

KOLPOSKOPİ UYGULAMASININ YARARLARI POTANSİYEL ZARARLARI ve KULLANILAN TERMİNOLOJİLER



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Jinekolojik Onkolojik Cerrahi BD

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

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Abstract

OBJECTIVES: The American Society for Colposcopy and Cervical Pathology Colposcopy Standards address the role of and approach to colposcopy and biopsy for cervical cancer prevention in the United States. Working Group 1 was tasked with defining the role of colposcopy, describing benefits and potential harms, and developing an official terminology.

METHODS: A systematic literature review was performed. A national survey of American Society for Colposcopy and Cervical Pathology members provided input on current terminology use. The 2011 International Federation for Cervical Pathology and Colposcopy terminology was used as a template and modified to fit colposcopic practice in the United States. For areas without data, expert consensus guided the recommendation. Draft recommendations were posted online for public comment and presented at an open session of the 2017 International Federation for Cervical Pathology and Colposcopy World Congress for further comment. All comments were considered for the final version.

RESULTS: Colposcopy is used in the evaluation of abnormal or inconclusive cervical cancer screening tests. Colposcopy aids the identification of cervical precancers that can be treated, and it allows for conservative management of abnormalities unlikely to progress. The potential harms of colposcopy include pain, psychological distress, and adverse effects of the procedure. A comprehensive colposcopy examination should include documentation of cervix visibility, squamocolumnar junction visibility, presence of acetowhitening, presence of a lesion(s), lesion(s) visibility, size and location of lesions, vascular changes, other features of lesion(s), and colposcopic impression. Minimum criteria for reporting include squamocolumnar junction visibility, presence of acetowhitening, presence of a lesion(s), and colposcopic impression.

CONCLUSIONS: A recommended terminology for use in US colposcopic practice was developed, with comprehensive and minimal criteria for reporting.

KOLPOSKOPİ

- Kolposkopi diagnostik bir prosedürdür
- Serviks, vajen, vulva ve anogenital bölgenin epitelinin spesifik solüsyonlar uygulandıktan sonra büyütülüp aydınlatılarak, neoplazi ile uyumlu anormal alanları saptamak veya normaliteyi doğrulamak için uygulanır

KOLPOSKOPİ

- Malign ve premalign epitelin kontur, renk ve damarlanma ile ilgili çeşitli özellikleri mevcuttur
- Bu özelliklerin saptanabilmesi kolposkopinin temelini oluşturur
- Epitelyal yüzeylerin ayrıntılı vizüalizasyonu yönlendirilmiş biopsi şansı verir
- Kolposkopik değerlendirmenin temel hedefi prekanseröz ve kanseröz lezyonların tanımlanarak erken tedaviye olanak sağlamasıdır

KOLPOSKOPİ- YÖNLENDİRİLMİŞ BIOPSI

- Kolposkopi ile yönlendirilmiş biopsi anormal servikal sitolojilerin yönetiminde altın standarttır
- Persistan sitolojik veya HPV testi anormalliği olan durumlarda tekrarlayan kolposkopi yapılmalıdır
- Tek biyopsi değil çoklu biyopsi yapılmalıdır

Is the Colposcopically Directed Punch Biopsy a Reliable Diagnostic Test in Women With Minor Cytological Lesions?

Journal of Lower Genital Tract Disease, Volume 16, Number 4, 2012, 421–426

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■ Abstract

Objective. The study aimed to determine the accuracy of the colposcopy-directed punch biopsy (punch) to detect or exclude high-grade cervical intraepithelial neoplasia (CIN 2 or 3) in women with atypical squamous cells of undetermined significance (ASCUS) or low-grade squamous intraepithelial lesion (LSIL) cytological result and minor colposcopic findings.

Materials and Methods. In a diagnostic test accuracy study, women with ASCUS or LSIL cytological result and minor colposcopic changes had a single colposcopy-targeted punch biopsy was performed immediately followed by a loop electroexcisional (LEEP) biopsy. The trial was powered for a dichotomous outcome of agreement, with a two-sided significance

power of 90%. Accuracy parameters were computed using a cutoff for positive punch biopsy result of CIN 1+ and CIN 2+ for an outcome of CIN 2+ and CIN 3+ assessed in the LEEP specimen.

Results. Sixty-eight punch biopsy/LEEP-paired samples were analyzed. Of the 8 CIN 3 lesions, 6 and 4 were detected at cutoff CIN 1+ and CIN 2+, respectively (sensitivity, 50% and 75%). The corresponding specificities were 65% (39/60) and 97% (58/60). The punch biopsies identified only 14 (67%) or 6 (20%) of the 21 CIN 2+ lesions at cutoff CIN 1+ or CIN 2+, respectively. Of the punch biopsies, 21 (45.6%) accurately detected the severity of cervical

Conclusions. A single colposcopically directed punch biopsy appears to be insufficient to exclude underlying CIN 2 or 3. ■

Kolposkopik Biyopsilerin \geq CIN II Lezyonlarını Tanıma Oranları (SPOCCS II)

Kolpo biopsi	208/364	(57.1%)
Kolpo biopsi + saat 2	256/364	(70.3%)
Kolpo biopsi + saat 2, 4	297/364	(81.6%)
Kolpo biopsi + saat 2, 4, 8	329/364	(90.4%)
Kolpo biopsi + saat 2, 4, 8, 10	344/364	(94.5%)
Kolpo biopsi + saat 2, 4, 8, 10 + ECC	364/364	(100%)

KOLPOSKOPİ

KONTRENDİKASYONLAR

- Kesin kontrendikasyon yok
- Menstrüasyon bitiminde yapılmalı
- Akut servisit ve vulvovajinitler tedavi edilmeli
- Postmenopozal kadınlarda üç hafta östrojen tedavisinden sonra yapılmalı
- Muayeneden 24 saat önce intravajinal herhangi bir uygulama yapılmamalı

KOLPOSKOPİ PROSEDÜR

■ Hastaların ayrıntılı anamnezi alınır (Gebelik, HIV, immünsupresyon, allerji vb)

■ Hasta onam formu işlem öncesi imzalatılmalıdır

Consent Form

Authorization for colposcopy and cervical biopsy

- Colposcopy has been recommended for me.
- The nature and purpose of the procedure have been fully explained to me. The potential benefits and risks of the proposed procedure, the likely results without treatment, and the available alternatives have also been explained to me.
- In summary, I understand:
 - Colposcopy is the procedure in which the cervix is examined under magnification in order to choose the best areas for biopsy (removing a piece of tissue. This magnification allows the gynecologist to visualize those areas most likely to be producing abnormal cells. He/she will then take biopsies of those areas.
 - It is usually done to evaluate abnormal Pap smears, unusual cervixes, or DES daughters.
 - Risks include bleeding, infection, and failure to obtain the abnormal tissue.

Addition comments (if any):

I am aware that other unexpected risks or complications that have not been discussed may occur, and that no guarantees or promises have been made to me concerning the results of any procedure or treatment. I also understand that during the course of the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed.

I hereby authorize a Brigham and Women's obstetrician/gynecologist to perform a colposcopy and cervical biopsy on me.

_____ Name of patient - please print	_____ BWH patient number
_____ Signature of patient	_____ Date
_____ Signature of physician	_____ Physician's I.D. No.

IF PATIENT'S SIGNATURE CANNOT BE OBTAINED, INDICATED REASONS IN COMMENTS SECTION ABOVE

KOLPOSKOPİ EKİPMANI ve İHTİYAÇLAR

Colposcopy Equipment and Supplies

General colposcopy equipment

Colposcope
Speculums (variable sizes)
Cervical punch biopsy instruments
Endocervical curettes
Tenaculum
Endometrial sampling devices

Additional equipment and supplies

Ring or sponge forceps
Needle holder
Long Debaquey forceps
Anoscope, clear plastic

Vulvar biopsy supplies (consent form, betadine, 1 percent lidocaine, small syringe with 27-gauge needle, 3-5 mm punch biopsy instruments, suture removal kit, silver nitrate sticks)

Written material

Consent forms
Documentation forms
Post biopsy instructions
Educational materials

Supplies

Pap test supplies (liquid based cytology or Glass slide and fixative, spatula, cytobrush)
3-5 percent acetic acid
Schiller's solution
Large and small cotton swabs
Silver nitrate sticks
Monsel's solution
Small histology jars with permanent fixative and labels

Betadine
1 percent lidocaine (with and without epinephrine)
22-gauge spinal needle and 10-cc syringe
Pantiliners

Suture material
Chux pads

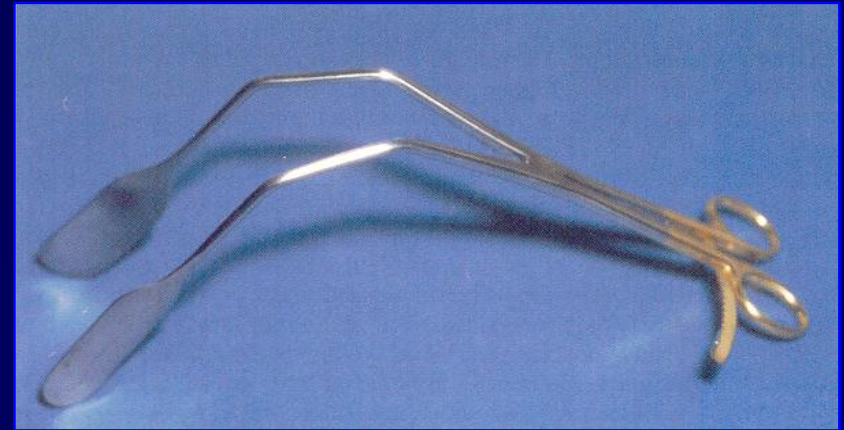
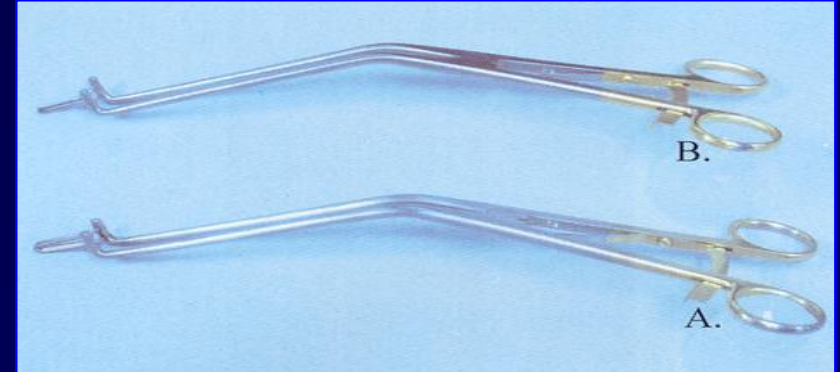
Hans Hinzelmann

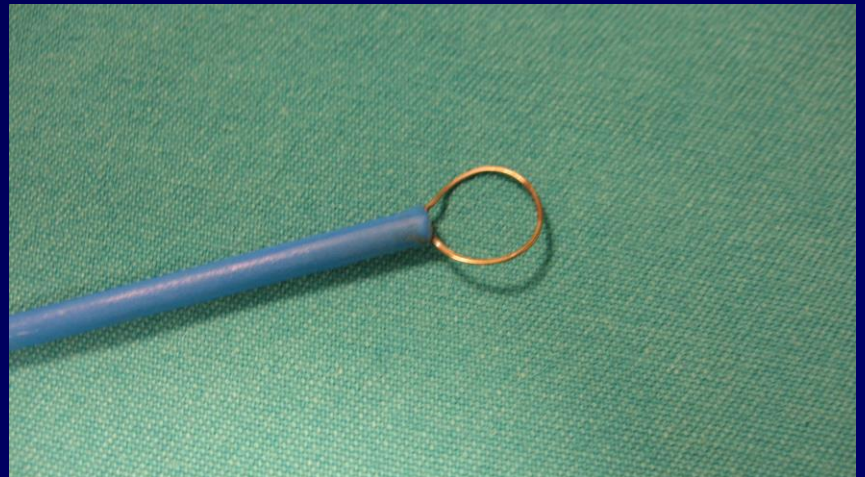


Kolposkop



Ekipmanlar

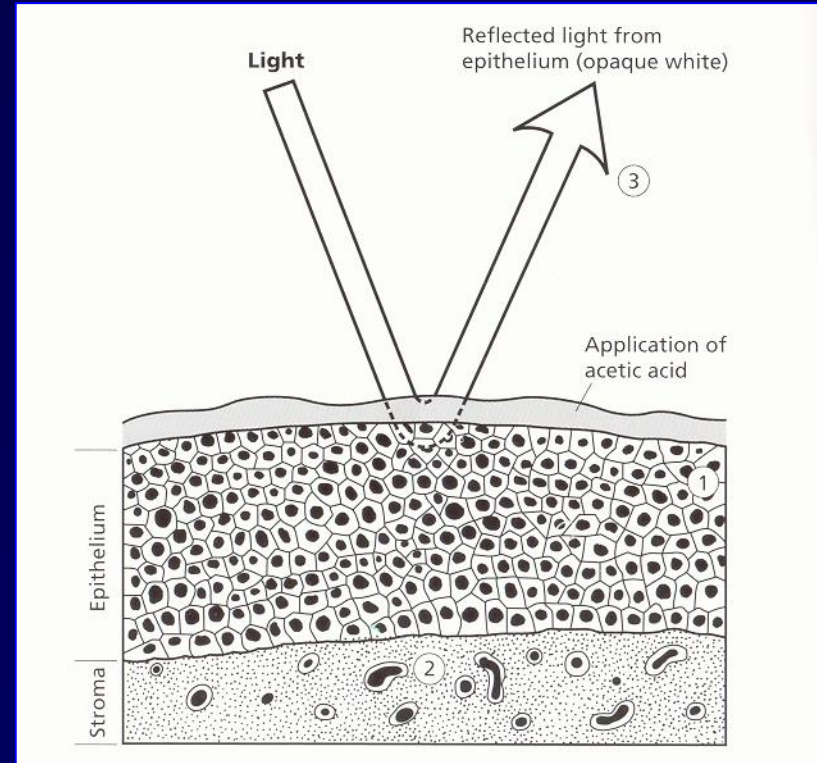
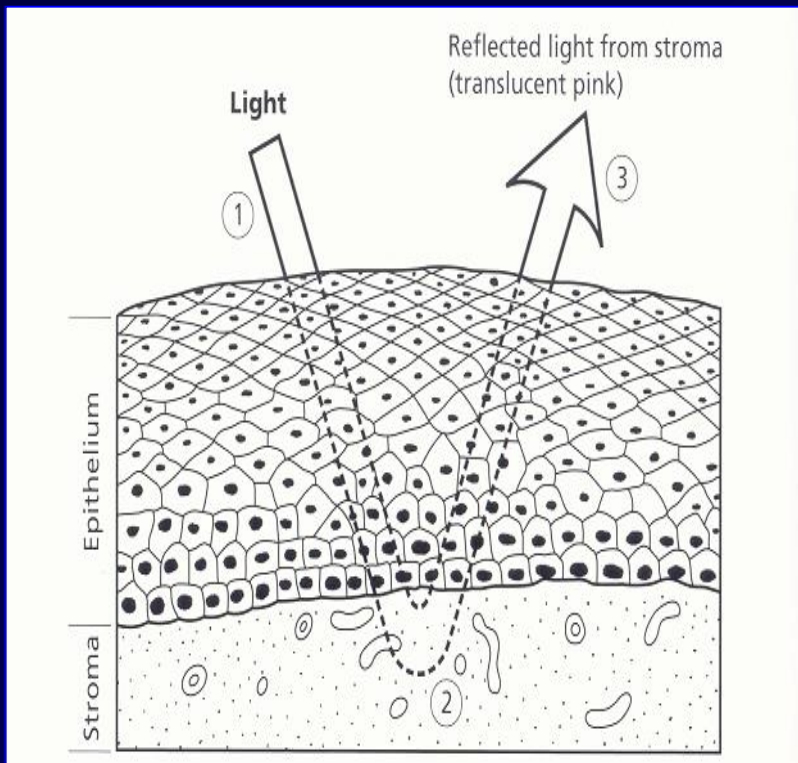




Muayene



Normal ve Atipik epitel

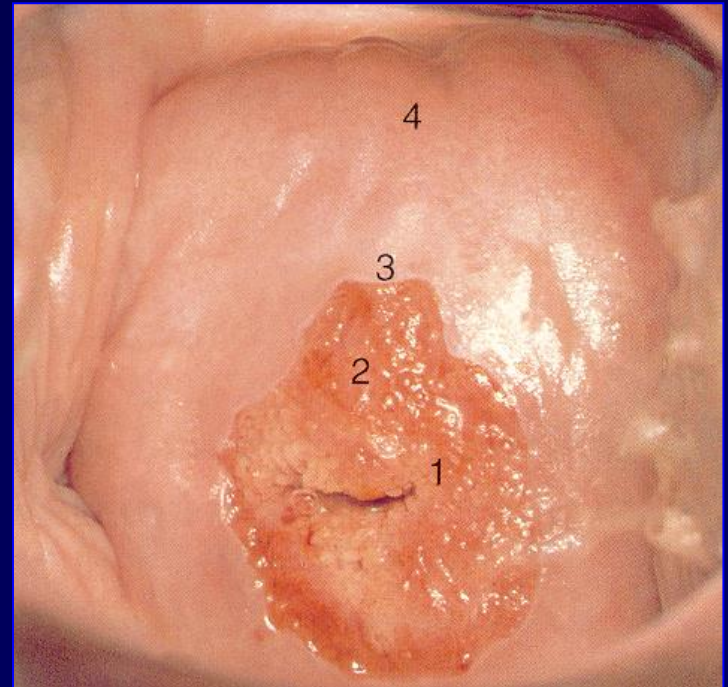


KOLPOSKOPİ VİZUALİZASYON

- Öncelikle transformasyon zonu gözlenmelidir
- Asetowhite epitel ve anormal vasküler patern dokümente edilir
- Beyaz epitel alanları anormal vasküler paternler açısından (puntuasyon, mozaikizm, anormal şekilli damarlar) ileri incelemeye tabi tutulmalıdır



Normal cervix



Normal ve Orijinal Skvamokolumnar junction



ASETOWHITE EPİTEL DEĞİŞİKLİK NEDENLERİ

- immatür skuamöz metaplazi
- İyileşen-rejenere olan epitel
- Konjenital transformasyon zonu
- Human papillomavirus enfeksiyonu
- CIN
- Adenokarsinoma -in-situ
- Adenokarsinoma
- İnvazif skuamöz karsinom

KOLPOSKOPİ VİZUALİZASYON

- Transformasyon zonundaki asetowhite epiteldeki punktuat ve mozaik damarlar CIN'i akla **getirmelidir (low grade-high grade)**

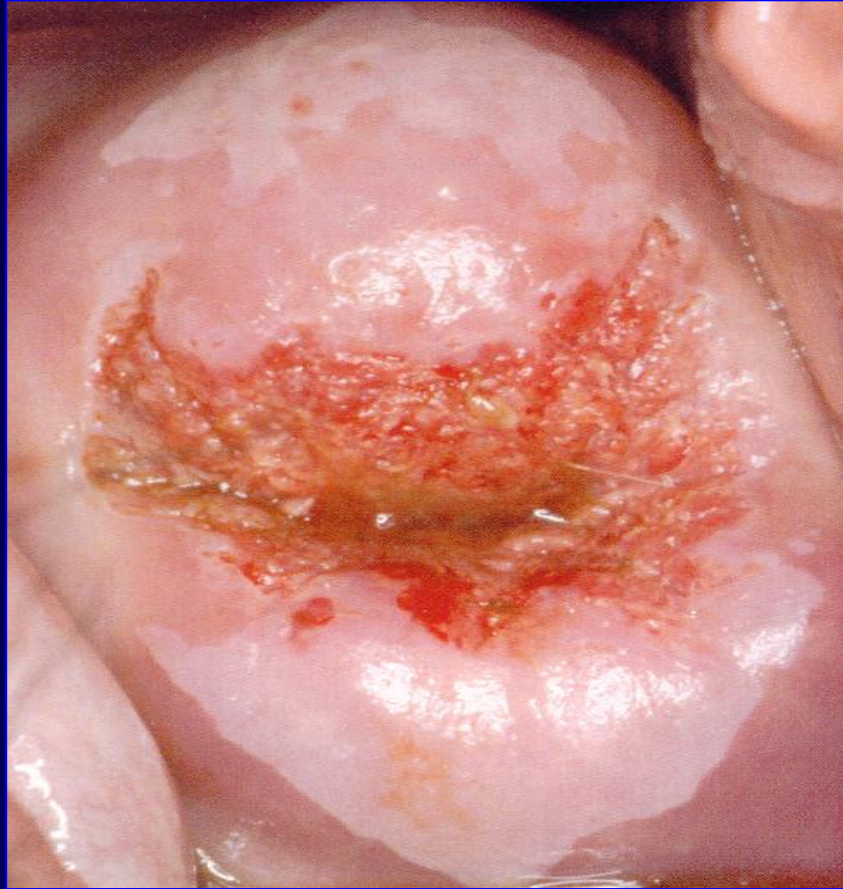


Low grade harita benzeri görüntü

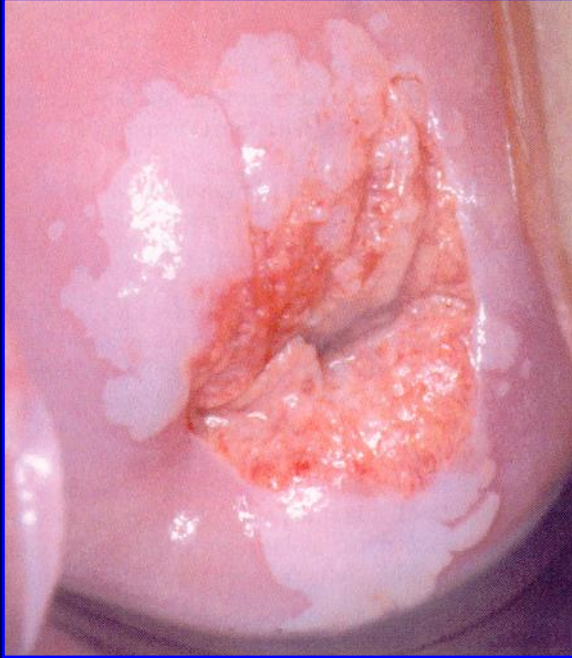


High grade kaba punktuasyon

Aceto-white Değişiklikler



CIN-1



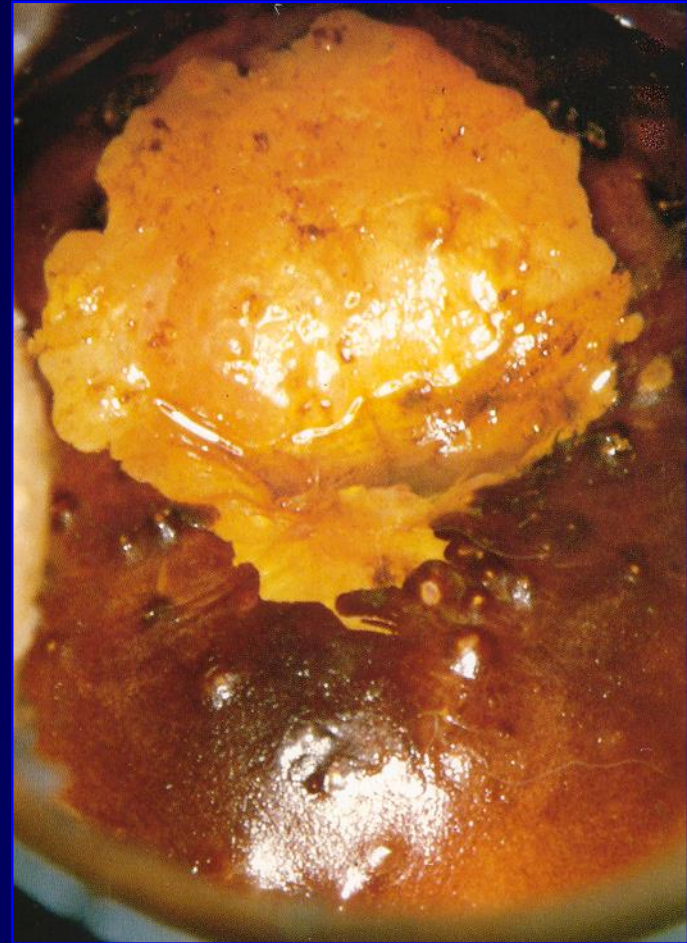
CIN-1+HPV



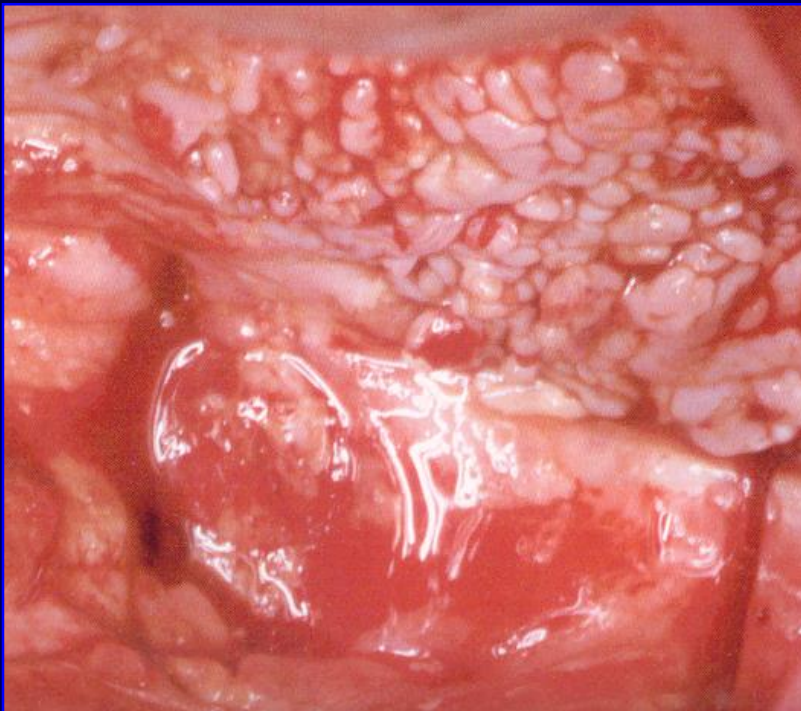
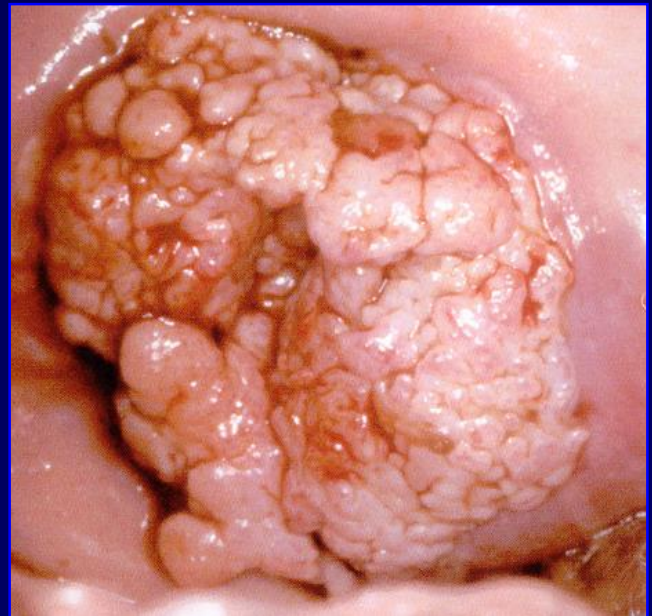
CIN-3



CIN-3



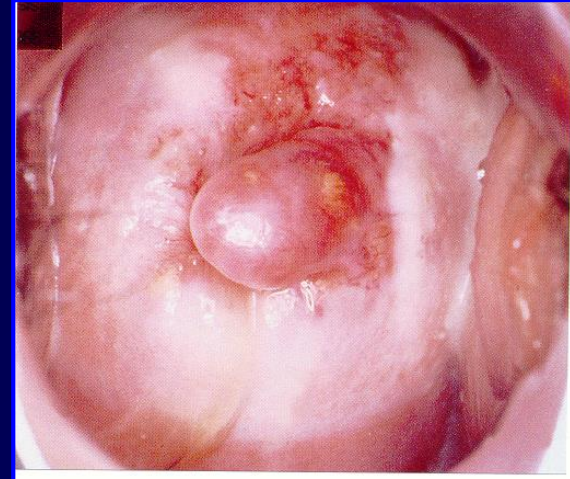
Cervix Ca
(Squamous Hücreli)



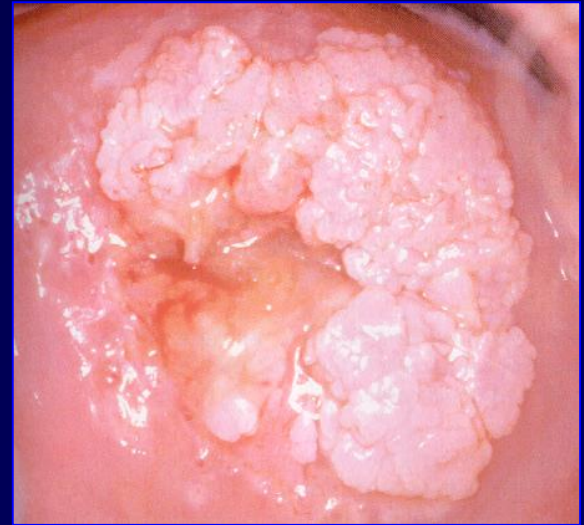
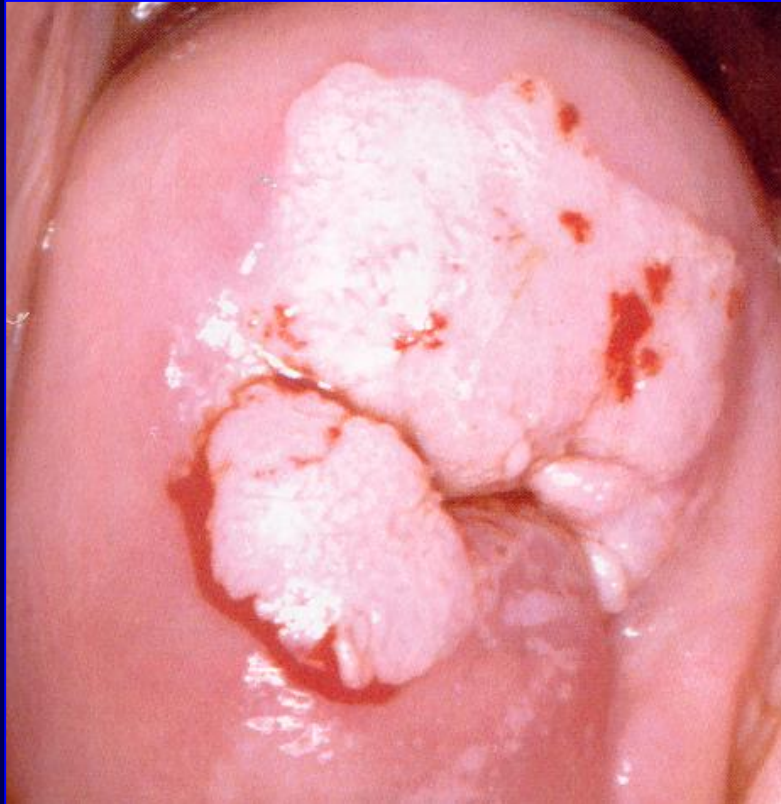
Benign Tümörler

■ Polipler

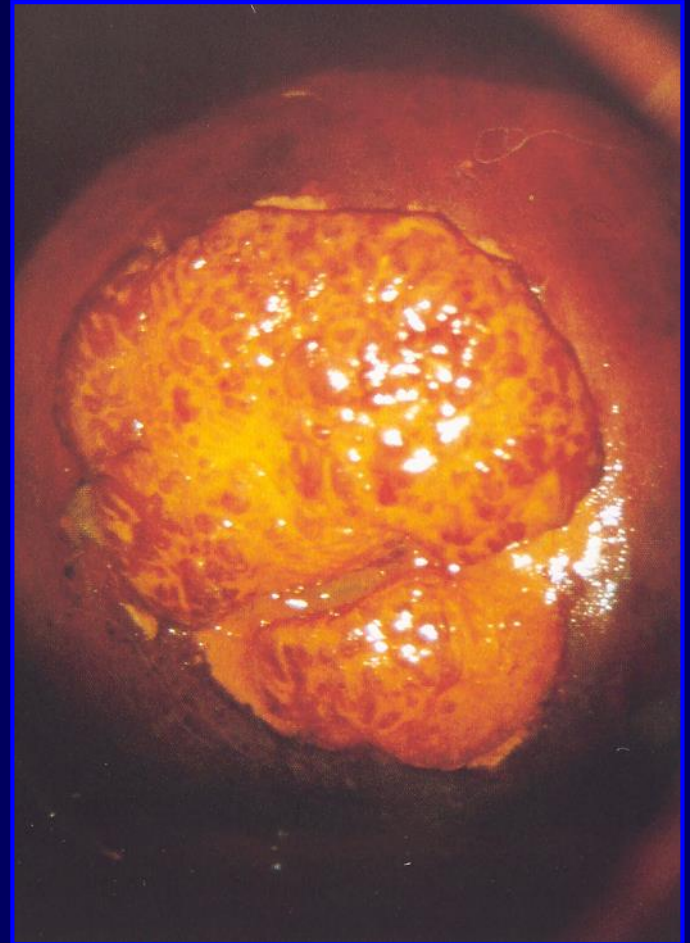
- Endoservikal mukozal
- Fibröz
- Vasküler
- Mezodermal-stromal
- Mikst endoservikal-endometriyal



Condylomata accuminata



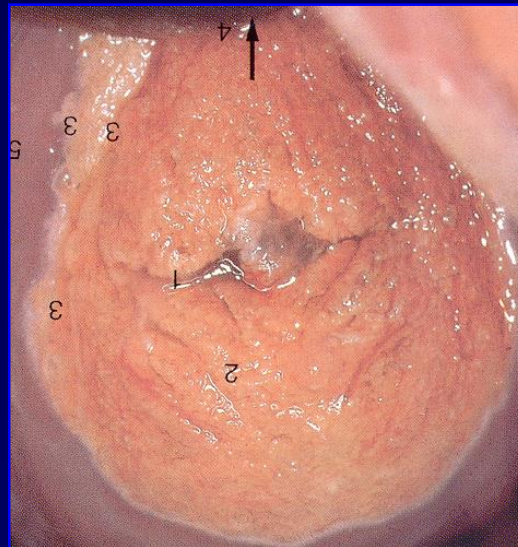
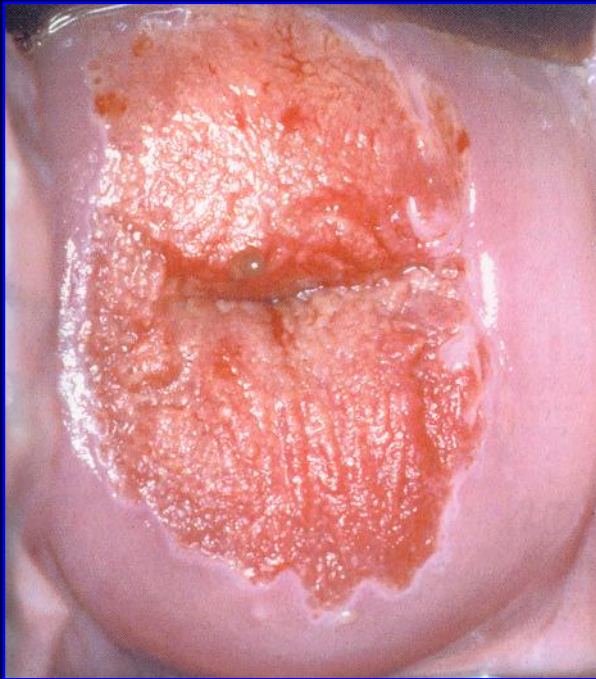
Condylomata accuminata



Lökoplaki



Ektropion



Kistler

- Naboth kistleri
 - Tek katlı müsin salgılayan endoservikal epitel
- İnküzyon kistleri
 - Çok katlı squamoz epitel, nadir



KOLPOSKOPİ VİZUALİZASYON

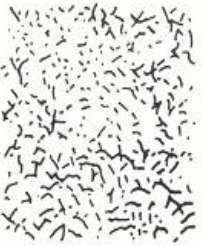


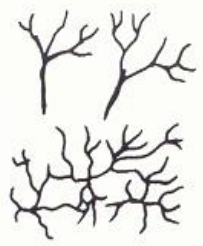
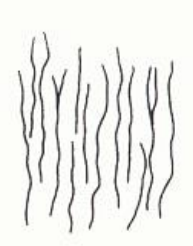

ATİPİK DAMARLANMALAR:

- Terminal damarlar
 - Biçim
 - İzlediği yol
 - Dansitesi
 - Kalibresi
 - Düzeni
- İnterkapiller mesafedeki genişleme

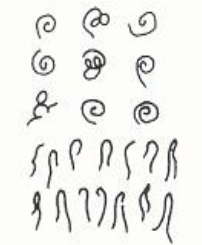



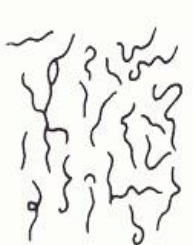


Mikroinvazif veya invazif hastalığı için biopsi alanı olarak değerlendirilmelidir

Atipik Damarlanmalar

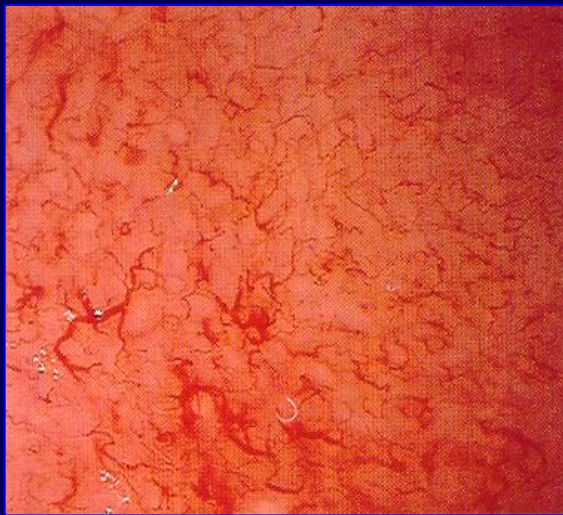
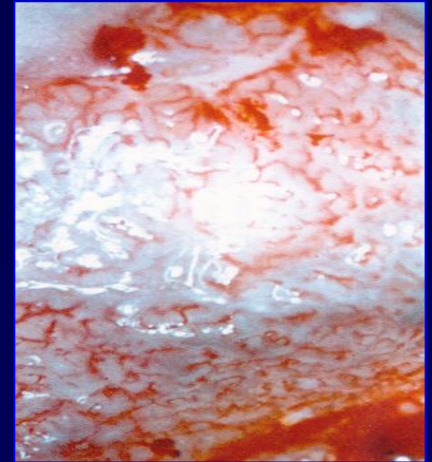
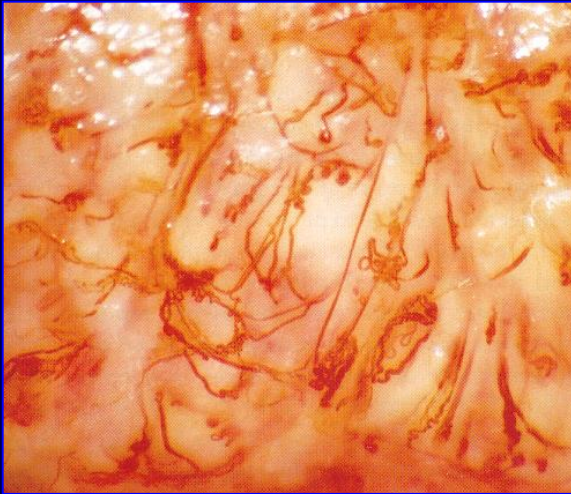
Non-malignant

Network-like (NV-1)	Red dotted (NV-2)	Red spotted (NV-3)	Branch-like (NV-4)	Linear (NV-5)	Loop-like (NV-6)
					

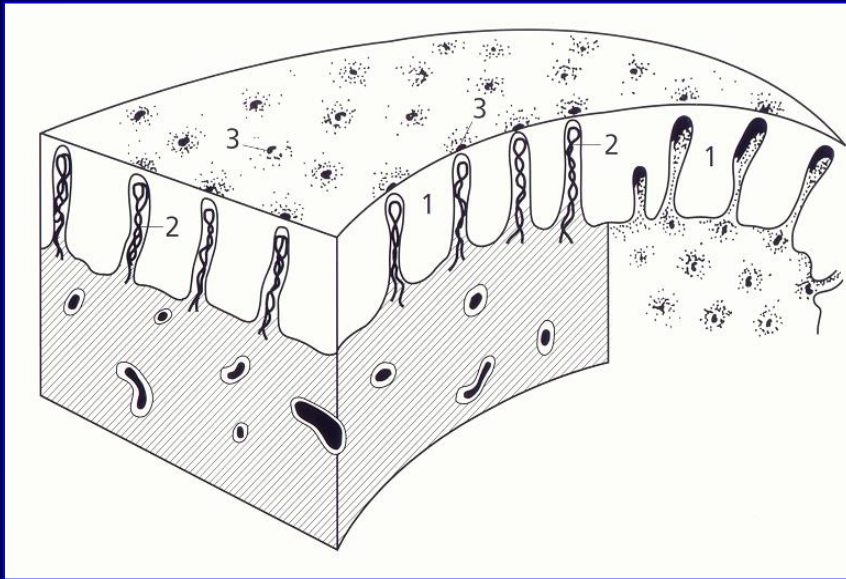
Malignant

Glomeruloid hairpin-like (AV-1)	Corkscrew-like (AV-2)	Mosaic (AV-3)	Tendrill-like (AV-4)	Waste-thread-like (AV-5)	Willow-branch-like (AV-6)	Root-like (AV-7)
						

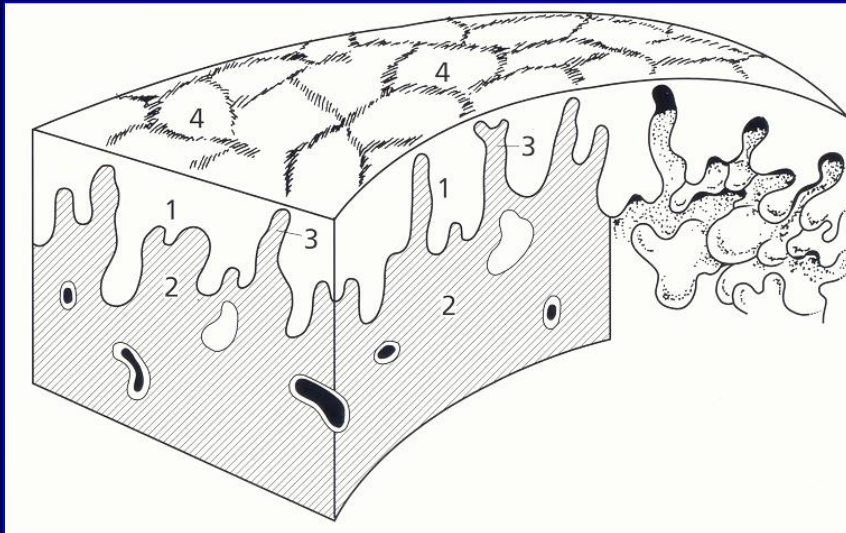
Atipik damarlanmalar



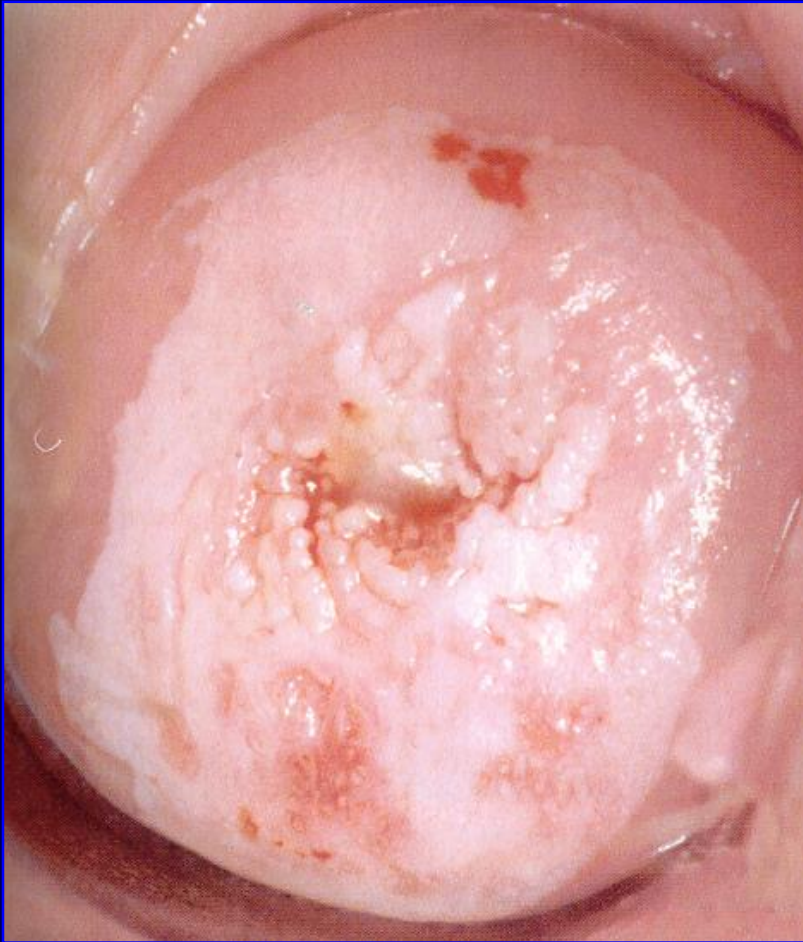
Punktasyon



Mozaik



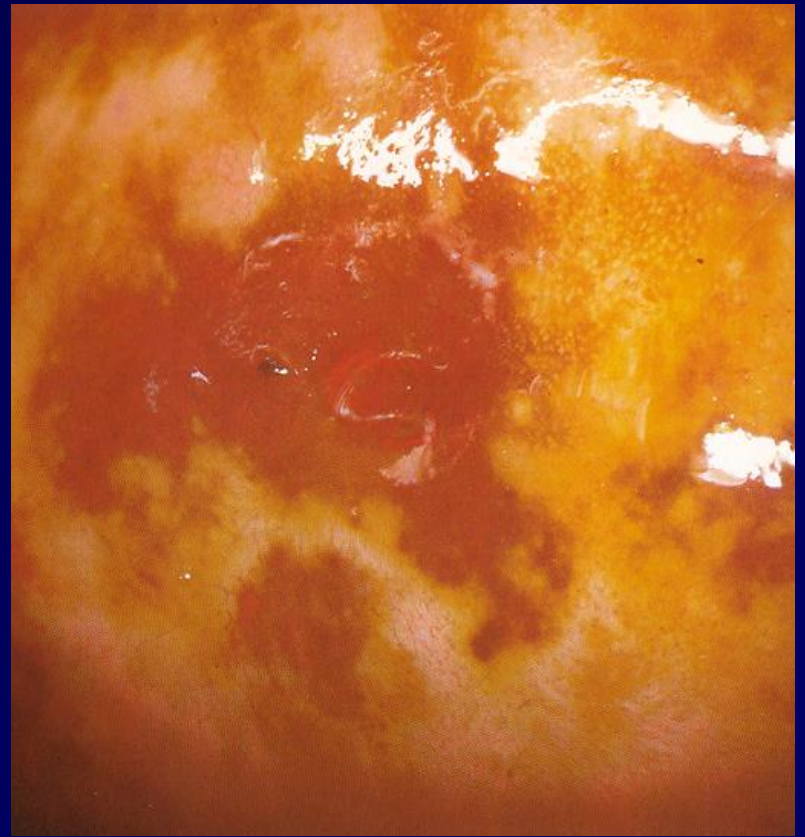
Mozaik



Yetersiz kolposkopi



Menopoz



KOLPOSKOPİ

ENDOSERVİKAL KÜRETAJ

- Endoservikal küretaj;
 - ASC-H
 - HSIL
 - AGC
 - AIS
 - LSIL (görünen lezyon yoksa)
 - Ablatif tedavi planlanıyorsa
 - Yetersiz kolposkopik muayene varsa
- Gebelerde yapılmamalıdır!

KOLPOSKOPİ DOKUMENTASYON

- Kolposkopik muayenelerin dokumentasyonu için çoğu merkezde sabit grafiksel formlar kullanılır
- Çizim ile anormal alanlarda zamanla oluşan değişimler izlenebilir

Colposcopy Form

Date: _____

NEW FOLLOW-UP DES

Age _____ G _____ P _____ LMP _____ Weight _____ B/P _____

Contraception _____ Allergies _____ Smoking _____

Diagnosis/Indication: _____

Current History, Biopsies, Cytology: _____

Physical exam

Breast: _____

Abdomen: _____

Uterus: _____

Adnexa: _____

Rectal: _____

Smears taken: OS Swab _____ OS Scrape _____ Vagina _____

Colposcopy: E-ectopy SM-squamous met. L-leukoplakia WE-white epithelium
P-punctuation M-Mosaic AV-atypical ves. AS-adenosis

Biopsies taken: _____

Plan: _____

Comments: _____

I performed the above procedure _____ M.D. Clinical I.D. # _____

I personally supervised the above procedure and was present for its entirety _____ M.D. Clinical I.D. # _____

portion (described) _____ M.D. Clinical I.D. # _____

KOLPOSKOPİ ZARARLARI

- Kanama, enfeksiyon, vajinal akıntı
- Yanlış tanı ve tedavi (deneyimsiz kolposkopist)
- Kramp ve biopsilerden kaynaklanan ağrı
- Cinselliğe olumsuz etki
- Anksiyete ve korku

KOLPOSKOPİ YARARLARI

- Prekanaseröz lezyonların etkin tedavisi (TZ doğru değerlendirilerek)
- HSIL sitolojide acil tanı ve tedaviye olanak sağlar (gör ve tedavi et)
- LSIL sitolojide overtreatmenti engeller (özellikle genç hastalarda önemli)

KOLPOSKOPİ İZLEM

- Biopsiden sonraki birkaç gün koitus yasaklanır
- Hastalar yaşları, servikal sitolojileri, kolposkopik bulguları ve biopsi sonuçları ile beraber değerlendirilerek tanı ile tedavi planlanır

KOLPOSKOPİ ETKİNLİK

Tüm serviks anormalliklerinde (atipi, LSIL, HSIL, kanser)

Sensitivitesi %85-96

Spesifitesi %48-69

*Mitchell MF et al , Colposcopy for the diagnosis of squamous intraepithelial lesions: a meta-analysis
Obstet Gynecol, 1998*

KOLPOSKOPİ ETKİNLİK

Yanlış Negatif Oranları

- Kolposkopistin deneyimi
- Alınan biopsi sayısına

% 13 ile % 69

Wentzensen N, J Clin Oncol 2015

Michelle J K, ASCCP Colposcopy Recommendation 2017

Terminology

Key Differences Between the 2017 ASCCP and 2011 IFCPC Terminology

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

Terminology

Standardized ASCCP Terminology for Colposcopic Practice

Category	Features/Criteria	Details
General assessment	Visualization of the cervix	Fully visualized Not fully visualized due to: _____
	Visualization of the SCJ	Fully visualized Not fully visualized
Acetowhite changes	Any degree of whitening after application of 3%–5% acetic acid	Yes/no
Normal colposcopic findings	Original squamous epithelium: mature, atrophic Columnar epithelium Ectopy/ectropion Metaplastic squamous epithelium Nabothian cysts Crypt (gland) openings Deciduous in pregnancy Submucosal branching vessels	

Terminology

Standardized ASCCP Terminology for Colposcopic Practice

Category	Features/Criteria	Details
Abnormal colposcopic findings	High-grade features Suspicious for invasive cancer	Acetowhite Thick/dense Rapidly appearing/slowly fading Cuffed crypt (gland) openings Variegated red and white Vascular patterns Coarse mosaic Coarse punctation Margins/border Sharp border Inner border sign (Internal margin) Ridge sign Peeling edges Contour: flat Fused papillae Atypical vessels Irregular surface Exophytic lesion Necrosis

Terminology

Standardized ASCCP Terminology for Colposcopic Practice

Category	Features/Criteria	Details
Miscellaneous findings	Polyp (ectocervical or endocervical) Inflammation Stenosis Congenital TZ Congenital anomaly Posttreatment consequence (scarring)	
Colposcopic impression (highest grade)	Normal/benign Low grade High grade Cancer	

Raporlama (Kapsamlı Kriterler)

- Serviks görünürlüğü
- SCJ görünürlüğü
- Asetowhitening (evet/hayır)
- Lezyon (lar) mevcut olan
- Lezyon görünürlüğü
- Lezyonların lokalizasyonu,boyutları
- Vasküler değişiklikler
- Lezyonun diğer özellikleri (renk / kontur / sınırlar / Lugol alımı)
- Kolposkopik izlenim (normal / benign, düşük dereceli, yüksek dereceli, kanserli)

Raporlama (Minimum Kriterler)

- SCJ görünürlük (fully visualized/not fully visualized)
- Acetowhitening (evet/hayır)
- Lesion(s) varlığı (acetowhite veya diğerleri)
(evet/hayır)
- Kolposkopik izlenim (normal/benign; low grade;
high grade; cancer)

SONUÇ

- Kolposkopi ile yönlendirilmiş biopsi **altın standarttır**
- Persistan sitolojik veya HPV testi anormalliği olan durumlarda tekrarlayan kolposkopi yapılmalıdır
- **Tek biyopsi değil çoklu biyopsi yapılmalıdır**
- Kolposkopi deneyimli ellerde yapılmalıdır
- **Zararları yararlarına göre çok düşüktür**
- Önerilen yeni terminolojinin yaygınlaşmasıyla hasta yönetimi, klinik araştırma, kılavuz geliştirilmesi ve kalite kontrolü daha sağlıklı olacaktır

Dikkatiniz İin Teřekkürler!

