ISP-1-7  The new technique for grasping huge tumor during gynecological operation

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[Objective] To perform grasping to hold huge tumor more safely and non-invasively during gynecological giant tumor-surgery. [Methods] We used vacuums extractor, commonly used for vacuums extraction during vaginal deliveries, to extract huge tumor from abdominal cavity and grasp to hold during 17 operations. The average extractor-pressure was 50 cmHg. Our ethical committee approved this study. [Results] The average weight of tumors were 1453 +/- 286g (uterine myoma in 10 cases, serous and mutinous adenoma in 5 cases and adenocarcinoma in 2 cases). All operation-incised wounds were resulted within under-umbilical region. No bleedings nor crush injuries were shown in contact areas of any tumors during operations. Detachment of instrument were seen in two cases of myomas, which brought no difficulties in surgeries after re-attachment to tumors. In one case of huge ovarian cystoma, rupture of tumor-membrane occurred in other point than attachment surface, due to the adhesion to uterus, resulting no difficulty for the surgery. [Conclusion] To hold huge tumors during gynecological operations, using labor-vacuums extractor is an excellent way to achieve more non-invasive operations in case of giant tumors.

ISP-2-1  Progression of cervical dysplasia and cytologic findings associated with HPV types

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[Objective] The aim of this study is to clarify the specific cytological change of HPV infection and the progression of cervical dysplasia among various HPV types. [Methods] Four hundred seventy-seven women who visit to our patient clinic for abnormal cytology had Pap test, pathological findings under colposcopy, and HPV DNA test. All women accepted cytology, cervical biopsy, and HPV DNA test. Among three hundred sixty-eight cases who were HPV positive and one hundred nine cases who were HPV negative, we compared cytologic findings to HPV types. One hundred eighty-four women were selected in which follow-up survey for more than five years. [Results] Frequencies of cytological findings of HPV infection were significantly higher in HPV-positive cases than HPV-negative cases. Regarding the association of HPV types with cytological findings, koliocyte were detected more often in patients with types other than HPV16. Especially HPV16 had high risk associated the progression of dysplasia. [Conclusion] By characteristic cytological findings of HPV infection, we could suspect HPV infection in women with abnormal cytology. Interestingly koliocytes provided a negative finding for HPV16 infection. HPV16 were associated with the progression of dysplasia.

ISP-2-2  Relationship between Cervical Screening in Mothers and HPV Vaccine Acceptance for Daughters

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[Objective] To examine the relationship between cervical screening in mothers and HPV vaccine acceptance for daughters and to investigate whether providing information on HPV and cervical cancer (CC) could increase vaccine uptake. [Methods] A randomized intervention study within a cross-sectional survey took place from October–December 2010. Subjects were 3471 mothers of girls aged 11–14yrs living in S. city (n = 1586, screening rate 55%) and K. city (n = 1885, screening rate 7%), who were randomized to receive either an anonymous self-administered questionnaire on HPV/CC knowledge and HPV vaccine acceptance (n = 1721) or the questionnaire plus detailed information on CC and HPV. The study was approved by the author's IRB. [Results] In total 996 (37.6%) mothers in S. city and 487 (25.8%) in K. city returned the questionnaire. Education about HPV increased knowledge about CC (p < 0.0001). Women who were screened were more likely to accept HPV vaccination (OR = 1.85; 95% CI = 1.08–3.18), but living in an area with low screening rates was a barrier to acceptance (OR = 0.51; 95% CI = 0.31–0.83). Providing education about HPV did not increase vaccine acceptance. [Conclusion] Education about HPV increases CC knowledge but not vaccine acceptance. When both cervical screening and HPV vaccine are opportunistic, women who are not screened are less likely to accept HPV vaccination for their daughter.