CIN IN HIGH-RISK HPV-POSITIVE WOMEN

Ana Soares; Cecília Urzal; Vera Ribeiro; José Viana; Maria Cruz; Amália Pacheco
Centro Hospitalar e Universitário do Algarve

Introduction: The addition of human papillomavirus (HPV) DNA testing to cervical cytology improved the sensibility for identification of cervical intraepithelial neoplasia (CIN). However HPV DNA testing has a lower positive predictive value (PPV) and a decreased specificity. A large investigation has been performed with cellular biomarkers; p16/Ki-67 dual-stained cytology has been proposed as a biomarker for cervical precancer.

Goals: The objective of this study was to analyze the clinical utility of p16/Ki-67 dual-stained cytology for identification of CIN in high-risk HPV-positive women with cytology results categorized as negative for intraepithelial lesions or malignancy (NILM), atypical squamous cells of undetermined significance (ASC-US) or low grade squamous intraepithelial lesions (LSIL), followed at a colposcopy unit.

Methods: It was designed a prospective cohort study of 107 high-risk HPV-positive women followed at a colposcopy unit, analyzed by p16/Ki-67 dual-stained cytology from February 2016 to December 2018. Statistical analysis was performed using SPSS software.
Results: One hundred and seven women fulfilled all conditions to be included in the study group; the mean age were 44.5 years; of high-risk HPV-positive women, 57% (n=61) had NLIM cytology, 19.6% (n=21) had ASC--US cytology and 23.4% (n=25) had LSIL cytology; a positive p16/Ki-67 dual-stained test was identified in 23 (65.7%) women with a NLIM cytology, in 4 (11.4%) with ASC-US and in 8 (22.9%) with LSIL; among the group with positive p16/Ki-67 dual-stained cytology, CIN was identified in 90.5% of women. Dual staining of p16/Ki-67 provided a PPV of 61.3% and a sensibility (S) of 70.4%. At the same sample, HPV test provided a PPV of 27.0% and the colposcopy showed a PPV of 71.4%.
From positive p16/Ki-67 dual-stained cytology, 45.7% women were submitted to excisional treatment and 54.3% women followed expectant management.
Discussion/Conclusions: Positive p16/Ki-67 dual-staining cytology was associated with greater risk of CIN (90.5%) whereas HPV DNA testing showed a lower PPV. In our study, p16/Ki-67 dual-stained cytology showed a high sensibility and a high PPV. P16/Ki67 dual stained can provide additional information to detect CIN in high-risk HPV-positive women with negative cytology or with minor cytology findings. It will be needed a larger sample and a higher time of follow-up to generate solid conclusions.

CO 04

THE IMPORTANCE OF ENDOCERVICAL CURETTAGE AFTER CONIZATION – A CASE REPORT AND LITERATURE REVIEW

Lara Caseiro[1]; Virgínia Monteiro[2]
[1]Hospital Espírito Santo, Évora; [2]Hospital da Luz

Introduction: Performing endocervical curettage after completing excision of the Transformation Zone is a simple procedure that has the potential to determine residual lesions or multicentric lesions that may be present above the endocervical cone margin.
Goals: To describe a case report and to perform a literature review about the predictive value and sensitivity of endocervical curettage in the diagnosis of residual lesions after conization.
Clinical case: EJG, 60 years old, referred to colposcopy because of HSIL and HPV 16.
Because there was a TZ type 3 with no significant findings in colposcopy, a type 3 excision of transformation zone (TZ) by LASER was performed, with the result of CIN 1 with negative margins. After 2 years, the citology result was HSIL and Cobas® test was HPV + for other high risk types (not 16 or 18). Colposcopy was normal (TZ type 3) and excision of the TZ (type 3) and curettage of the remaining endocervix were performed. Although the conization specimen did not reveal dysplasia, curettage of the endocervix was positive for adenocarcinoma.
Methods: A literature review of the Pubmed database has been done to search for articles in English published since 2000, using the Mesh words "conization [mesh major topic]" and "curettage".
Results: This case demonstrates the relevance of endocervical curettage after excision of the TZ. Some studies support this practice and show that, in cases where the endocervical margin was positive, having simultaneously a positive curettage added greater sensitivity

for the diagnosis of recurrent or persistent disease, in comparison with endocervical margin alone. Another study which analyzed women diagnosed with a high grade lesion in a second surgery after conization (new conization/hysterectomy), found that the majority had a previous positive result of the endocervical curettage, compared to those with a negative result (OR 6.91, P = 0.01), thus evidencing the high positive predictive value of curettage.
However, there are contradictory studies that show that this practice has low sensitivity and positive predictive value.
Conclusion: The clinical case presented reflects the importance of systematic curettage of the endocervix at the moment of conization. However, further studies are needed to clarify the benefit of endocervical curettage after conization, since most articles are descriptive and lack statistical significance.

CO 05

HPV NEGATIVE LESIONS AND POSSIBLE RISK FACTORS – A CROSS-SECTIONAL STUDY IN PATIENTS SUBMITTED TO EXCISION OF THE TRANSFORMATION ZONE

Sofia Pereira; Fernanda Santos; Madalena Ponte; Alice Castro; António Santiago
Centro Hospitalar Leiria

Introduction: Human papillomavirus(HPV) infection has been held the main responsible of cervical cancer (CC). However, other risk factors are recognized and HPV negative (-) CCs have been diagnosed (probably a different subset of neoplasias with worst prognosis). Irrespective of the cause, it is essential to recognize and treat precursor lesions. Decrease of CC incidence and mortality was provided mainly by cytology-based screening programs. The interpretation of cytology is pathologist-dependent, and due to that some countries shift screening to HPV DNA detection. They do not identify the virus in 100% of CC's cases. Identifying precursor lesions and who is at risk is essential to keep surveillance with Pap test/co-test.
Goals: The main goal of the study was to evaluate the prevalence of HPV (-) lesions in patients who underwent excision of the transformation zone (ETZ) in Centro Hospitalar Leiria (CHL), and potential risk factors.
Methods: It was performed a cross-sectional study of patients who underwent loop ETZ from Jan-Dec 2017. HPV tests used were partial (Cobas®) and complete genotyping. Histology was performed by pathologists and surveillance of patients was by co-test. Statistical analysis of data was performed using SPSS®. Two groups were defined based on HPV testing previous to ETZ: group 1–HPV(-); group 2–HPV positive(+).
Results: During 2017, 117 loop ETZs have been made. Patients were referred to colposcopy unit with abnormal cytology findings such as LSIL (n=41), HSIL (n=25) and ASC-H (n=22). Before ETZ, HPV tests were performed in 79.5% of patients (n=93) and of that 17% were HPV (-). Median age was 49 years old for group 1 and 43 for group 2. Menopausal status was observed in 6.7% (group 1) vs 16.7%, and smoking habits was 6.7% in group 1 vs 28.2%. Median coitarche was 18 years old in both groups, and median of sexual partners was 1 for group 1 and 2 for group 2. Regarding parameters tested, smoking habits (p=0.015) and age (p=0.035) presented statistically significant differences. Menopausal status, colposcopy findings, coitarche, number of previous sexual partners and contraceptive methods did not show differences.
Discussion: Although the majority of CC are related to HPV infection, some are HPV (-). Statistically differences between groups were identified regarding smoking habits and age, indicating a possible need of cytology-based screening in population subsets. Study limitations mostly relate to sample size and lack of information in clinical files.

CO 06

NATIONAL CERVICAL CANCER SCREENING CONCERNING A POPULATION IN THE NORTH OF PORTUGAL

Mariana Lira Morais; Patrícia Alves; Yida Fan; Zélia Gomes; Osvaldo Moutinho
Centro Hospitalar Trás-os-Montes e Alto Douro, Vila Real, Portugal

Cervical cancer control includes primary prevention through vaccination and secondary prevention by screening to detect and treat precancerous lesions.

The strongest factor influencing the natural history of cervical lesions is the presence of high-risk (HR) HPV infection, in particular HPV 16 and 18. Several studies have suggested that patient's age is an independent factor influencing progression of these lesions.

The aim was to evaluate the type of cervical intraepithelial lesions and HR HPV in a specific population and by age group.

A retrospective study was carried out to assess women aged from 25 to 65 years old (yo) who were referred to CHTMAD due to abnormalities in the cervical cancer screening. A period of 18 months was evaluated. Only women with HR HPV were selected. Pregnant women and those with insufficient data were excluded. A total of 477 cases were identified, of which 346 matched inclusion criteria. The sample was characterized and divided into 4 groups according to the age group. The main outcomes were type of cervical intraepithelial lesion and type of HPV. Analysis was performed with SPSS software, version 25.

The mean age was 39,9±10,5. The median age of first sexual intercourse was 18yo (IQR 3) and the median number of sexual partners was 2 (IQR 2). Active smokers corresponded 25.5% of the patients. HPV 16 was the most prevalent type, infecting 103 women (33,5%). HPV 18 was present in 24 cases (7,82%). Other HR HPV genotypes, alone or combined, appeared in more than half of the sample (n 171, 55,7%).

Regarding age groups, the 25-35 yo group was the most affected (n 146, 42,2%). ASC--US was the more common in the 25-35yo, 36-45yo and 56-65yo groups, while NILM was more frequent in the 46-55yo group. The only case of invasive carcinoma was identified in the 56-65 age group.

Abnormal colposcopic findings were present in 269 cases (77,7%), requiring biopsy. According to the histological result, 100 (28.9%) loop excision procedures were performed and 16 women underwent additional surgery.

Although HPV 16 and 18 have an important role in developing cervical lesions, this study showed that other HR HPV genotypes are highly responsible for cytologic abnormalities. Most intraepithelial lesions are more frequent in younger age, possibly due to higher risk behaviors.

In conclusion, more studies are needed to provide clinically relevant findings of the influence of age and combined HR HPV virus infection on the natural history of cervical lesions.

CO 07

HPV PERSISTENCE AFTER LOOP ELECTROSURGICAL EXCISION PROCEDURE: ASSOCIATED RISK FACTORS

Mariana Ormonde; Sara Dias Leite; Joana Raposo; Maria Inês Raposo; Óscar Rebelo; Mariana Cardoso; Bruna Melo; Andrea Pereira; Carlos Ponte
Hospital Divino Espírito Santo de Ponta Delgada

Introduction: Early detection and treatment of Cervical Intraepithelial Neoplasia (CIN) has proven to be effective in reducing the incidence and mortality of cervical cancer. Loop Electrosurgical Excision Procedure (LEEP) is a less invasive treatment, associated with minor complications. However, even with complete excision of the lesion, Human Papillomavirus(HPV) can persist, leading sometimes to

recurrence of CIN. Clearance of the virus is much related to self-immune response and some risk factors por HPV persistence have been described, such as: age, menopause, smoking, lesion grade and positive margins after LEEP. However, these remain controversial and scientific evidence on this subject is still lacking.

Goals: We studied 159 patients that underwent LEEP for CIN in our center, between 2013-2017. Our aim was to evaluate the persistence of HPV during follow-up and determine the risk factors associated with this persistence.

Methods: We performed an observational, retrospective study, with descriptive and bivariable analysis, using SPSS Statistics®. Data was obtained on clinical reports.

Results: The mean time of surveillance was 31,2 ± 15,1 months (minimum 12; maximum 66), and all patients underwent citology with HPV detection 12 months after LEEP. In 81,1% (n=129) of these patients, HPV was not detected. Low-Risk HPV was present in 10,7% (n=17) and High-Risk HPV in 8,2% (n=13). The most frequent HPV genotypes were HPV 31 (n=3), 42 (n=3), 16 (n=2), 33 (n=2) and 62 (n=2). The recurrence rate of CIN was 13,8% (n=22), and it had strong association with HPV persistence (p=0,002). We did not find any statistical significant difference between HPV positive and negative patients regarding age (p=0,695), parity (p=0,145), menopause status (p=0,079), use of oral combined contraceptives (p=0,189), smoking (p=0,481), lesion grade (p=0,097) or cito-colpo-histological discordance (p=0,980). However, positive margins on the LEEP specimen were associated with HPV persistence (p=0,002; OR=3,6).

Discussion: HPV persistence after LEEP is one of the most important factors for CIN recurrence. We found that patients with positive margins after LEEP have approximately 4 times greater risk of HPV persistence than patients with complete removal of CIN, which is supported by the literature. However, we were unable to find any other risk factors for this viral persistence. In accordance to other authors, we agree that more research on this field is needed.

CO 08

ADENOCARCINOMA OF THE CERVIX AT YOUNG AGE – A CLINICAL CASE

Rute Branco, Miranda, M.; Oliveira, M.; Ferreira, E.; Santos, V.; Diniz da Costa, T.; Gomes, F.; Manso, R.; Silva Pereira, J.
Hospital Prof. Doutor Fernando Fonseca

Introduction: Cervical carcinoma is the fourth most frequent cancer in females worldwide. The incidence of adenocarcinomas has increased over the past few decades, especially in young women. The average age at the diagnosis is 50 years. Risk factors include HPV infection, high-risk sexual behaviour and exposure to estrogens.

Case report: A 23 year-old woman, without a relevant past medical history, whose sexual life was initiated at 13 years, with three sexual partners and under oral combined contraceptive pill. She went to her attending physician due to postcoital bleeding and fetid vaginal discharge. A Pap test was performed which was negative.

In the meantime, she was hospitalized due to deep venous thrombosis (DVT) of the left lower limb. The etiological study emphasized the presence of large iliac and inguinal adenopathies, which were biopsied and neoplasic tissue was excluded. She was referenced to a Gynaecology unit due to abnormal uterine hemorrhage. Pelvic examination revealed an exophytic and friable lesion of the uterine cervix which was biopsied, while a histological analysis diagnosed an adenocarcinoma.

Magnetic resonance imaging was carried out, which showed a bilateral pelvic adenopathic

conglomerates, a cervix lesion, a right parametrium nodule and also a right ureter hydronephrosis, was compatible with a cancer stage IIB. CA-125 was negative.
The woman was treated with three sequential chemotherapy cycles with disease progression. Ten months after diagnosis, the patient was hospitalized for an abdominal wall cellulitis and new DVT. Radiotherapy was started for pain relief. Unfortenately, she evolved with lower limbs edema and obstructive uropathy, and died the day-39 of hospitalization.
Conclusion: Organized cervical cancer screening is performed between the ages of 25-65. This interval was established because under the age of 25 the risk of cervical cancer is low and HPV infections are mostly transient.
According the literature, the time interval established between the diagnosis of in situ adenocarcinoma and the invasive adenocarcinoma is five years, providing opportunity for screening and intervention.
This case emphasizes the necessity to adjust case by case the time-frame for the opportunistic screening, which can begin at the age of 21, especially in the presence of risk factors. It also points out the importance of regular pelvic examination after initiating sexual activity as well as, the need for diagnostic workup when symptoms are present.

CO 09

ATYPICAL GLANDULAR CELLS – RISK OF MALIGNANT DISEASE

Souto Miranda, M.; Branco, R.; Oliveira, M.; Santos, V.; Pedro, A. ; Diniz da Costa, T.; Silva Pereira, J.
Hospital Prof. Doutor Fernando Fonseca (HFF)

Introduction: Glandular abnormalities are found in approximately 0.2 percent of cervical cytology samples. Atypical glandular cells (AGC) on cervical cytology are associated with premalignant or malignant disease in approximately 30 percent of cases. The prevalences and histologies of cancer in a AGC cytology are 0,3 to 1% squamous cervical carcinoma (SCC), 1 to 2% cervical adenocarcinoma, 2 to 3% endometrial adenocarcinoma and 3 to 4% cervical adenocarcinoma in situ (AIS). The incidence of invasive cervical adenocarcinoma has increased dramatically over the past few decades, and the AIS is the only known precursor to cervical adenocarcinoma. The mean age at diagnosis of invasive cervical adenocarcinoma is the early 50s and the mean age at diagnosis of SCC is 47 years.
Goals: To evaluate the incidence of malignancy during the follow up of women with AGC on cervical cytology that were followed at the Unidade de Colposcopia e LASER (UCL) of HFF, between the July of 2012 and February 2019 (80 months).
Results and discussion: During this period of time there were 74 AGC results at our Unity. All cases had a colposcopy with directed biopsies and sampling of the endocervical canal. An endometrial sampling (preferably by histeroscopic approach) was performed for all women ≥35 years old and for younger women at risk for endometrial neoplasia. 10 carcinomas were diagnosed (13,5%), and only 4 had AGC favor neoplasia. From the 10 carcinomas diagnosed, 2 cases were SCC (2,7%), 3 invasive cervical adenocarcinoma (4 %), 4 endometrial adenocarcinomas (5,4%) and 1 AIS (1,4%). The mean age of diagnosis was 61, 54 e 51 years old respectively for SCC, invasive cervical carcinoma and endometrial adenocarcinomas, and AIS. During follow-up the mortality rate of women with carcinomas was 20% (2 cases out of 10 – 1 SCC and 1 invasive cervical adenocarcinoma).
Conclusion: In 74 AGC on cervical cytology, 10 were diagnosed with carcinoma (13,5%). The presence of AGC on cervical cytology is associated with a high and persistent risk of cervical cancer. A more aggressive management protocol for women with AGC is recom-

mended and should be done in appropriate Colposcopy Units and following strict guidelines.

CO 10

ATYPICAL GLANDULAR CELLS – CASE-BY-CASE ANALYSIS

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Introduction: Glandular abnormalities are found in approximately 0.2 percent of cervical cytology samples. Atypical glandular cells (AGC) on cervical cytology are associated with premalignant or malignant disease in about 30 percent of cases. AGC are found most commonly in women age 40 or older. Histologic evaluation may reveal normal findings, or squamous or glandular lesions. On rare occasions, AGC is associated with a primary tumor at sites other than the cervix or the uterus. The initial evaluation includes colposcopy, endometrial sampling (when indicated), and pelvic ultrasound.

Goals: Evaluate the outcomes of women referred to Hospital Fernando Fonseca Colposcopy and LASER Unit due to AGC on cervical cytology, between July 2012 and February 2019 (80 months).

Results and discussion: There were 74 women referred to our unit between July 2012 and February 2019 with AGC cytology, with a mean age of 46. Colposcopic findings were normal in 26 (35%), grade 1 (minor) lesions in 25 (33.7%), grade 2 (major) lesions in 13 (17.6%), suspicious for invasive cancer in 3 (4%), inadequate in 5 (6.8%) and a cervical polyp in 2 cases (2.7%). Endocervical curettage was performed in 68 patients, with 7 low-grade dysplasias, 4 high-grade dysplasias, 1 squamous cervical cancer (SCC), 1 adenocarcinoma in situ (AIS) and 1 non-graduable dysplasia. We did 41 directed biopsies and the histological results were: 11 low-grade dysplasias (14.9%), 9 high-grade dysplasias (12.2%) and 2 carcinomas (2.7%). The high--risk HPV was tested in 55 women, 15 (27%) of which were positive. Histeroscopy was employed for endometrial sampling in 60 women – 17 had endometrial polyps (28%), 2 had hyperplasia without atypia (3.3%) and 3 had endometrial adenocarcinomas (5%). Twenty women were submitted to excision of the transformation zone and 10 to hysterectomy.
We had a total of 9 high-grade dysplasias (12%) and 10 carcinomas (13.5%): 2 cases of SCC (2,7%), 3 invasive cervical adenocarcinomas (4%), 4 endometrial adenocarcinomas (5.4%) and 1 AIS (1.4%). Five of these women had neoadjuvant/adjuvant therapy with quemotherapy and/or radiotherapy.

Conclusion: Of the 74 cases of AGC on cervical cytology evaluated, 19 (26%) were diagnosed with a premalignant or malignant disease (9 high-grade dysplasias and 10 carcinomas). These results point out the importance of a thorough evaluation of women with AGC, including cervical, uterine and adnexal study, in order to detect premalignant and malignant disease.

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