Ten years of colposcopy in Panama 1982-1992

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Summary: In the Republic of Panama between the years 1982-1992 we carried out an investigation on 5,112 women with the aim of evaluating those with oncological risk (OR), and we found 3,003 of them (87.6% of cases) where HPV infection in its diverse forms (Pure, NIC, invasive cancer) was the most predominant characteristic.

INTRODUCTION

It was our purpose to apply in Panama the diagnostic methodology of the University of Padua. Panama is a country where the scourge of cancer produces numbers which place it statistically among the highest in the world (1, 2, 3).

Professor Onnis has shown that the objectives of modern medicine should be based on prevention, prophylaxis and early detection, and having been one of his students my work now fully confirms this conclusions. Although Panama is more than 10,000 kilometers distant from Padua and has a different socio-economic situation the objectives and methods are the same, and the work has been carried out on the same lines.

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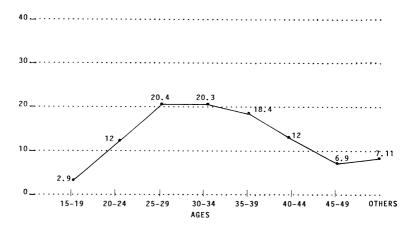
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MATERIALS AND METHODS

After having learned the use of colposcopic and colpo-cyto-histological methods I started my research in 1982, applying the diagnostic protocol of the University of Padua, though this differed from the methodology accepted and used in Panama, which was based on the preventive norms prescribed by the World Health Organisation (WHO) (4,5).

I have experienced and will continue to experience difficulties, but in spite of everything I have remained firm in my convinctions, because the protocol of the University of Padua could neither be objected to nor eliminated from a structure such as my private clinic, which has produced a change that, if promoted with good will, could remove Panama's name from the top of the list of countries with the most cases of uterine cervix cancer in the Americas. Prevention, prophylaxis and early detection, and treatments directed towards the destruction of lesions are our principles, and their results are reflected in this study (6, 7, 8).

To this end we evaluated 5,112 women with colposcopy, colpocytology and target biopsies, when needed, at the same moment. We also included healthy patients observed for periodical clinical check-up, even if asymptomatic and without indications to colposcopy or target biopsies from the colpocytologic examination (9, 10).



Ages of patients with O.R. (1982-1992). (Source: Chemsa).

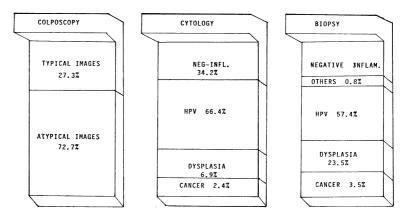
In this way we achieved the admission of a great number of women who had been tranquillised by a Pap smear or by a negative cytologic or inflammation test (11, 12, 13).

RESULTS

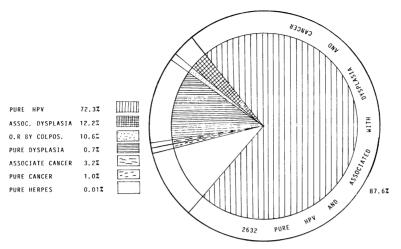
We performed on the 5,112 patients studied 9,442 colposcopies, 9,310 colpocytologies and 2,222 target biopsies. We selected 3,003 patients considered as at oncological risk (OR), of whom 72.2% as pure HPV; 12.9% as dysplasias; 10.5% as simple clinical OR, and 4.2% as can-

cers. We found only 2 cases of Herpes Simplex (0.01%). The oncological risk cases amounted to 58.7%, showing an increase of 6% in comparison with previous studies.

Referring to the patients' ages, those aged 25 and 44 years predominated, with 1,784 cases (59.4%). There emerged no fixed rule in regard to degree of the lesions - age groups; however we reaffirm the tendency for the major pathological frequency to be among the groups of more advanced ages (14, 15).



Diagnosis of patients with O.R. (1982-1992). (Source: Chemsa).



Global diagnosis of patients with O.R. (Source: Chemsa).

In evaluating the diagnostic methodology our study confirms the need for promulgating the diagnostic method of colposcopy, since the etiopathogenesis of viral infection and its effect was evidenced by the method mentioned and corroborated by the bioptic study in the majority of cases, while with cytology there was quantitatively less evidence.

We are fully convinced of the need to apply these three diagnostic methods in order to avoid as far as possible false negatives either colposcopic, cytological or histological. The cytological report that says "a cytological image of HPV is suggested" I have considered as real HPV, which has reduced the false negatives from the 72.0% of previous studies to the 34.0% at the present time.

The effectiveness of this diagnostic method has been reflected not only in epidemiology but also in the progress of those patients treated under the norm of strict follow-up, which has shown cures in 90.0% up to date, while progression to invasive cancer still remains below zero (16, 17).

The high incidence of HPV infection, its connections with dysplasia (90%) and

cancer (90%) and the desire for appropriate quality control in treatment and evolution has led us to on-going studies on typification, both immunological and, possibly, genetic (XY), always with the support of the University of Padua (18, 19, 20, 21).

REFERENCES

- Onnis A. et al.: "Clinica delle neoplasie genitali femminili. Il carcinoma della cervice uterina: esperienze cliniche nell'Istituto di Ginecologia e Ostetricia di Padoca". Gin. Clin. vol. XII, 1991, 4, 163.
- De Britton R. C. et al.: "Virus and gynecological tumours in Latin America". Eur. J. Gyn. Onc., 1987, VIII, 205.
- Garrido J. L.: "Oncological risk 1982-1989, Panama". (7th Meet., ESGO, VE, 1991). Eur. J. Gyn. Onc., 1991, XII, 7.
- 4) Torrisi A., Miceli M., Minucci D.: "Infezioni cervico-vaginali da Human Papilloma Virus (HPV): aspetti epidemiologici ed evolutivi". Gin. Clin. 1991, vol. XII, 4, 191.
- 5) Onnis A.: "Il ruolo del ginecologo nella prevenzione, profilassi e diagnosi precoce delle neoplasie ginecologiche". 1993, (16/92), Editoriale da pubblicare.
- 6) Garrido J. L.: "Manejo del riesgo oncogenico 1984-1986". Rev. Acad. de Med. Militar Praxis, Año II, 1988, 1, 4.

- 7) Dexeus S.: "Cin treatment". Eur. J. Gyn. Onc., vol. X, 1989, 3, 215.
- 8) Villasant U.: "Prophylaxis, prevention and early detection of carcinoma of the uterine cervix". Eur. J. Gyn. Onc., vol. XII, 1991, 3, 293.
- 9) Remotti G.: "Il pap-test oggi: è ancora valido?". Rev. Med. Prac., Gyn. e Urol. 22, 1987, 202, anno 7, 1.
- Barber H. R. K.: "The role of the pap smear in the practice of gynecology". Eur. J. Gyn. Onc., vol. XII, 1991, 3, 4.
- 11) Garrido J. L.: "The importance of histology. Correlation between direct biopsies and associated methodologies, Panama 1982-1985". Eur. J. Gyn. Onc., vol. IX, 1988, 6, 470.
- 12) Garrido J. L.: "Incidencia y comportamiento de la infection por HPV en pacientes de RO, Panama 1984 1988". (Soc. Triveneta Italia, Univ. de Padua, Enero 1990). Gin. Clin., vol. XI, 1990, 4, 281.
- 13) Madey J.: "Colposcopy staging and treatment of the papillomavirus infection of the cervix". Eur. J. Gyn. Onc., vol. XII, 1991, 3, 195.
- 14) Garrido J. L.: "Oncological risk, evaluation 1982 - 1989, Panama". Eur. J. Gyn. Onc., vol. XIV, 1993, 1, 68.

- Piras G. et al.: "Le infezioni cervicali da HPV: nostra esperienza". Gin. Clin., vol. XI, 1990, 4, 277.
- 16) Garrido J. L.: "Evolucion de las pacientes con riesgo oncogenico tratadas, Panama 1982 1989". *Arch. HST*, vol. 1, 1993, 1, 29.
- 17) Garrido J. L.: "Analysis of the cases of cancer in the Republic of Panama 1982 1989". (ESGO Por Publicar, 1993).
- 18) Chieco-Bianchi L.: "Studies of HPV infections in HPV 1 seropositive women". Eur. J. Gyn. Onc., vol. XII, 1991, 3, 295.
- 19) Dexeus S.: "HPV infection, precancer and epidermoid cancer. An update". Eur. J. Gyn. Onc., vol. XII, 1991, 3, 319.
- 20) Busch F. X. et al.: "Risk factors for cervical cancer in Colombia and Spain". Int. J. Cancer (UICC), 1992, 52, 750.
- 21) Onnis A.: "Il ruolo del ginecologo nella prevenzione, profilassi, e diagnosi precoce delle neoplasie ginecologiche", *Gin. Clin.*, vol. XIV, 1993, 1, 3.

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