

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

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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 infecton 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.

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