

Diagnosis of Cervical Erosion

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Relevance: One of the leading pathologies of the female reproductive system is cervical cancer, which ranks 4th among cancer diseases. According to WHO, in 2023 there were 570,000 new cases detected worldwide, and an increase in incidence was noted among the young female population aged 20–30 years. There is also a problem of insufficient oncological alertness among women in Uzbekistan. A significant part of cervical pathologies is a precancerous condition. Therefore, the identification of such diseases at the outpatient stage is the most important task of an obstetrician-gynecologist. Currently, effective screening of cervical pathology is based on a consistent set of examinations, including colposcopy, cytology and detection of human papillomavirus – HPV testing.

Keywords: cervical erosion, cytological examination, colposcopy.

The vaginal mucosa of a healthy woman produces a secret that protects the uterus during sexual intercourse, eliminates infection, and promotes the penetration of sperm into the cervical canal and cavity for future conception. Changes in the biocenosis of the vagina, infections lead to changes in the mucous membrane of the cervix.

There are cases when the mucous membrane of the cervix changes, completely / partially capturing the surface. In these cases, the doctor sees: • thinned mucous membrane, small cracks, ulcers, from which blood is released; • red areas on the mucous membrane – they can be of different shapes and sizes; • a red ring of tissue that seems to creep over the cervix. In this case, it is worth specifying the definition of the term "erosion", because all three signs, although they denote a disease, are completely different in nature. Wounds, cracks on the cervix are true erosion, lasting one to two weeks, and then healing. Cervical lesions can grow with both regular and atypical epithelium. This condition is diagnosed most often and is called ectopia — it may be congenital and not be a pathology, go untreated by the age of 23-25.

The mechanism of mucosal thinning / epithelial replacement is unknown, but one of the popular versions is hormonal failures due to decreased immunity. The reasons that provoke the appearance of erosion:

- hormonal disorders (early onset of sexual activity, late pregnancy, menopause);
- papilloma viruses, sexual infections, HIV;
- having an irregular or promiscuous sex life;
- hard sex with the use of sex toys;
- impaired vaginal flora (one of the possible causes is unprotected sex);
- development of chronic inflammatory processes (abdominal cavity, internal genitalia);
- previously transmitted viral diseases;
- long-term use of hormonal contraceptives;
- previously suffered injuries during spiral insertion / abortion / operations in the uterine cavity;
- inversion / rupture of the cervix during childbirth;
- overweight coupled with an inactive lifestyle;
- psychosomatics; • permanent state of stress;
- diabetes mellitus, impaired adrenal/ thyroid function. Usually, cervical erosion in women occurs without pronounced symptoms. It is discovered accidentally during a routine gynecological examination. Less often, the patient encounters non-specific signs:
 - a small amount of spotting after sexual intercourse;
 - unpleasant sensations during intimate contacts;
 - discomfort or slight burning sensation in the genital area;
 - an increase in the volume of daily mucous discharge from the vagina;
 - discomfort or aching pain in the lower abdomen. If cervical erosion occurs against the background of infection or hormonal failure, the signs of the underlying disease come to the fore.

Methods for diagnosing cervical diseases are: examination of the cervix in speculum, visual assessment of the cervix after treatment with acetic acid (VIA), cytological examination, HPV testing, colposcopy, cervical biopsy. To verify the diagnosis, a pathological examination of the biopsy material is used.

It is recommended that all patients undergo an analysis of anamnestic data in order to identify risk factors for the development of CIN Level of confidence of recommendations C (level of evidence - 5). Risk factors for the development of CIN are early onset of sexual activity, a large number and frequent change of sexual partners, smoking, concomitant sexually transmitted infections, a large number of pregnancies and births, the presence of immunocompromising diseases (hepatitis B, C, HIV), immunosuppressive therapy, long-term use of combined oral contraceptives (COCs - according to the anatomical-therapeutic-chemical classification (ATC) - Progestogens and estrogens (fixed combinations)). It is necessary to clarify the age of sexual debut and the number of sexual partners [6].

In case of “contact” bloody discharge from the genital tract, clarify its duration, presence of a history of surgical interventions on the cervix, HPV infection, evaluate the results of previously performed cervical screening [16].

CIN I/II/III, including preinvasive cervical cancer (CIS), do not have pathognomonic clinical manifestations and are diagnosed only by morphological methods [17].

Physical examination. It is recommended that all patients undergo a speculum examination of the vagina and cervix in order to identify cervical pathology [12]. Strength of recommendation: C (level of evidence: 5). The visual method does not allow identifying intraepithelial lesions of the cervix. To establish a final diagnosis, cytological examination of smears from the exo- and endocervix is required, HPV testing, colposcopy, cervical biopsy with pathological examination [12].

Ectropion looks like the presence of columnar epithelium on the exocervix, sometimes in combination with deformation of the external pharynx. True erosion of the cervix is characterized by the presence on the unchanged exocervix of a bright red defect with clear irregular edges, represented by “torn” stratified squamous epithelium, often with edema, vasodilation, fibrinous plaque and contact bleeding [12].

Laboratory diagnostic tests It is recommended to conduct a cytological examination of a microscopic specimen of the cervix in all women aged 21 to 65 years with an interval of 3 years to identify CIN [18], [19] [2].

Strength of recommendation: A (level of evidence:

Comments:

It is possible to conduct a cytological examination when a patient is less than 21 years old and has been sexually active for more than 3 years. Cytological examination of smears from the exo- and endocervix using various staining methods has historically been the first and main screening tool, despite the insufficiently high sensitivity of this method to detect CIN II + (sensitivity - 68.9%, specificity - 97.2%) [20].

Cytological examination (traditional and liquid cytology) are the main methods for diagnosing the condition of the cervix. The low reproducibility of the results of repeated smears taken within 1.5 months should be taken into account. after the primary ones. Revision of abnormal smears is recommended. About 10% of traditional cytological smears are inadequate, which is associated with improper sampling and preparation techniques [3].

It is recommended to perform a molecular biological study of the discharge from the cervical canal for the human papilloma virus (Papilloma virus) for the entire group of HCR HPV (at least 12 types) for all women aged 30 to 65 years in order to identify the risk group for precancer and cervical cancer [3] [16].

Conclusions. Cervical erosion is one of the current problems. The most convenient and effective way to prevent the disease is to undergo preventive medical examinations for women of reproductive age. For this purpose, women's clinics conduct examinations of the condition of the cervix of women using a modern colposcope application. In addition, cytological studies have been introduced in hospital settings, therefore, it is imperative that every patient diagnosed with cervical erosion undergo this examination. Only then will it be possible to cure this disease and prevent dangerous diseases.

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