



NEAR EAST
UNIVERSITY



V. Ulusal Kolposkopi ve Servikal Patolojiler Kongresi



LGSIL Kolposkopisi

Dr. Müfit C. YENEN
Gülhane Tıp Fakültesi
Kadın Hast ve Doğum AD
Jinekolojik Onkoloji Ünitesi

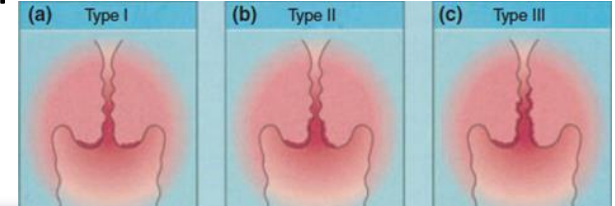
İzmir - 07.12.2017

2011 IFCPC Terminoloji

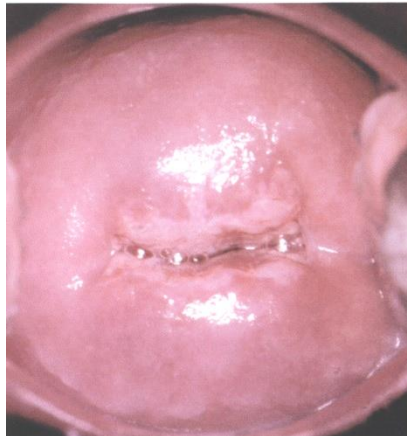
- Genel Deęerlendirme
- Normal kolposkopik bulgular
- Anormal kolposkopik bulgular
- İnvazyon için Őüpheli
- Dięer bulgular

Yeterli Kolposkopi

- Yeterli ya da Yetersiz ise nedeni
 - Serviks inflamasyon, kanama, skar nedeniyle izlenemiyor.
- Skuamokolumnar junction visibilitesi
 - Komplet , parsiyel ya da *visibl deęil*
- Transformasyon zonu tipi, 1, 2, 3



Yetersiz Colposcopy (LGSIL)



Yeterli Colposcopy (LGSIL)



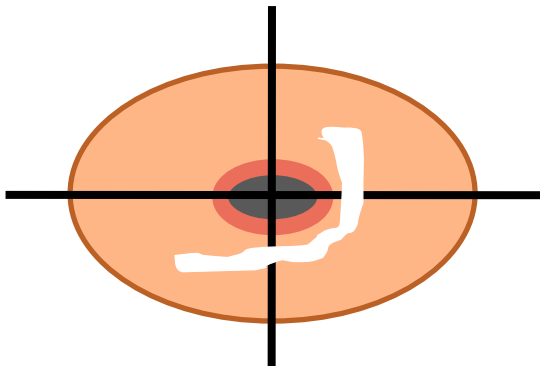
IFCPC Terminoloji 2011

- Normal kolposkopik bulgular
 - Orjinal squamöz epitel, (matur,atrofik)
 - Kolumnar epitel, ektopi/ektropiyon
 - Metaplastik squamöz epitel; Nabothian kist, gland ağzları
 - Gebelikte desiduozis



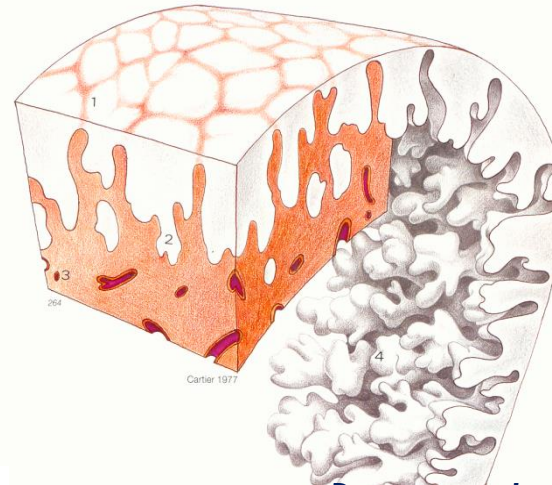
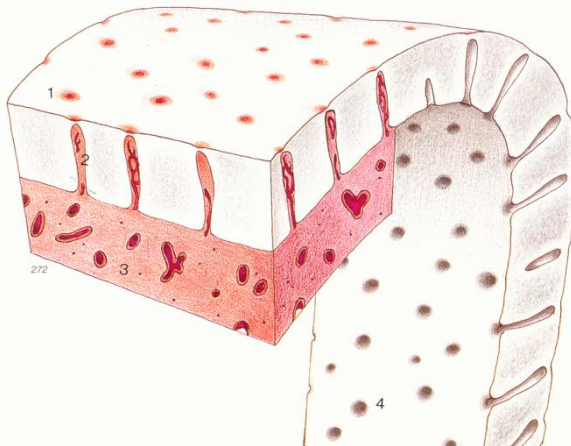
IFCPC Terminoloji 2011

- **Anormal kolposkopik bulgular**
 - Lezyonun lokalizasyonu
 - *TZ nun içerisinde ya da dışarısında*
 - *Lezyonun saat pozisyonuna göre lokalizasyonu*
 - Lezyonun boyutu
 - *Lezyonun kapladığı serviks kadranı sayısı*
 - Lezyonun serviksin % si olarak boyutu



IFCPC Terminoloji 2011

- Anormal kolposkopik bulgular
- Grade 1 (minor)
 - İnce asetobeyaz epitel
 - İrregular, jeografik sınır
 - İnce punktuasyon
 - İnce mozaik



IFCPC Terminoloji 2011

- Anormal kolposkopik bulgular

- **Grade 2 (major):**

- Keskin Sınır
- Sınır içinde sınır
- Ridge bulgusu
- Yoğun asetobeyaz epitel
- Kaba punktuasyon
- Kaba mozaik
- Asetobeyazlığın çabuk ortaya çıkması
- Gland ağızlarının kelepçelenmiş görünümü

- **Nonspesifik:**

- Leukoplaki (keratozis.hiperkeratozis), erozyon
- Lugol ile boyanma durumu (Schiller test)



IFCPC Terminoloji 2011

- **İnvazyon için şüpheli**

- Atipik damarlanma
- Ek bulgular:
 - Fragil damarlar
 - Irregular yüzey
 - Ekzofitik lezyon
 - Nekroz
 - Ulserasyon (nekrotik)
 - Tümör yada gross neoplazm



- **Diğer Bulgular**

- Kongenital TZ, Kondiloma, polip, inflamasyon, stenoz, kongenital anomali, tedavi sonrası oluşuklar, endometriozis.



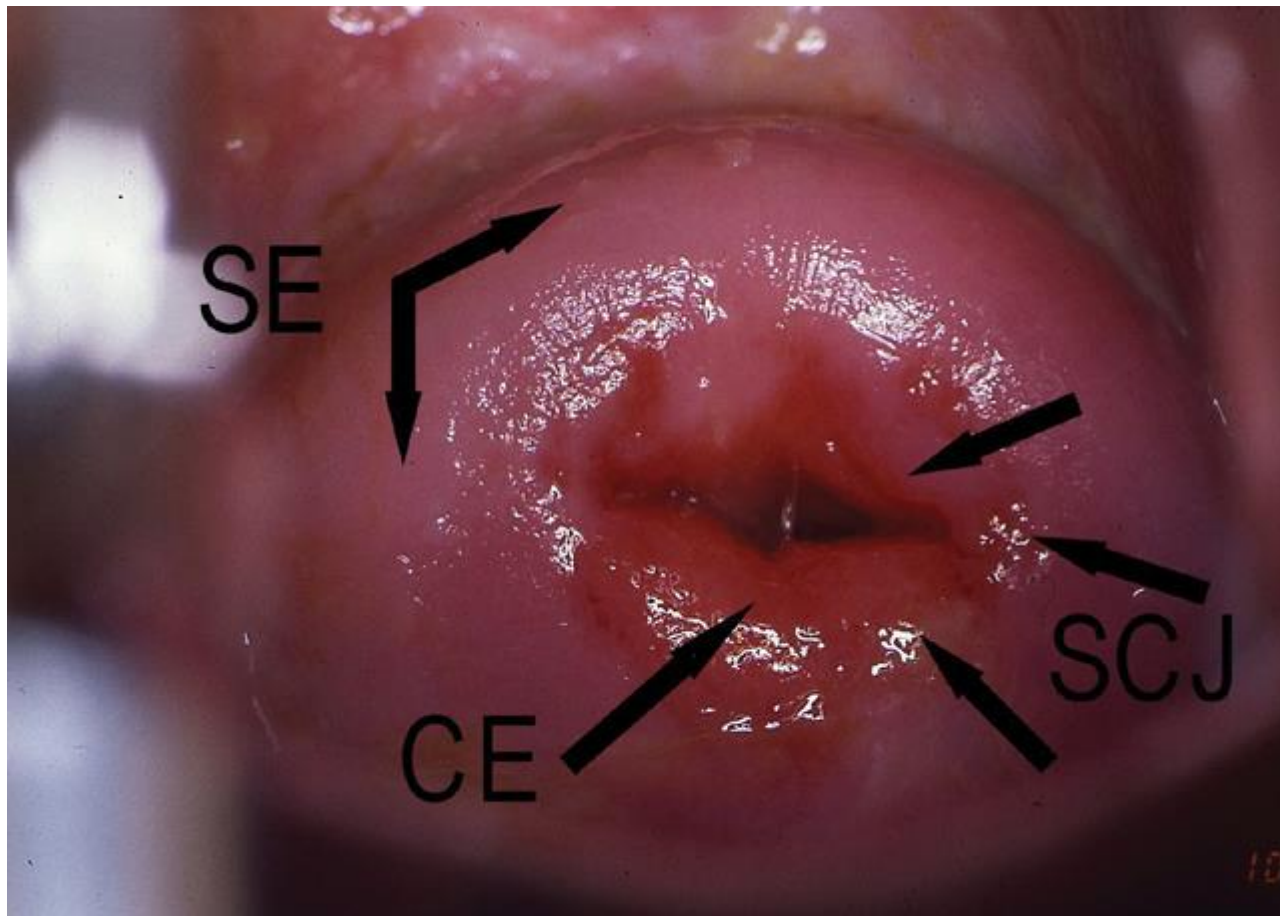
ASCCP Colposcopy Standards: Colposcopy Quality Improvement Recommendations for the United States 2017

- Document that squamocolumnar junction is visualized (*fully visualized/not fully visualized*)
- Documentation of whether any acetowhite lesion is present (*yes/no*)
- Documentation of colposcopic impression (*normal/benign; low grade; high grade; cancer*)
- Documentation of cervix visibility (*fully visualized, not fully visualized*)
- Documentation of extent of lesion visualized (*fully/partial*)
- Documentation of location of lesion(s)



ASCCP Colposcopy Standards: Colposcopy Quality Improvement Recommendations for the United States 2017

- Provider should take multiple biopsies targeting all areas with acetowhitening, metaplasia or higher abnormalities (at least 2 and up to 4 biopsies)
 - *A single biopsy, targeting the worst appearing lesion may miss up to a third of prevalent precancers.*

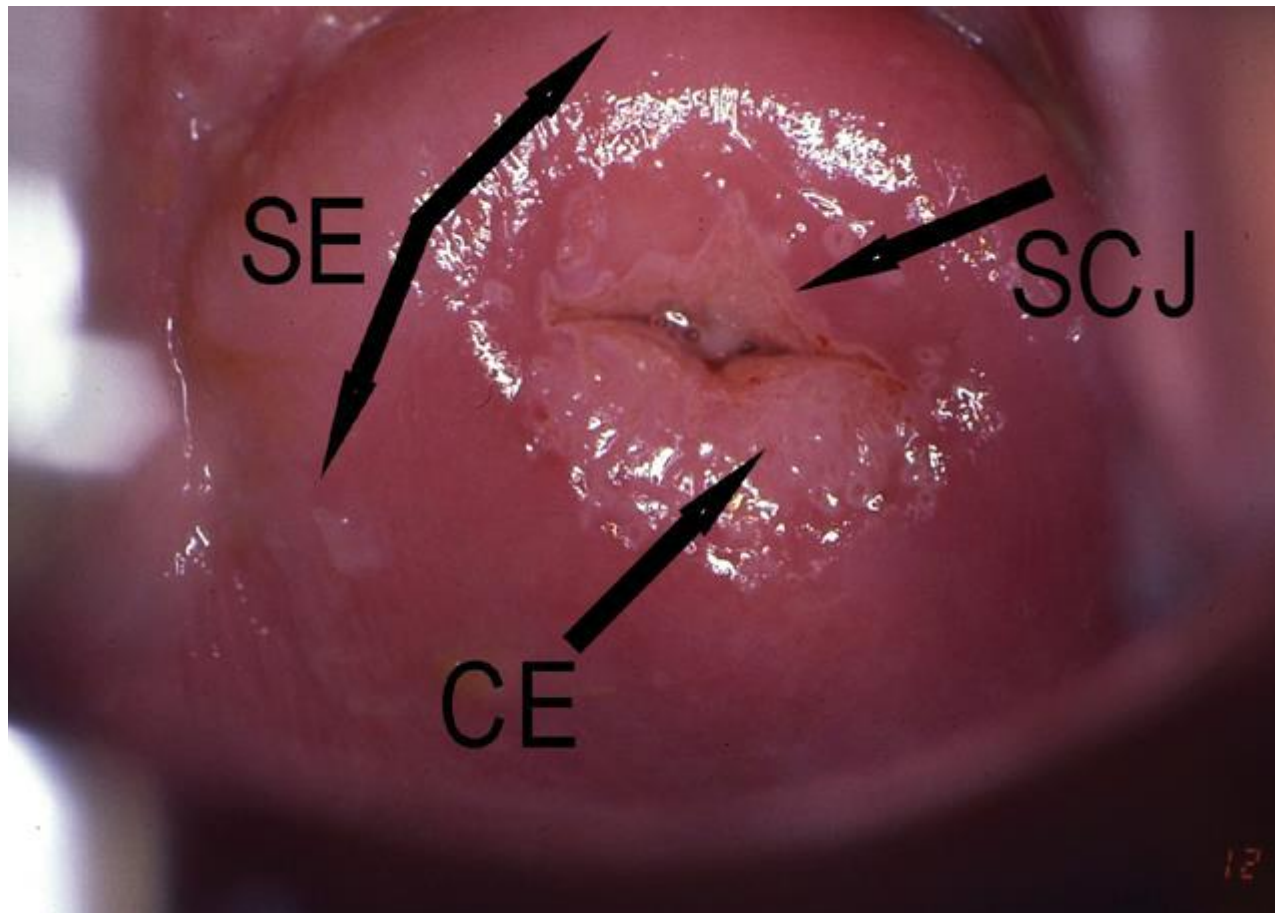


Normal Serviks.

CE, Columnar epithelium;

SE, Squamous epithelium;

SCJ, Squamocolumnar junction.



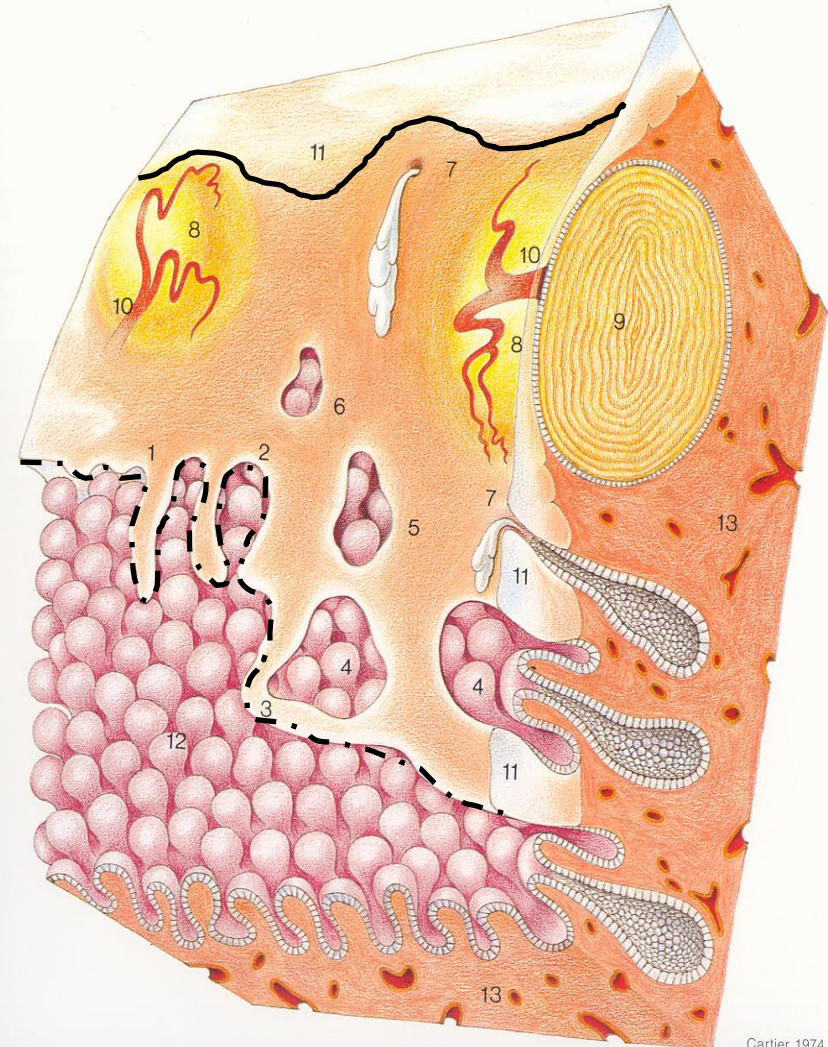
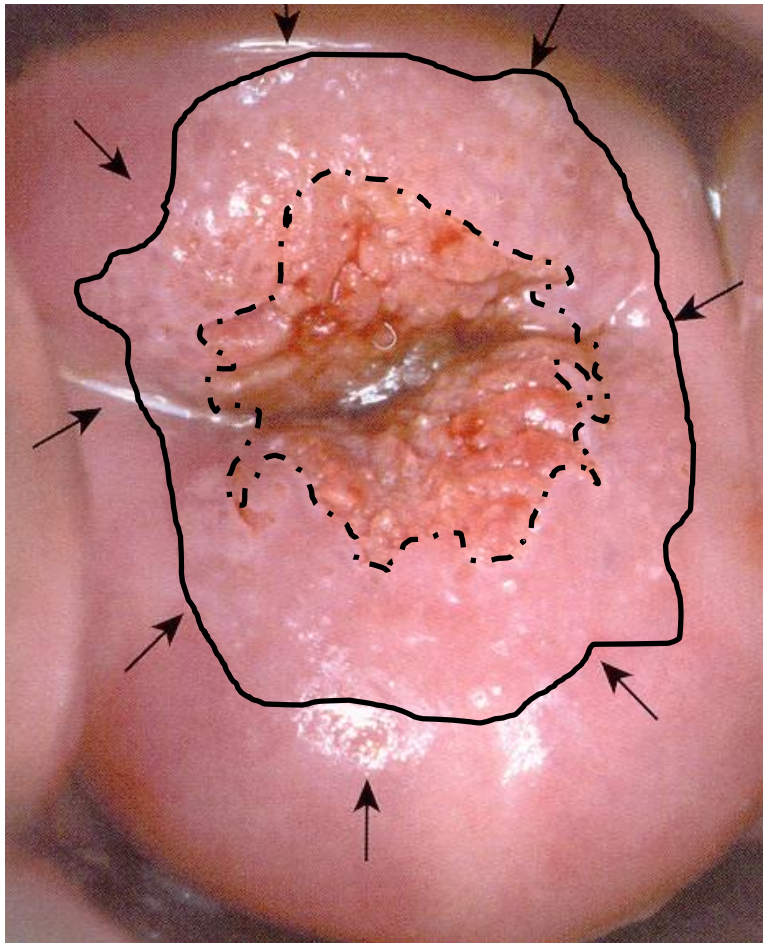
Normal Serviks.(asetik asit sonrası)

CE, Columnar epithelium;

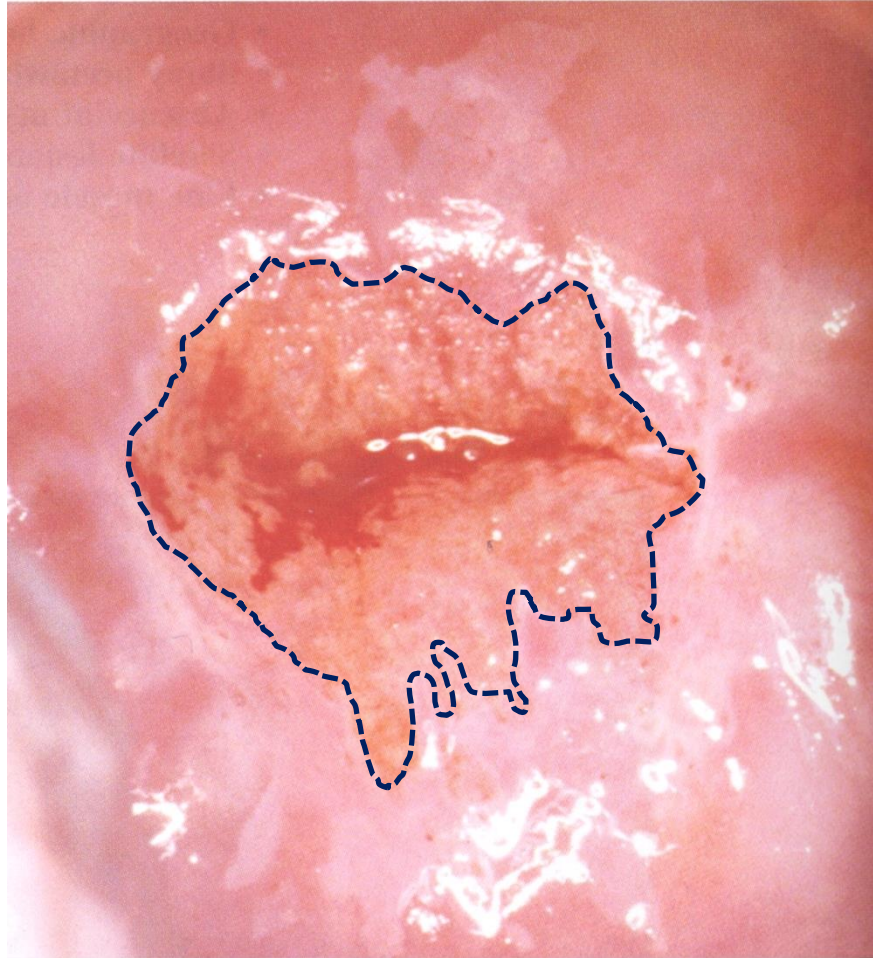
SE, Squamous epithelium;

SCJ, Squamocolumnar junction.

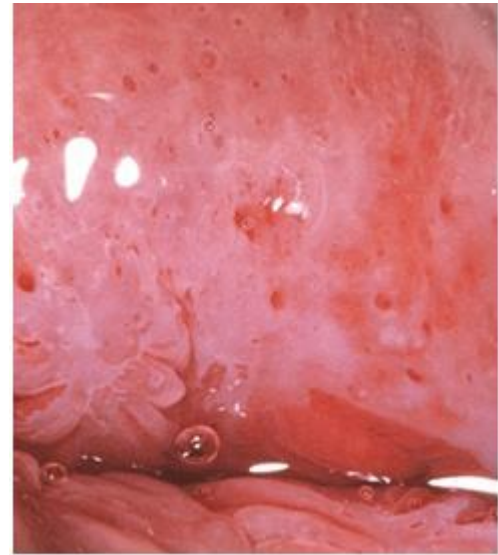
Transformasyon Zonu



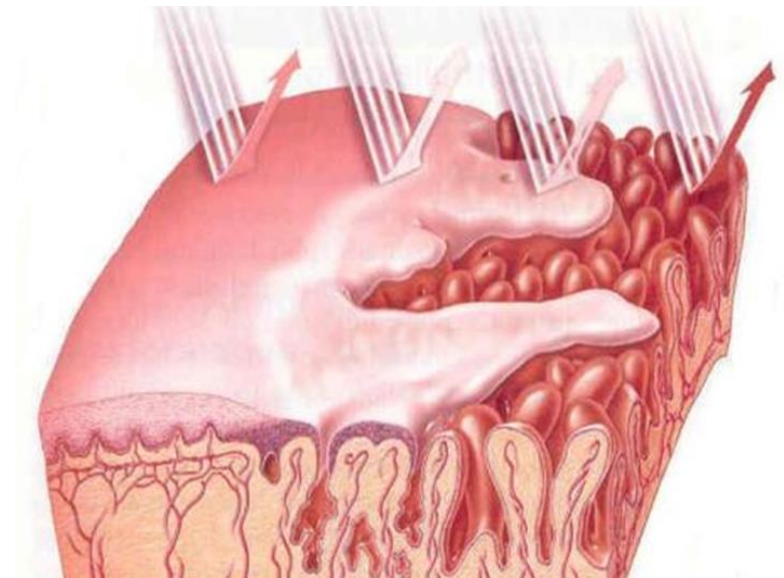
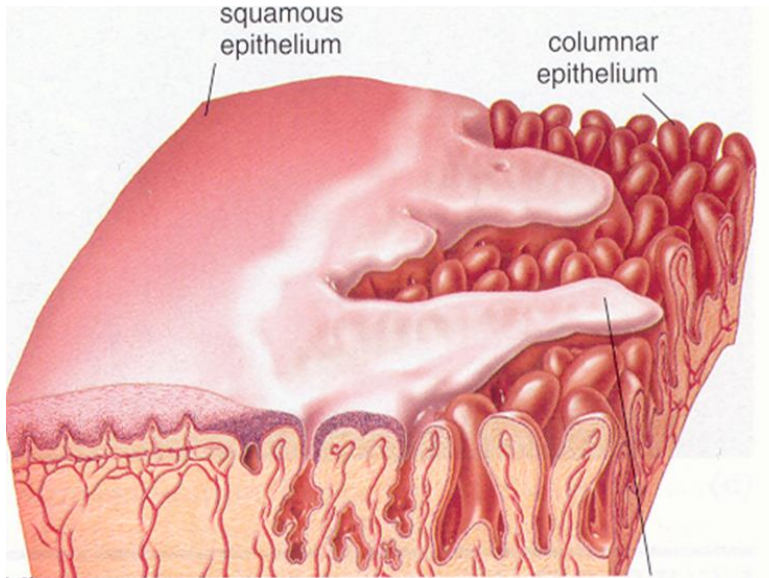
Yeterli Kolposkopi



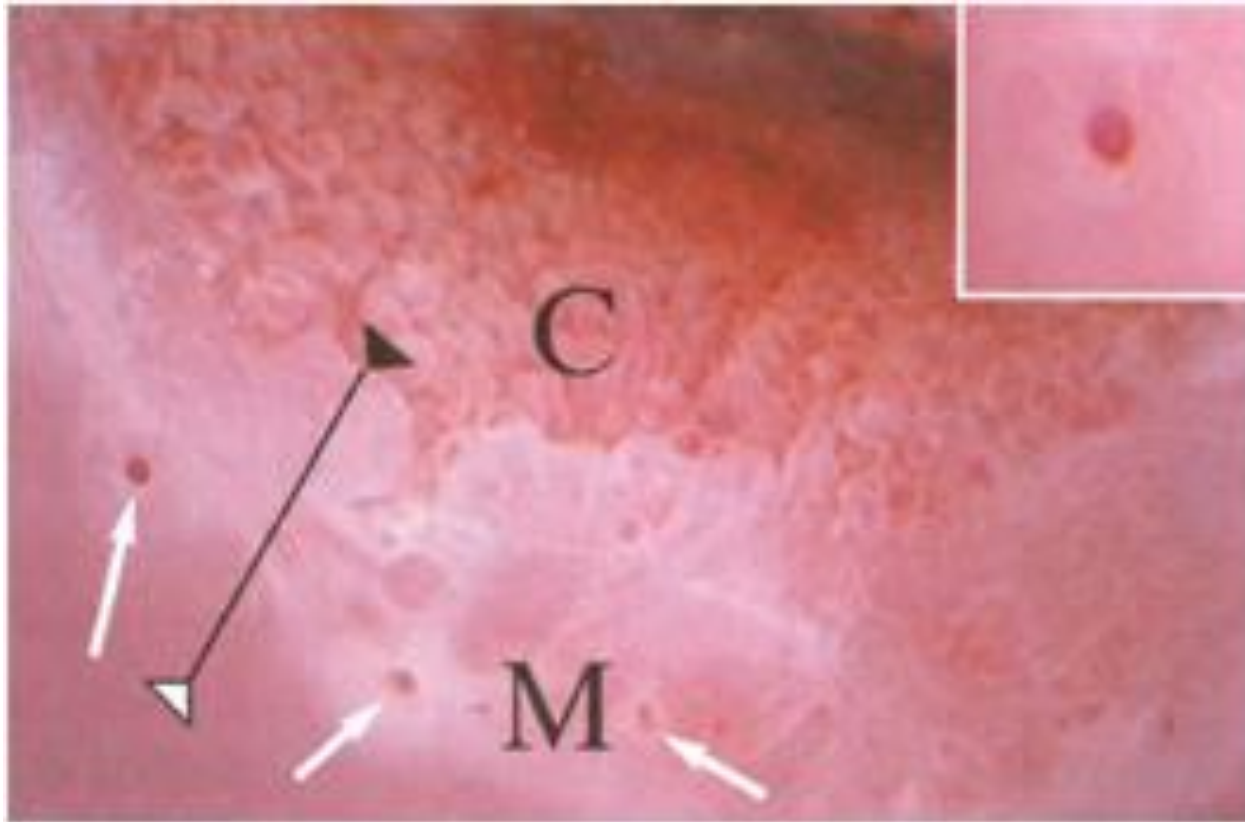
İmmatür Metaplazi



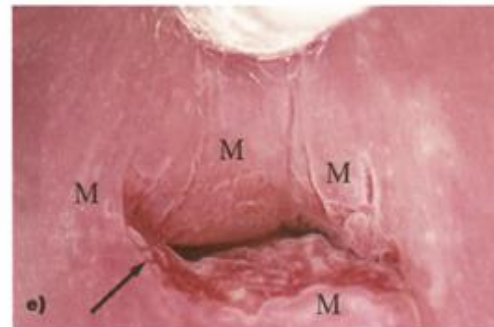
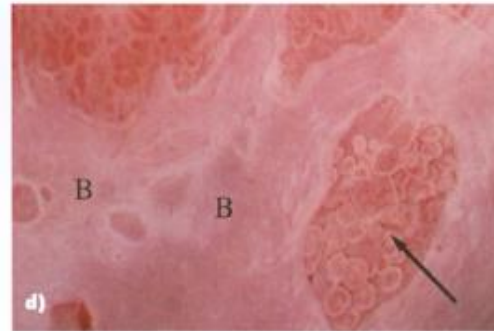
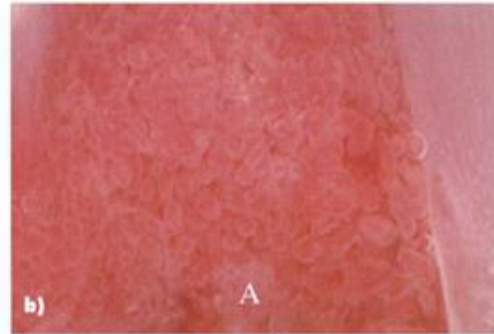
İmmatür Metaplazi



Gland ağızları



İmmatür Metaplazi



İmmatür Metaplazi

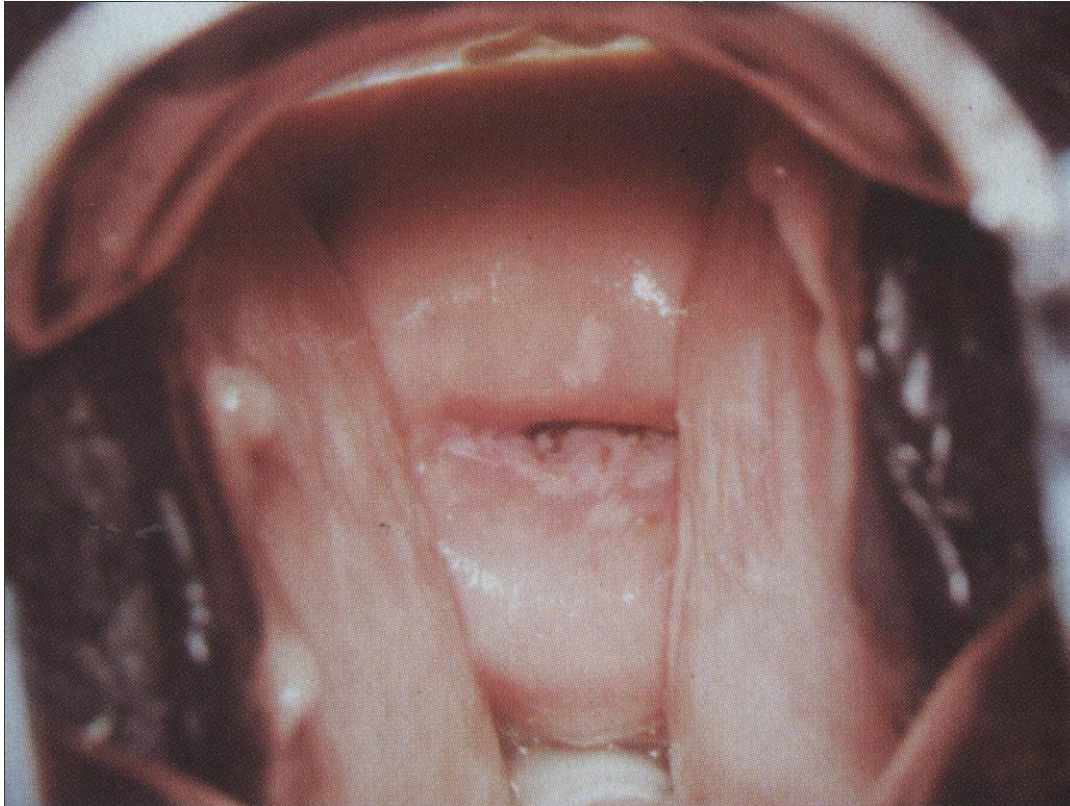


İmmatür Metaplazi ve LGSIL



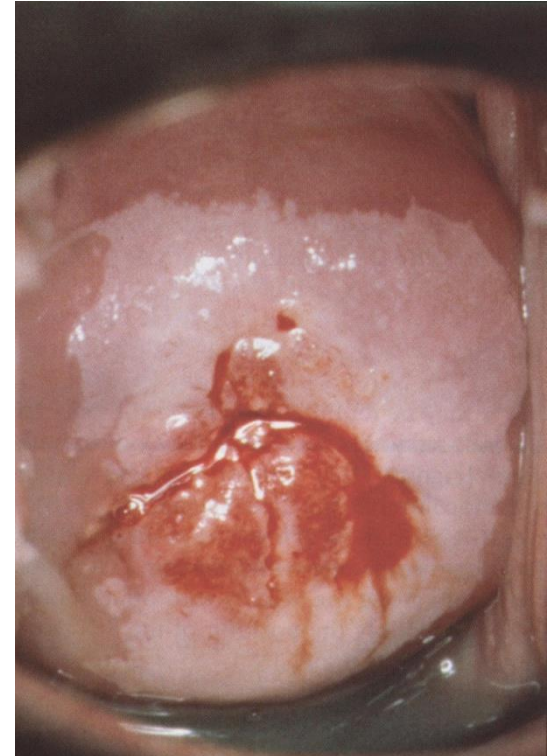
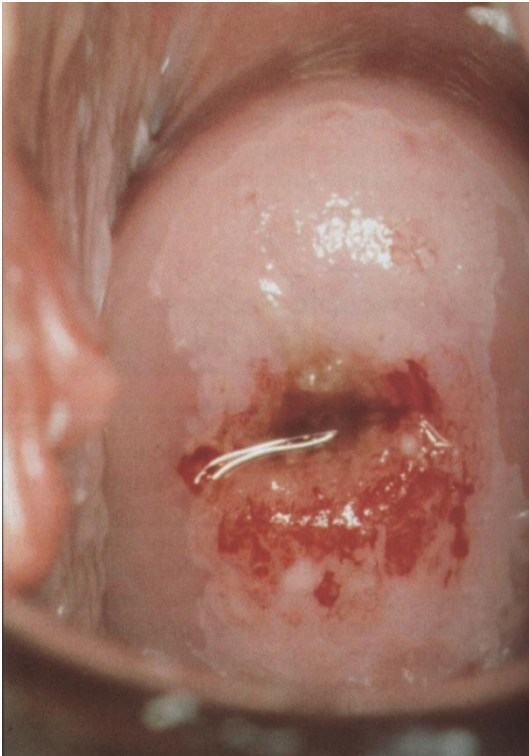
Lokalizasyon

- Genellikle skuamokolumnar bileşke
- Ektoserviks veya endoserviksin herhangi bir yerinde



Lokalizasyon

- Matür transformasyon zonunda tanı kolay
- İmmatür metaplazide tanı zor



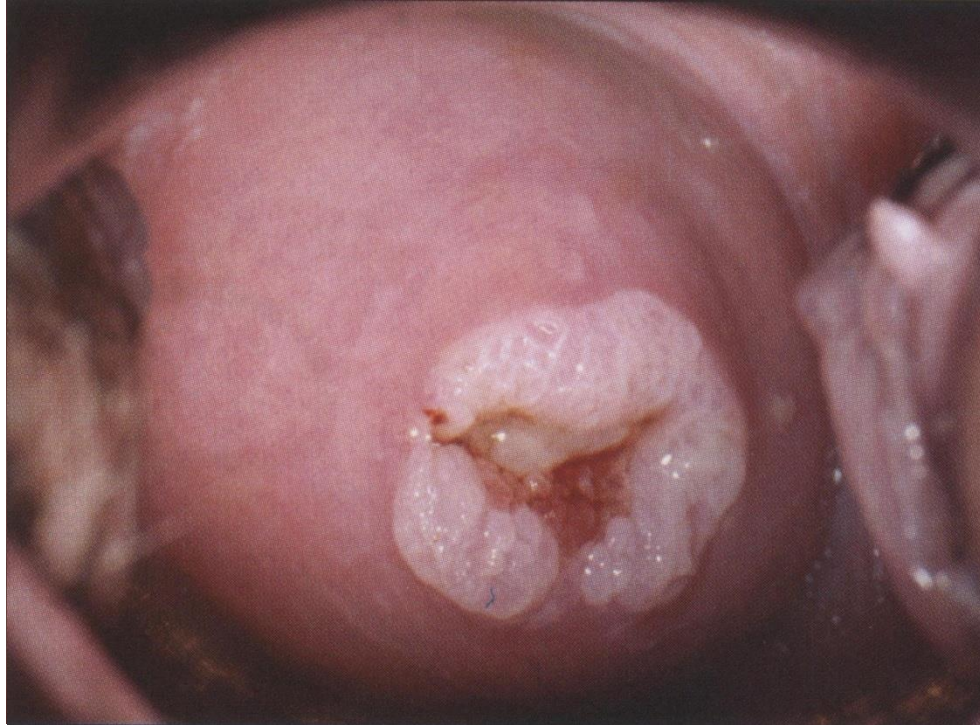
Kontur

- Genellikle maküler konturludur



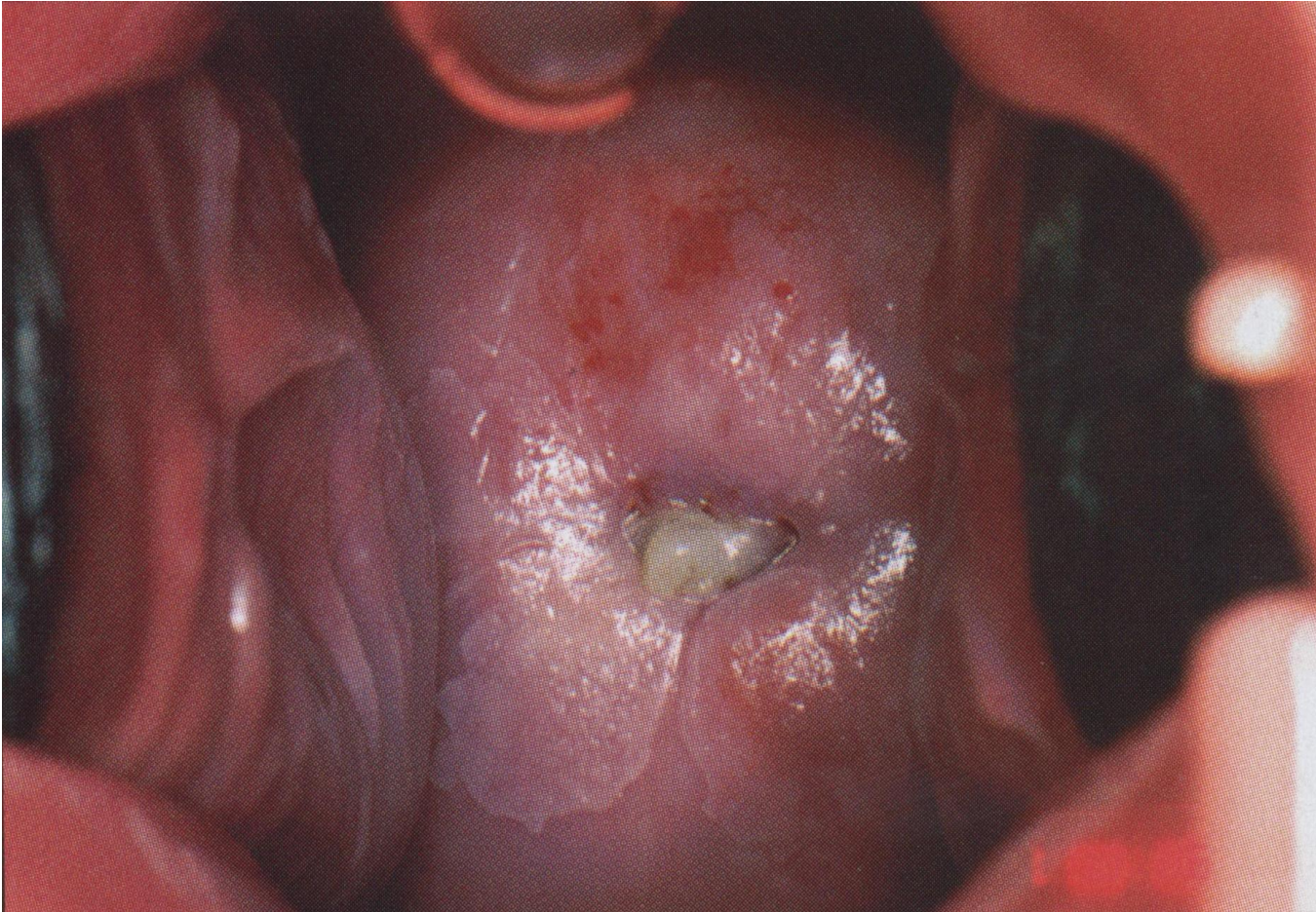
Kontur

- Mikropapiller, papiller, papuler ve kabarık konturlar
- Bazen beyin görüntüsü



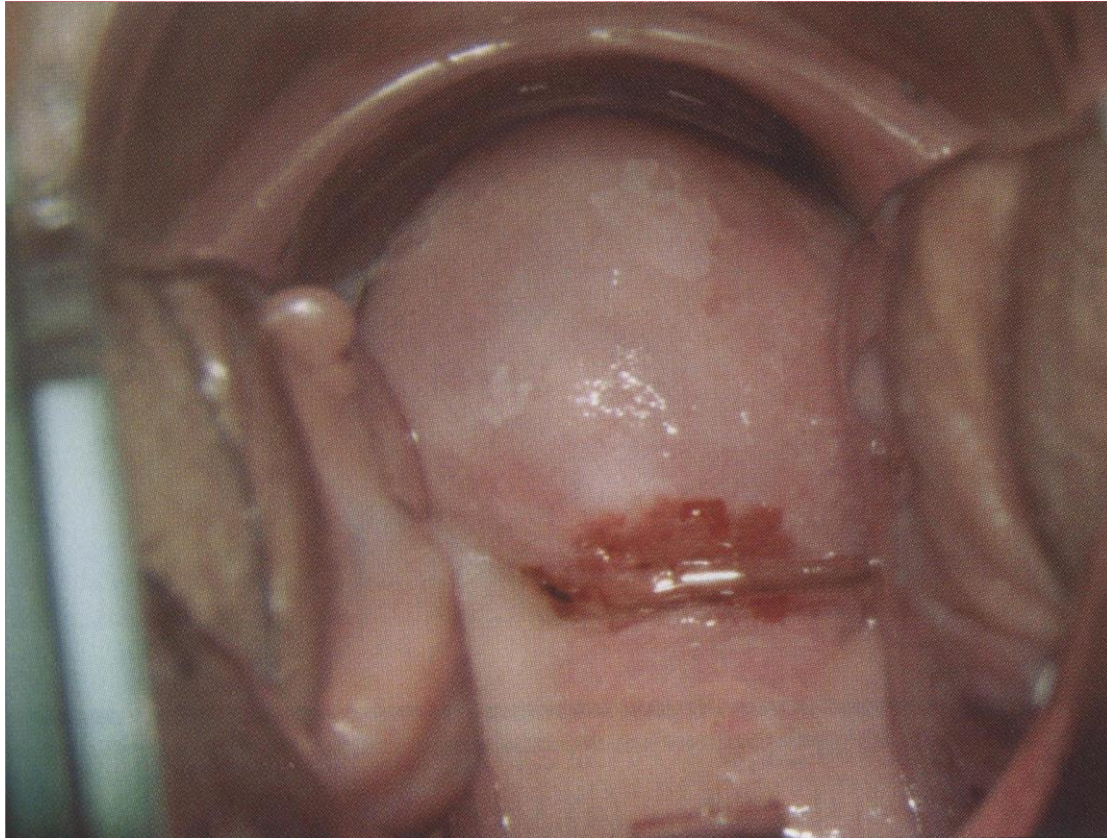
Sınır

- Diffüz ve asimetric şekilli



Sınır

- Karakteristik olarak irregüler, cođrafi ve tüylü dizayn



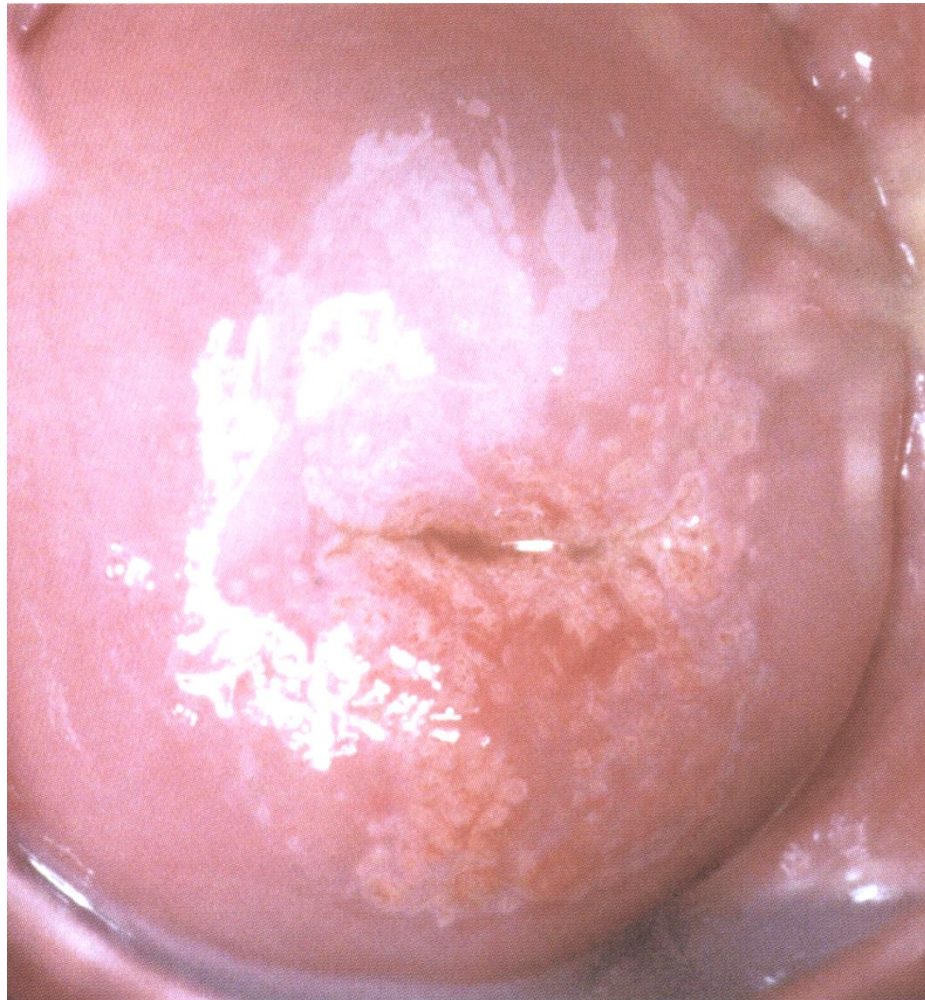
Sınır



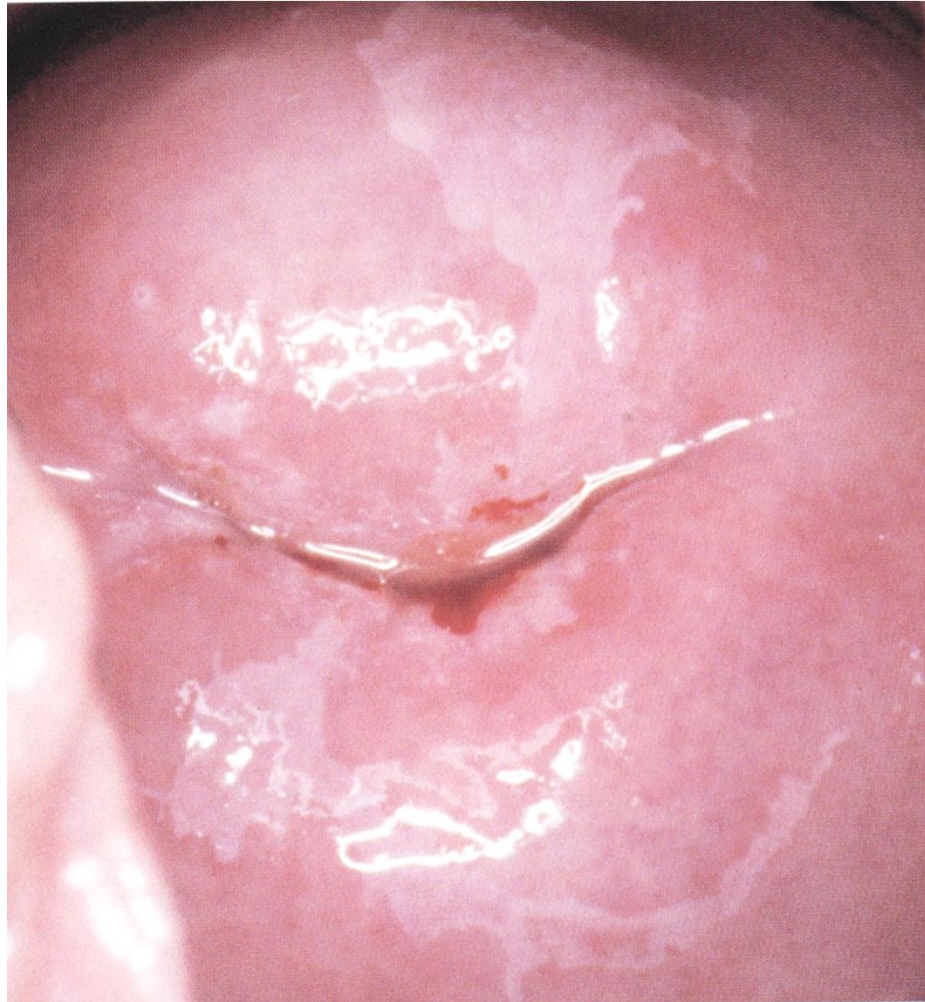
Coğrafi Dizayn



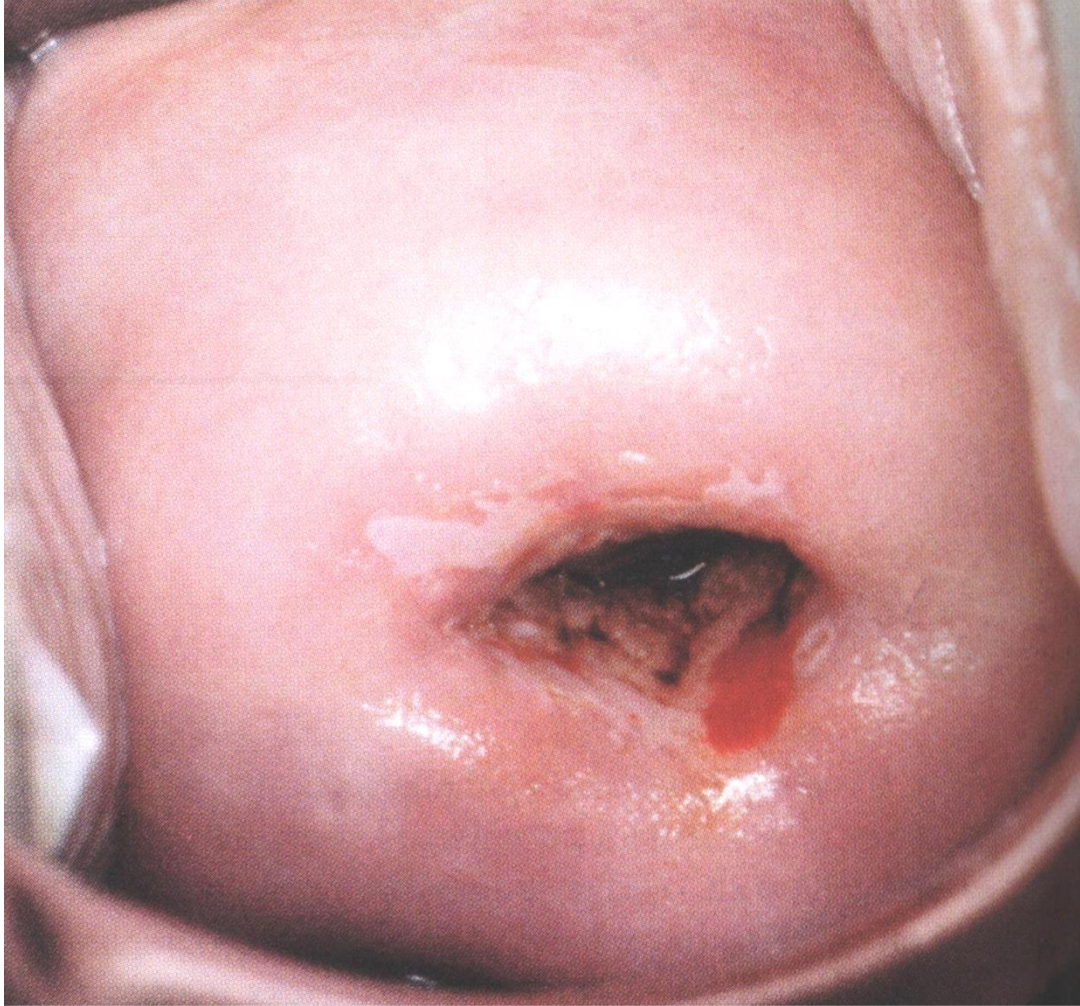
Coğrafi Dizayn



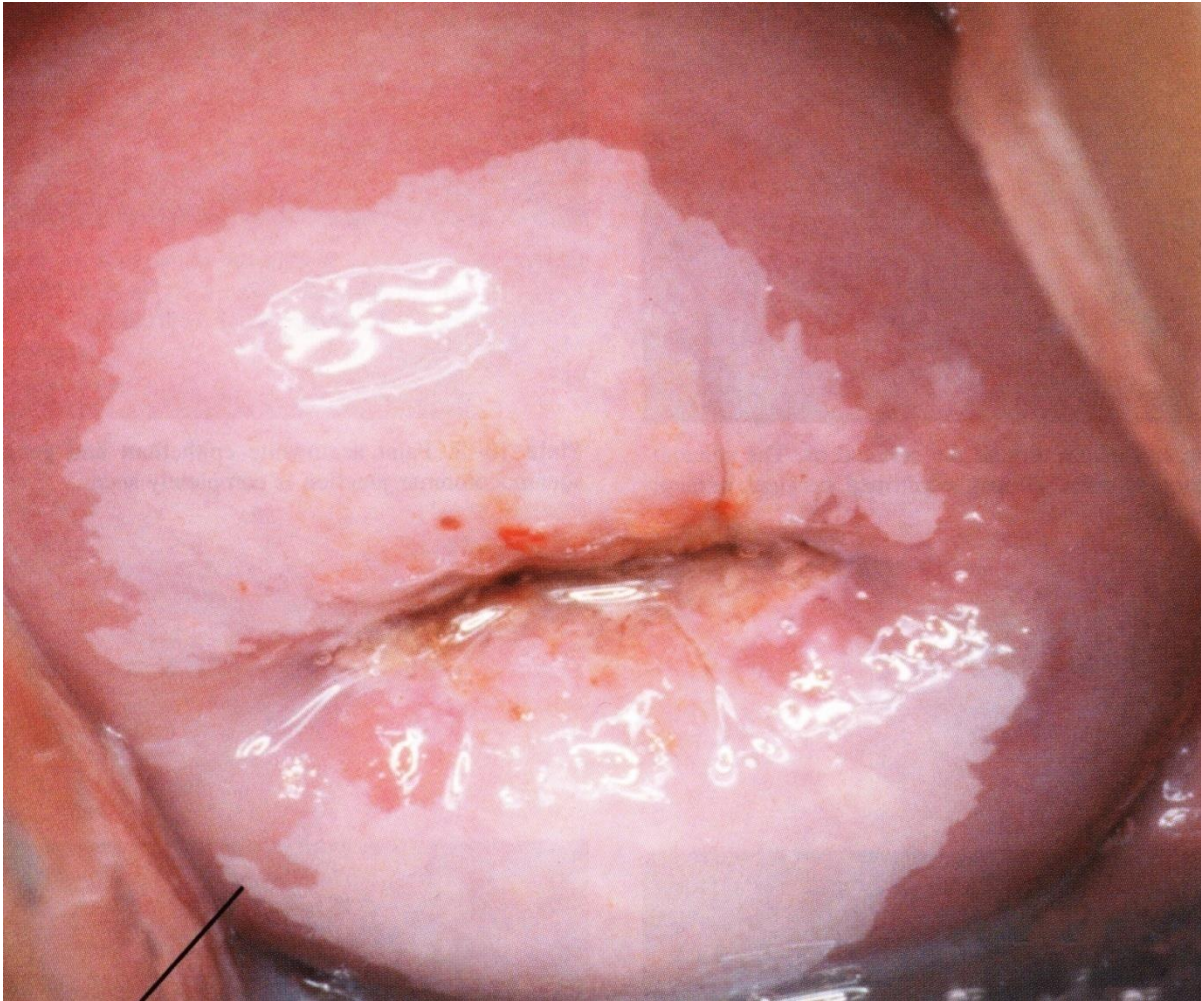
Coğrafi Dizayn



Coğrafi Dizayn



Coğrafi Dizayn



Sınır içinde sınır

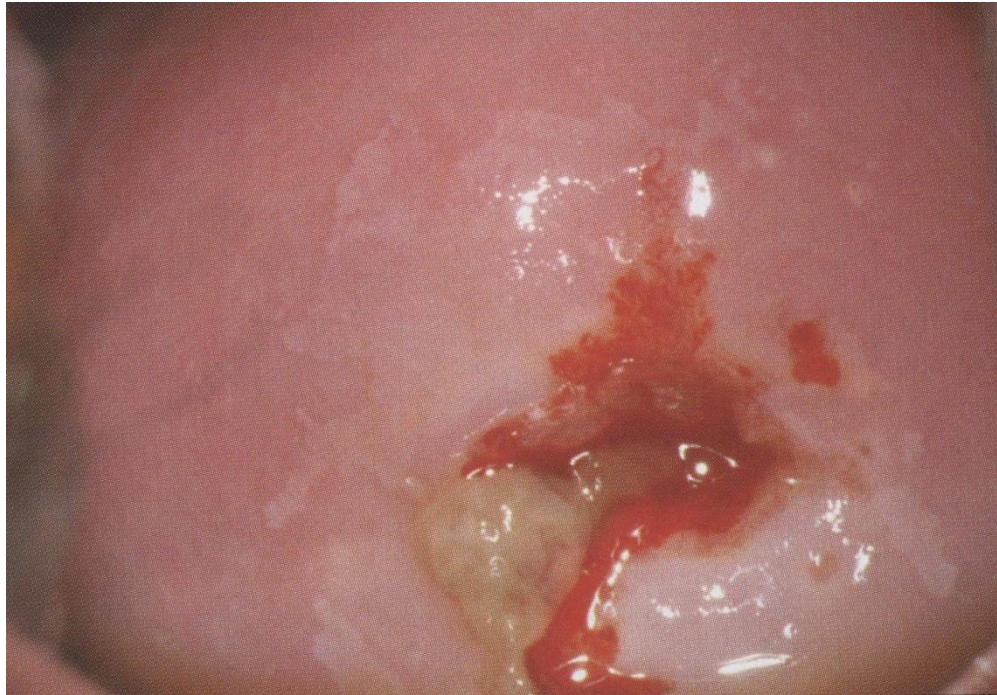


Sınır içinde sınır

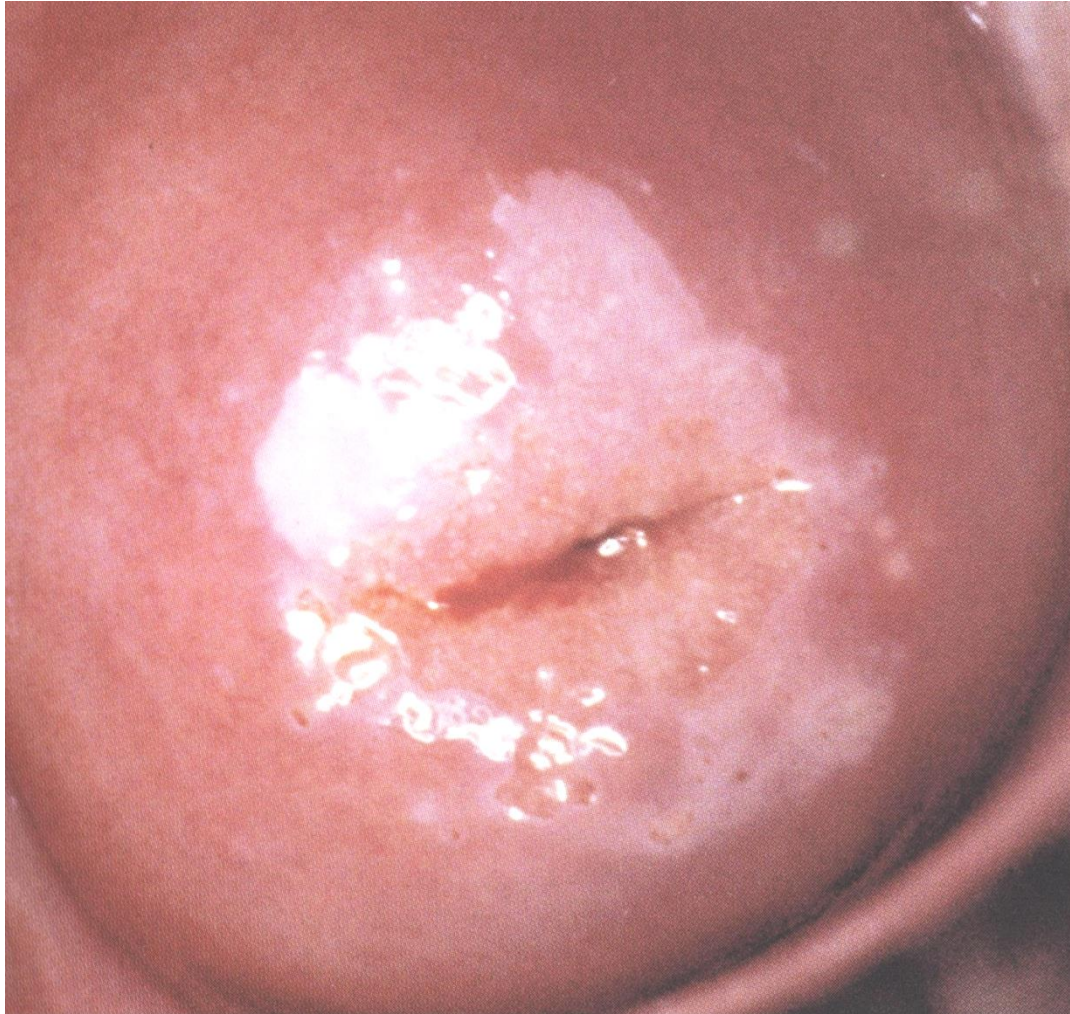


Renk

- Renk bulguları subjektif olup klasifiye edilemeyebilir
- Asetik asit sonrası açık beyaz
- Asetik asit etkisi %65 oranda 4' kaybolur



Soluk Acetowhite Epitel



Soluk Acetowhite Epitel



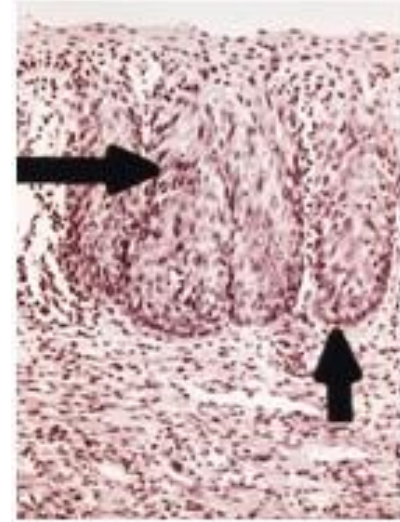
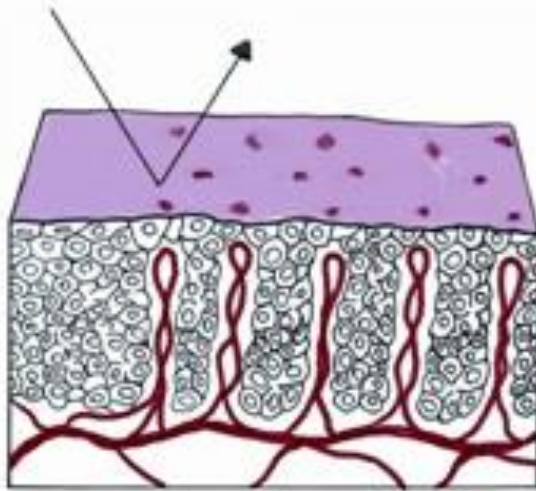
Soluk Acetowhite Epitel



Damarlanma

- Atipik damar paterni görülmez
- İnce, dar kalibreli uniform damarlar
- İnterkapiller mesafe artmış ama damar alanları aynı
- İnce punktuasyon

İnce Punktüasyon



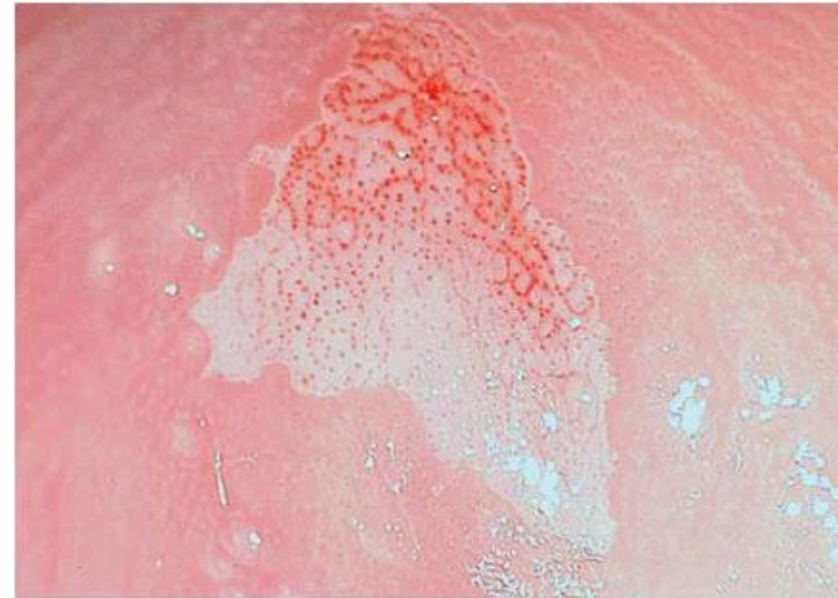
İnce Punktuasyon



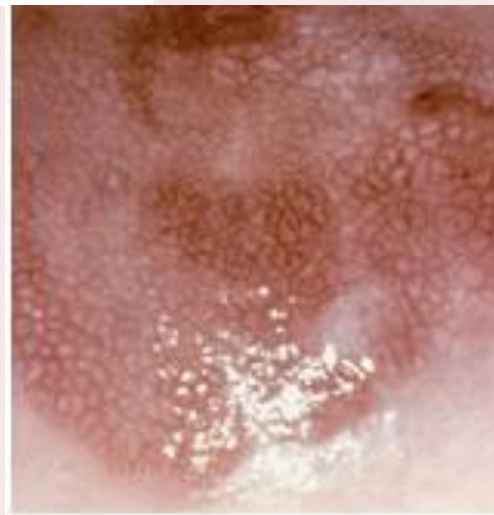
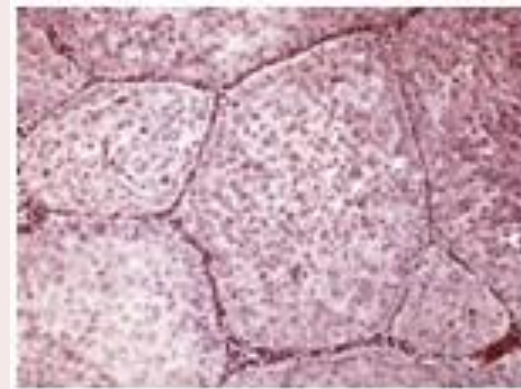
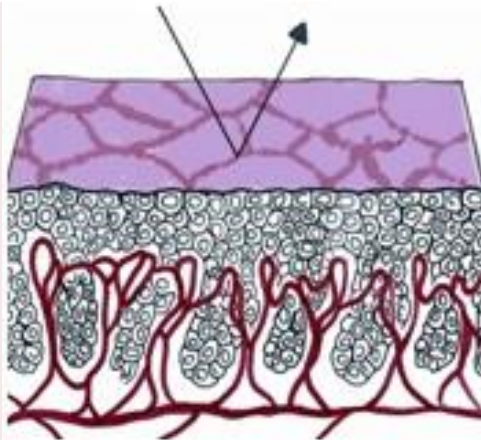
İnce Punktasyon



İnce Punctuasyon



İnce Mozaizm



İnce Mozaizm

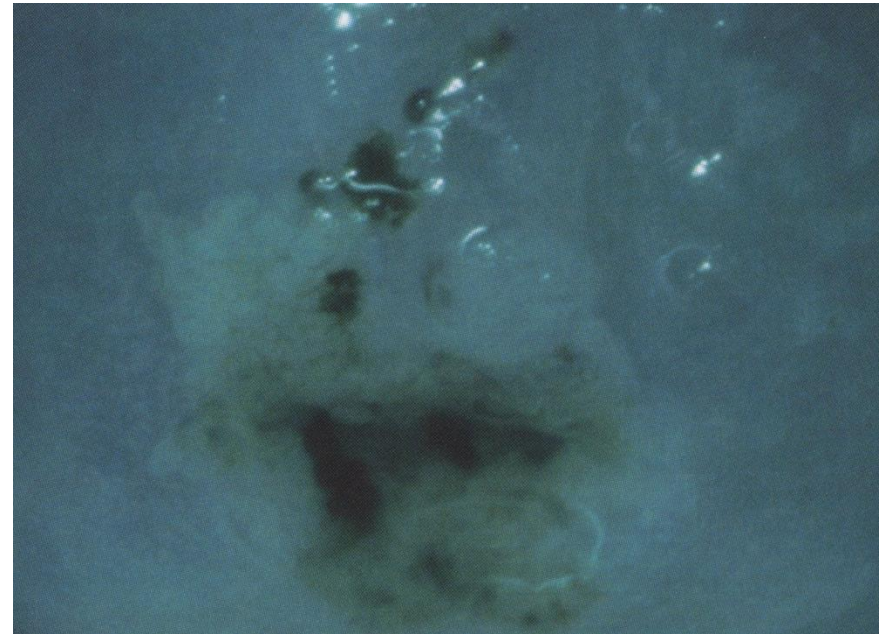


İnce Mozaizm

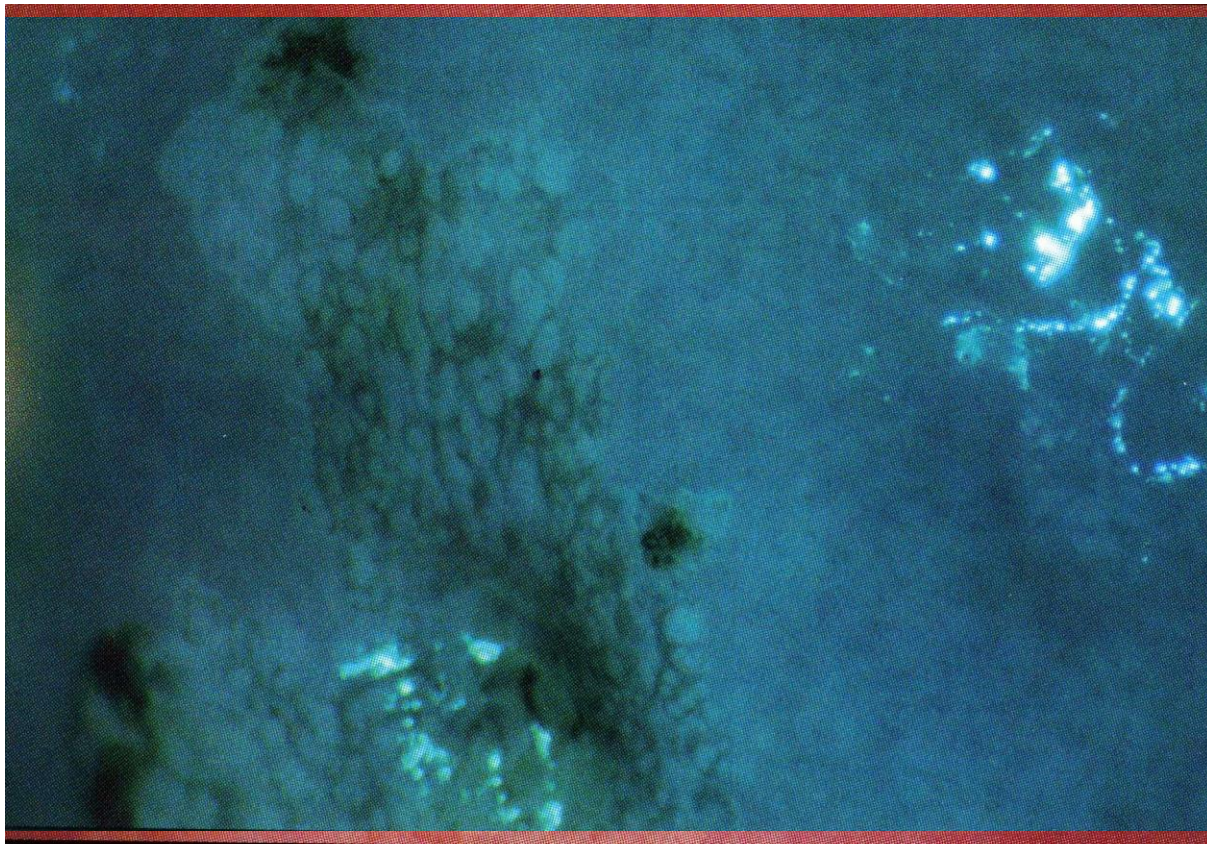


Damarlanma

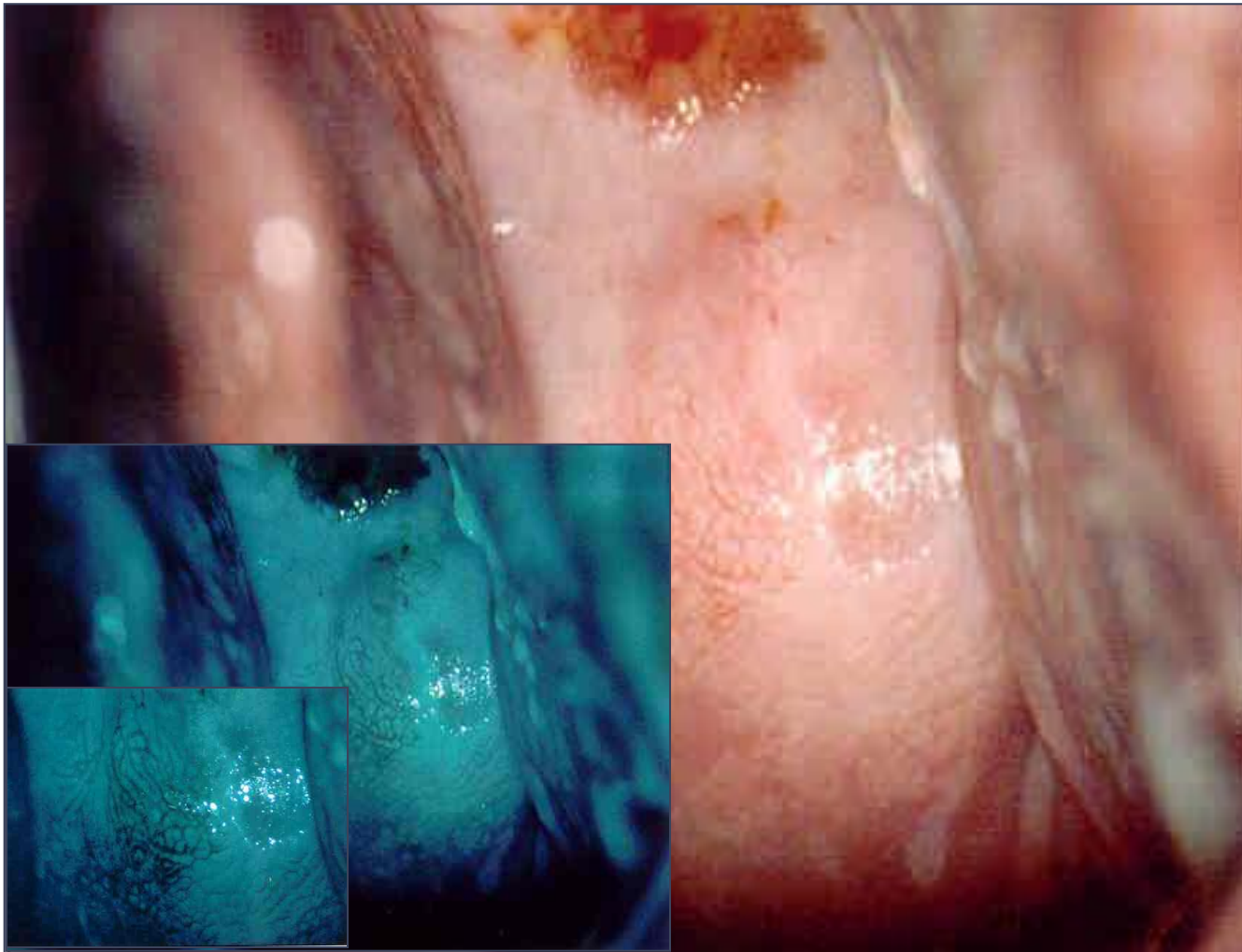
- İnce mozaik patern



İnce Mozaizm



İnce Mozaizm



İnce Mozaizm



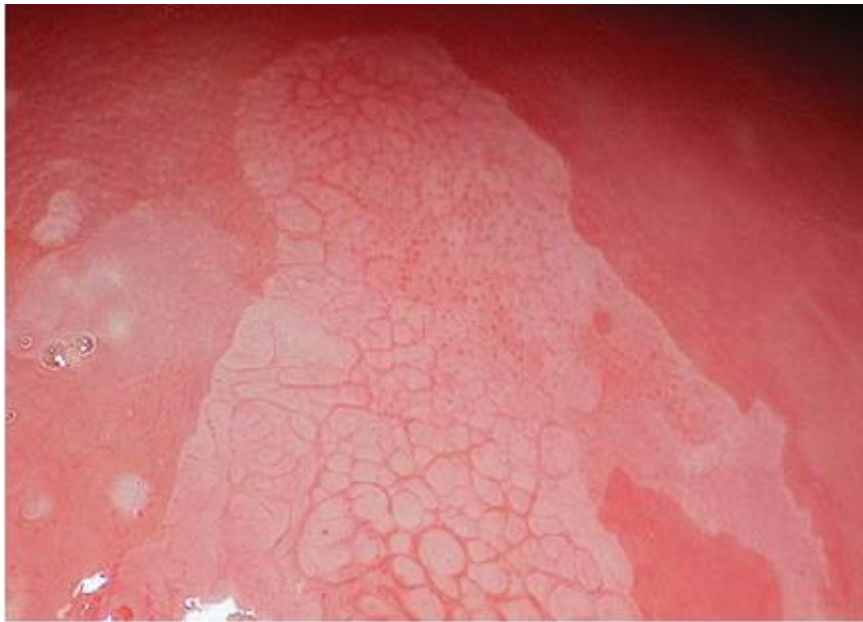
İnce Mozaizm



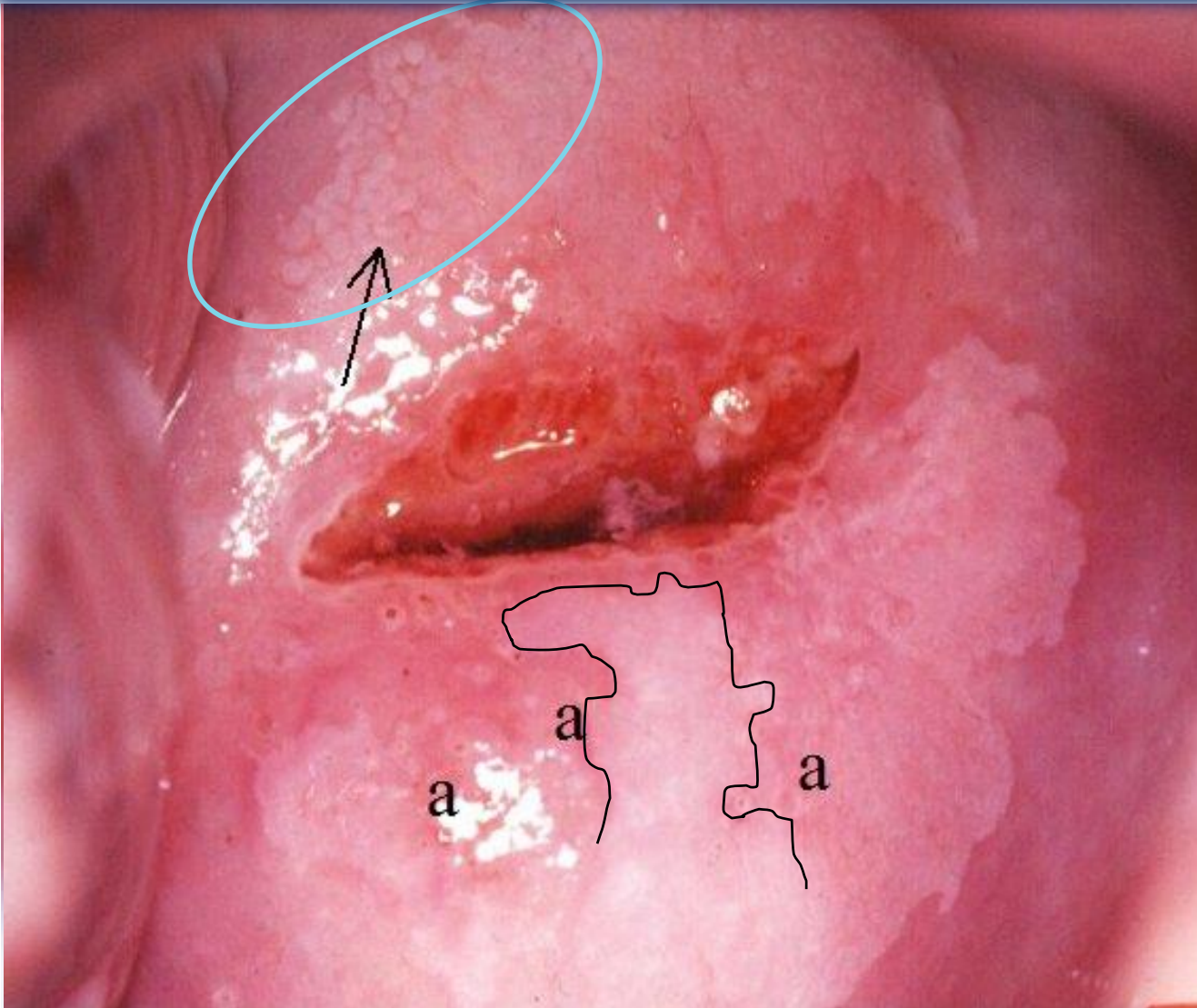
İnce Mozaizm



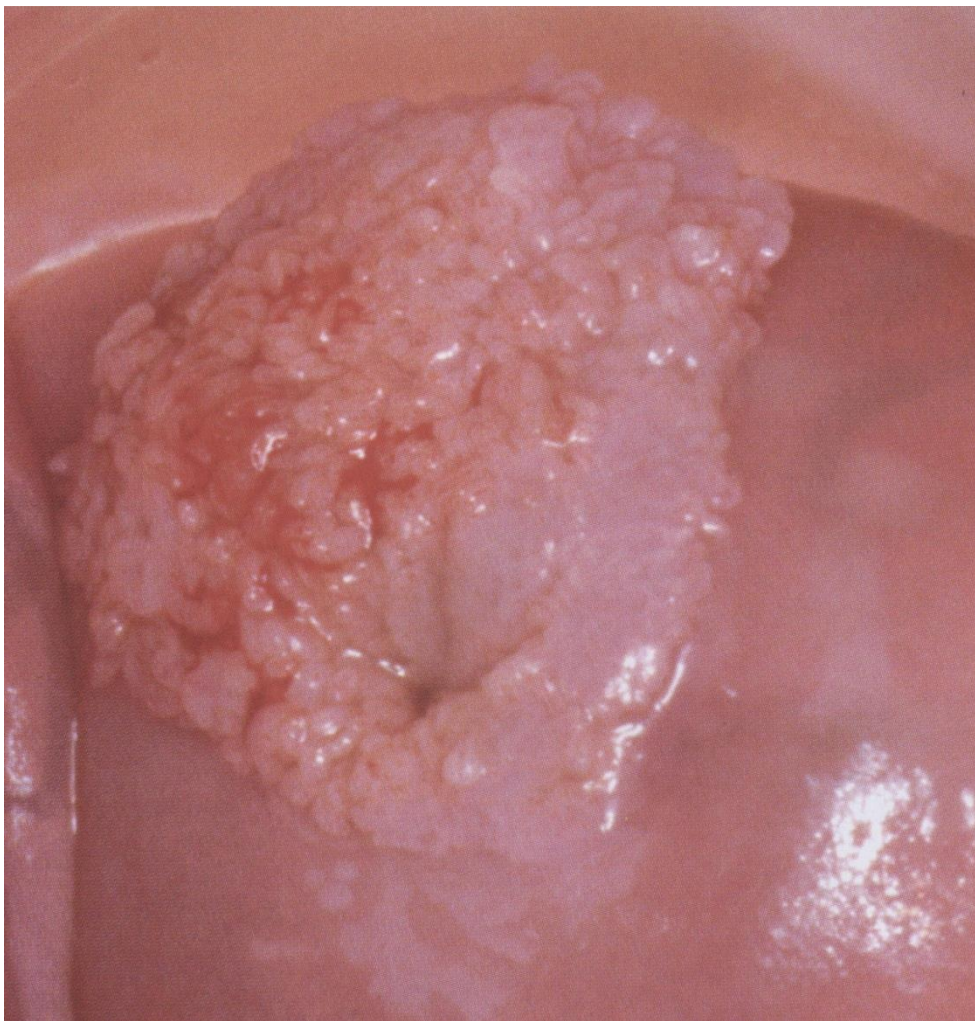
İnce Mozaisizm



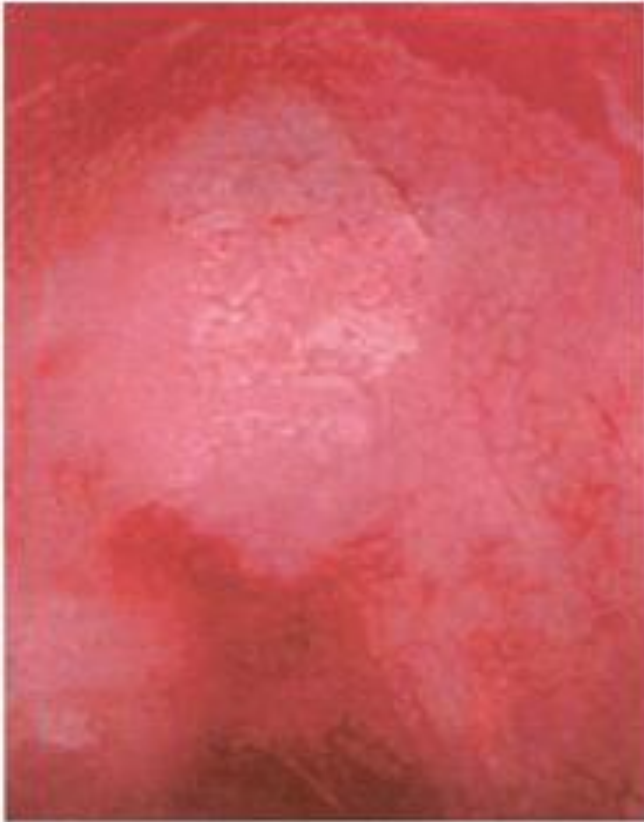
İnce Mozaizm



Kondilomlar



Kondilom + LGSIL

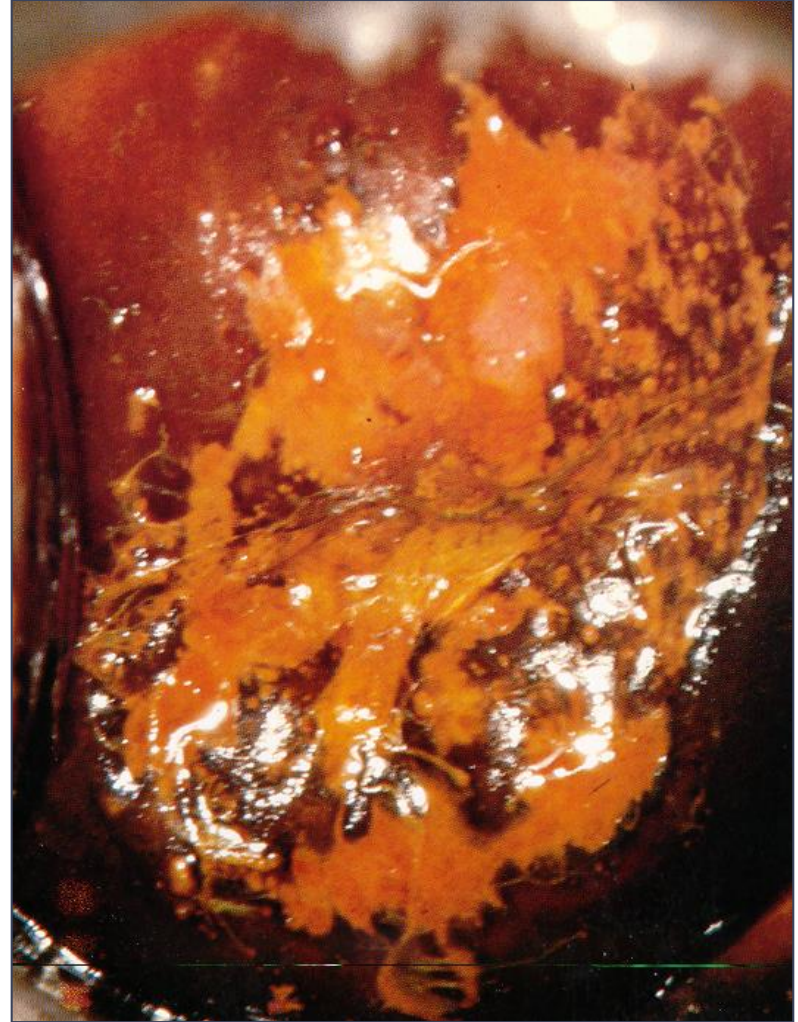


Schiller (iyot) Testi

- LGSIL'lar iyot negatiftir sadece hardal sarısı renk verir



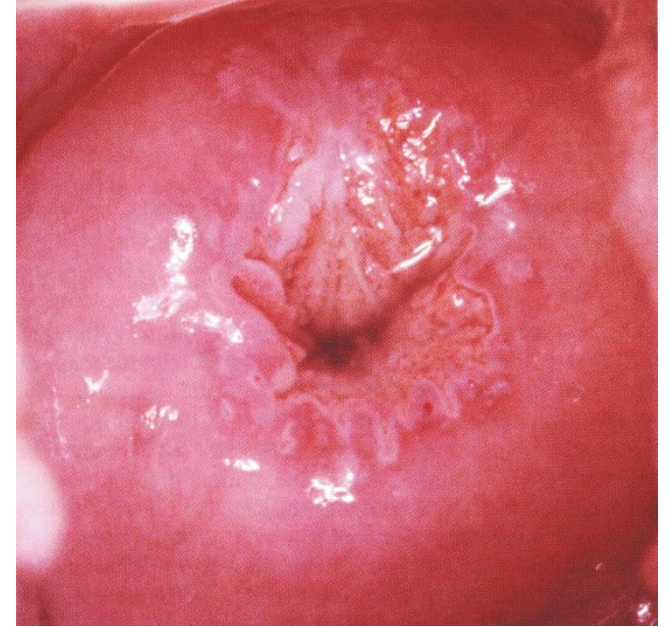
Schiller (iyot) Testi



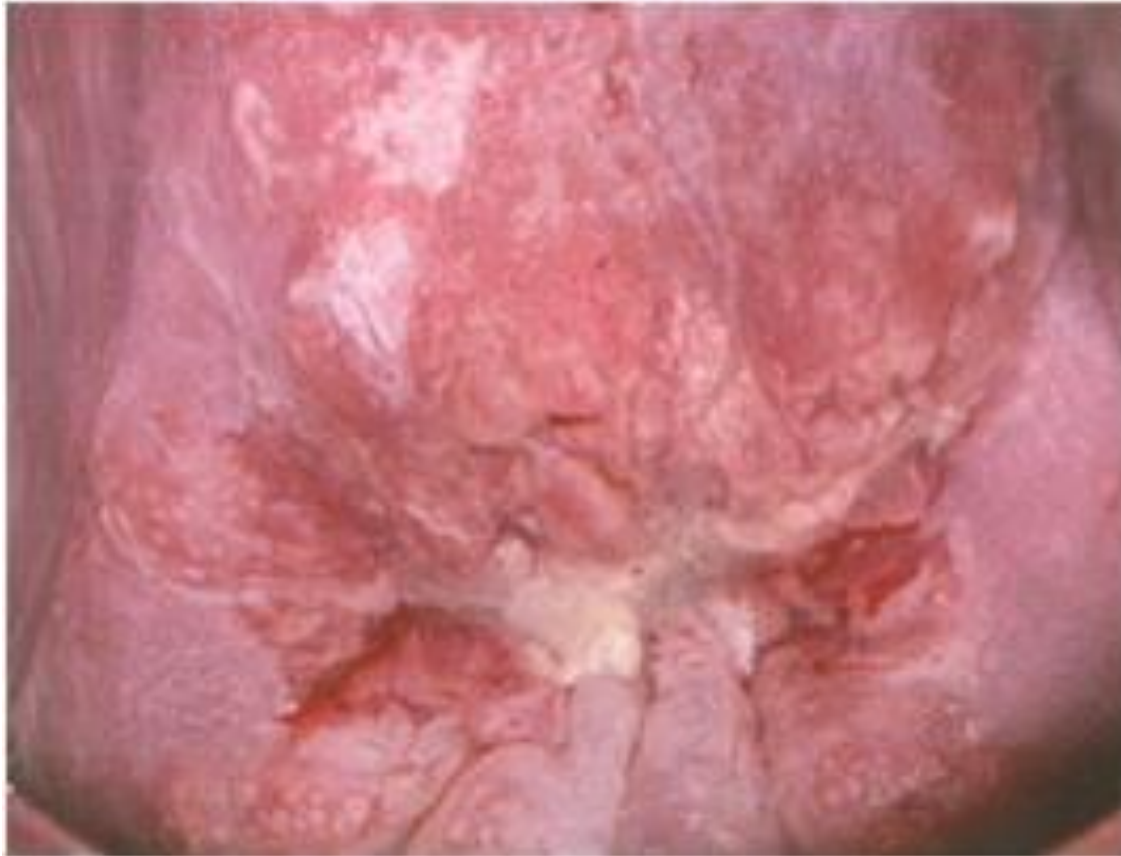
Gebelikte LGSIL

LGSIL'de gebelikteki servikal fizyolojik deęişiklikler nedeniyle tanı yanlışlığı olabilir

- Acetowhite reaksiyon sorundur
- Endoserviks estrogen etkisiyle eversiyonedir
- Endoservikal papillalarda yeni proliferasyonlar söz konusudur



Gebelikte LGSIL



Özet

Table 1
Acetowhite changes in low- and high-grade colposcopic lesions

Feature	Low-Grade Lesion	High-Grade Lesions
Color	Snow white to bright white	Bright white to dull (oyster) gray
Lesion size and shape	Relatively large and geographic; raised and papillary	Relatively small; smooth and flat
Location	Throughout the ectocervix	In the upper transformation zone at or near the new squamocolumnar junction
Time interval to color change; number of reapplications	Slow to change; requires numerous reapplications to maintain color differential	Rapid change; requires few reapplications to maintain color differential
Border	Irregular; relatively indistinct	Straight, raised or rolled; prominent

Özet

Table 2

Angiogenic changes associated with low- and high-grade colposcopic lesions

Feature	Low-Grade Lesion	High-Grade Lesion
Acetic acid change	Persistence of fine punctation/ mosaicism	Loss of fine punctation/ mosaicism Persistence of coarse punctation/ mosaicism
Punctation	Predominately fine (uniformly sized, relatively small dots confined to the surface epithelium; uniformly close intracapillary distance)	Predominately coarse (variably sized dots may float above the surface epithelium; variable intracapillary distance is increased overall)
Mosaicism	Predominately fine (uniformly sized small tiles encased by uniformly sized small vessels) Fine punctation is often present	Predominately coarse (variably sized large tiles encased by enlarged vessels that are of nonuniform caliber) Coarse punctation is often present



Prof. Dr. Müfit C. YENEN

Dr. Suat Günsel Girne Üniversitesi

Tıp Fakültesi

Kadın Hastalıkları ve Doğum AD.

e-posta: mcyenen@gmail.com

Dikkatiniz için teşekkür ederim