

## **CONISATION AS AN IMPORTANT POINT IN THE DIAGNOSIS AND TREATMENT OF PRE-INVASIVE NEOPLASY**

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### **SUMMARY**

110 cases of conisation carried out in the Obstetric and Gynecological Clinic of the University of Padua between 1.1.74 and 31.12.82 have been considered.

The operations were always performed on completion of diagnostic assertions comprising colpocytology, colposcopy and biopsy, this last undertaken upon indications from both colposcopic and colpo-cytological examinations.

The comparison of the histological sample with the serial on the cone, with the cytological, colposcopic and bioptic ones, correspond in the importance of the lesion in almost 90% of cases.

The reliability of the diagnosis by the three methods associated and then integrated by the conisation therefore approaches 100%.

Prophylaxis carried out in this way allows a personalisation in the operation which, though respecting radicality, must be as non-demolitory as possible.

The fundamental aims of the prophylaxis and prevention of disease are: 1) to prevent the establishment of the disease; 2) whenever the disease has established itself to see that its treatment is capable of ensuring survival; 3) to adopt measures of intervention always less demolitory and such as to guarantee an acceptable quality of life.

In the ambit of cervical cancer prophylaxis and prevention have enabled us to obtain better results than in other gynecological tumors. Without doubt the chief merit of this success is due to cytological screening on a large scale. In clinical practice, however, it has been amply demonstrated that the integration of cytology with other methods, colposcopy and biopsy, allows for a high percentage of eliminations of false negatives and false positives which exist in all clinical-laboratory tests, and therefore in cytology.

The execution of biopsy only on colposcopic indications, in fact, may reveal histological precancerous or already neoplastic lesions, also with negative cytological samples, as our case reports show.

It is therefore desirable that the application of the three methods, cytological, colposcopic and biopsy, like screening, should be universally accepted in order to obtain a diagnostic precision as near as possible to 100%. The certainty of diagnosis allows us to choose the treatment most adequate for the entity of the disease.

The conisation operation carried out in cases of dysplastic lesions or of cancer "in situ" allows both a radical (even if conservative) treatment, and the possibility of an eventual improvement of the diagnosis with serial examination of the cone. On the basis of these considerations we studied 110 cases of patients submitted to conisation operations in the Obstetric and Gynecological Clinic of Padua University, between 1 January 1974 and 31 December 1982. The operations

Table 1.

Age	No. cases	%
≤20	—	75%
21-30	42	
31-40	41	
41-50	21	25%
>50	6	

Table 2. — *Histological report on the cone.*

Colposcopy	Norm.	Metapl.	Inflam.	CIN 1	CIN 2	CIN 3	Invas.
Normal	0	0	0	0	0	0	0
Ectopy	0	0	1	0	0	6	0
Trasf. typ.	1	1	0	2	0	8	1
Mosaic	0	0	0	0	0	2	0
Leukoplakia	1	1	4	0	7	27	4
Base	1	0	0	0	0	6	2
Trasf. atyp.	0	0	0	0	2	27	0
Vascol. atyp.	0	0	0	0	0	3	1

were carried out after having completed all the diagnostic iter including: colposcopy, colpocytology and target biopsy.

## MATERIAL AND METHODS

In this study we considered 110 patients submitted to the conisation operation after having carried out all the above-mentioned tests. The operations were performed during the period 1.1.1974-31.12.1982.

The biopsy was carried out on indications from pathological colposcopic samples with negative cytology (or vice-versa) and also on indications of both (colposcopy, cytology).

On bioptic indications we therefore proceeded to operate by adequate bioptic excisions conisation.

## RESULTS

In table 1 the percentage of cases examined are indicated in relation to the age of the patients; it will be noted that 75% of the operations were carried out on patients aged between 21 and 40;

therefore in the fertile period when the preservation of the viscera may have extremely important significance for women. We then compared the samples of the single methods with the serial histological examination of the cone.

The correspondence of the pathology appears evident on the examination of the data: about 90% of the cases with precancerous colposcopic lesions revealed at the histological examination of the cone a pathology comprised between the CIN 2 and invasive cancer (table 2). In table 3 the results obtained from comparison of the cytological samples with the histological samples obtained from the cone are shown.

Even in this case the correspondence is almost 90%. And a like relation was also maintained between the histological sample of the biopsy and of the cone (table 4).

Three positive cases (CIN 3) at the bioptic examination were not confirmed

Table 3. — *Histological report on the cone (total cases 110).*

Cytology	Norm.	Metapl.	Inflam.	CIN 1	CIN 2	CIN 3	Invas.
Cl. II	7	1	0	2	0	1	1
Cl. III	68	2	2	2	9	49	3
Cl. IV-V	35	0	0	1	0	30	4

Table 4. — *Histological report on the cone.*

Target biopsy	Norm.	Metapl.	Inflam.	CIN 1	CIN 2	CIN 3	Invas.
Normal	0	0	0	0	0	0	0
Flogose	2	0	0	2	0	0	0
Metapl.	2	1	1	0	0	0	0
CIN 1	1	0	0	0	1	0	0
CIN 2	7	1	0	0	0	4	2
CIN 3	97	1	1	3	1	6	78
Invas.	1	0	0	0	0	0	1

Table 5.

	Norm.	Metapl.	Inflam.	CIN 1	CIN 2	CIN 3	Invas.
Colposcopy	5	5	0	2	2	83	8
Cytology	1	5	2	2	10	80	8
Biopsy	0	2	2	1	7	97	1
Cones	3	5	2	1	6	78	8

by the serial examination of the cone. If we consider that the bioptic sample may prove radical in lesions of minimal extent it will be evident that the diagnostic reliability that can be obtained by using the three methods in association is practically 100%.

7.5% (8/110) of the cases revealed an invasive neoplasia.

#### CONCLUSIONS

The operation of conisation in our Clinic was carried out after having accomplished all the diagnostic checks (colposcopy, colpocytology, biopsy). The examination of the data showed that in almost all the cases the samples of the three methods corresponded. The conisation operation, or adequate bioptic excision which in our record is a point in the diagnostic assertion of tumors of the uterus, because the high reliability of the preliminary examinations becomes in 92% of cases also the radical and definitive moment in therapy. This, in fact, is the aim that

the prophylaxis of tumors (in our case those of the cervix), must pursue: the ability, with small non-demolitory operations, to obtain the fullest surgical radicality.

This is important both for the quality of life of patients who are always less able to adapt themselves to major demolitory operations, maybe with urinary or intestinal derivation, and for the possibility of saving the integrity of the genital apparatus and its reproductive function, given the average age of the majority of the patients who encounter this disease.

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