P3-IS-31 Absent endocervical cells (AEC) on pap smears in the non-pregnant population and subsequent outcome? A prospective cohort study in the university of malaya

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Objective: 1. To conduct a prospective cohort study in patients with AEC in the initial conventional smear and to determine malignant glandular cervical pathology as the endpoint. 2. To determine the incidence of interval glandular cervical cancer among patient with AEC on Pap Smear in this study cohort. 3. To determine percentage of pap smears with AEC in initial smears and in follow up smears.

Methods: This study was done on the data from 729 non-pregnant women with AEC on Pap Smear from 1/1/2000-31/12/2000. The population of the study was identified from the computerised database in the Pathology Department consisting of women who were indexed as having had Pap Smear examination in the study period. Follow-up was planned till 1/6/2003. This study was conducted with good cytopathological support from the Faculty of Medicine, University Malaya and it was approved by the University Malaya Medical Centre ethics committee.

Results: A total of 4569 non-pregnant women had their Pap smear done in the year 2000. 729/4569 were identified with AEC in the initial smears (15.9%); 11.9% (n = 544) in the second smears. 322 patient were excluded from the study for reasons of missing data and incomplete follow-up. 4 interval adenocarcinoma of the cervix was detected in the AEC group and 8 in non-AEC group. This contributed to a total of 12 adenocarcinomas identified in the index year.

Conclusion: Absent endocervical cell (AEC) on pap smears can lead to underdiagnosis and failure to detect endocervical lesions. Hence it may be recognised as a marker of suboptimal screening in the developing country using conventional smear. Patients need to be counselled regarding this limitation in the screening process.

P3-IS-32 Huge Ovarian Cyst with Borderline Malignant Change, Report of A Case

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Case Report: Ovarian cyst is very common in GYN but huge ovarian cyst is rare. We will demonstrate a huge ovarian cyst with borderline change which measures 38 × 30 × 23.8cm in size and 15kg in weight. The clinical course show rapid growth in size recently. It was highly suspected malignant change through sonography and proved by pathology. We reviewed the articles of Gynecology in Taiwan, which may be the biggest one.

P3-IS-33 Evaluation of cold–knife conization for cervical lesions on prognosis and complications

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[Objective]: To evaluate a classical cold–knife conization for the cervical lesions on prognosis and complications. [Methods]: We retrospectively reviewed 130 Japanese women who underwent cold–knife conization of the cervix over a 5-year period. A cold–knife conization was performed classically in which hemostasis was achieved by an interrupted suture placed circumferentially around the cone bed with informed consent. Outcome measures evaluated include estimated blood loss, operative time, incidence of complications, and additional treatment. [Results]: The estimated blood loss of a cold–knife conization was 81ml ± 87ml (mean ± SD) and operative time was 36 ± 15 minutes. Secondary hemorrhage and cervical stenosis was observed in 12 (9.2%) and 7 (5.4%) cases, respectively. Human papillomavirus test was positive in 78% of 130 women. Recurrences developed in 3 patients (2.3%) and the additional treatment including hysterectomy was required in 21 patients (16.2%) for the diagnosis of invasive lesion. [Conclusion]: This cold–knife conization technique is effective for diagnosis and treatment of cervical lesion with low morbidity and little adverse effect.