Stratified management of cervical intraepithelial neoplasia grade 2 in women over 25 years old based on conization findings: A retrospective study

Ping Jin¹, Huanhua Wang¹, Ling Jin¹, Qing Lin¹, Yanqing Kong¹, and Peiyi Liu¹

¹Shenzhen Maternity and Childcare Hospital

June 5, 2023

Abstract

Objective: Partial patients diagnosed with CIN2 on biopsy include CIN3+. To compare the histopathological results before and after conization of CIN2 for exploring stratified management for CIN2 in women aged ≥25 years. Design: A observational retrospective study. Setting: China. Population: 307 women aged 19-40 years diagnosed as CIN2 on biopsy with cervical squamocolumnar junction visible. Methods: Compared immediate conization specimen histopathology with the biopsy histopathology, and explored the risk factors to predict CIN3+ in cone histopathology. Main outcome measures: Cone-histopathology-grading rate of CIN2. Risk factors predicting cone histopathology upgrading. Constructing an individualized algorithm for CIN2 stratified management using risk factors. Results: The cone-histopathology-upgrading rate of CIN2 was 22.5% (including one case of cervical microinvasive squamous cell carcinoma). In univariable analysis: age, HPV16/18, HSIL cytology were high-risk factors of cone histopathology upgrading (CIN3+) (P < 0.05). In multivariable analysis: HPV16/18 (OR 2.399, [95%CI 1.326-4.338]) and HSIL cytology (OR 3.295, [95%CI 1.622-6.692]) were independently risk factors. Conclusion: CIN2 patients aged ≥25 years were with a higher proportion of CIN3+ and stratified treatment should be considered. Patients with HPV16/18 infection and HSIL cytology owned the highest rate of CIN3+ in the rest cervix, surgical treatment should be taken. For those with HPV16/18 infection and ASCUS/LSIL cytology, or other high-risk HPV infection and HSIL cytology were with a relatively higher proportion of CIN3+, treatment should be individualized. However, for patients with HPV16/18 infection and NILM cytology or other high-risk HPV infection and ASCUS/LSIL cytology, the risk of CIN3+ was relatively low, conservative treatment should be taken.

Hosted file

Stratified management of cervical intraepithelial neoplasia grade 2 in women over 25 years old (begin{CJK}{UTF8}{gbsn})(end{CJK}) available at https://authorea.com/users/625574/articles/647509-stratified-management-of-cervical-intraepithelial-neoplasia-grade-2-in-women-over-25-years-old-based-on-conization-findings-a-retrospective-study