



Appropriate time interval for repeat cervical excision procedures in patients undergoing treatment for cervical neoplasia

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Background/Objective

- Cervical cancer incidence has continuously increased over the last several decades. Neoplastic grading systems traditionally have been used to assess the severity of lesions removed during colposcopy. High grade lesions or cervical intraepithelial lesions (CIN) II or III often warrant excision to prevent progression to invasive cancer.
- Diagnostic excisional procedures of the cervix include removal of a cone-shape portion of the cervix which surrounds the endocervical canal and include areas of the transformation zone.
- Excisional procedures can be performed with a scalpel, loop electrosurgical excision procedure, or LEEP, and cold knife conization. Post-operative complications of these procedures are well established and include increased risk of adverse obstetrical outcomes.
- Women who undergo repeat excisional procedures are often at a greater risk for such complications. The purpose of this research is to determine if a time interval is appropriate for repeating cervical excision procedures in women with residual lesions and if timing of repeat procedures minimizes certain risks attributable to repeat conization.

Material and Methods

- This is a retrospective chart review of patients who received repeat conization procedures at a major hospital system. Our parameters include analyzing time interval to repeat conization and presence of complications or presence of residual lesions.

Expected Results/Prelim Data

- Previous studies have shown that repeat cervical excision procedures with LEEP can be safely performed at 4-12 weeks. However, has only been demonstrated for LEEP procedures and not all types of conization procedures¹
- We expect that our results will demonstrate similar findings for LEEP procedures and different results for this other conization procedures. This is due to the variability of conization procedures and presence of complications among our population

References

- Kietpeerakool C, Srisomboon J, Tiyayon J, Ruengkachorn I, Cheewakriangkrai C, Suprasert P, Pantusart A. Appropriate interval for repeat excision in women undergoing prior loop electrosurgical excision procedure for cervical neoplasia. Asian Pac J Cancer Prev. 2007 Jul-Sep;8(3):379-82. PMID: 18159972.