



Cytologic Screening Post Hysterectomy: Is it necessary ; if so – what are the current recommendations for testing and followup of such patients

Primary vaginal cancer represents a very small fraction of gynecologic malignancies. The vaginal mucosa lacks a transformation zone. Women who have had a hysterectomy and have no history of CIN are at very low risk of developing vaginal cancer. Cytologic screening in this group has a low rate of diagnosing an abnormality and a very low positive predictive value. In a study of 9,610 Pap tests performed among women who had a hysterectomy for benign indications an average of 19 years previously, only 1.1% had cytologic abnormalities. Biopsies of these women showed no vaginal intra-epithelial neoplasia grade 3 or cancer. Continued routine vaginal cytology examinations in such women are not cost-

effective and may cause anxiety and overtreatment. Thus, women who have had a total hysterectomy and have no prior history of high-grade CIN may discontinue screening.

Women who had high-grade cervical intraepithelial lesions before hysterectomy can develop recurrent intraepithelial neoplasia or carcinoma at the vaginal cuff several years postoperatively. Women who have had a hysterectomy and have a history of CIN 2 or CIN 3—or in whom a negative history cannot be documented—should continue to be screened annually until three consecutive satisfactory negative

cervical cytology results are obtained. Routine screening may then be discontinued. A woman who has had three consecutive satisfactory negative examinations following treatment for CIN 2 or CIN 3 before she had a hysterectomy also may discontinue screening.

Before considering whether a woman who has had a hysterectomy should continue regular cytology screening, the



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Clinical Scenario: 45 years old female, underwent hysterectomy 5 years ago secondary to continued dysfunctional uterine bleeding, unresponsive to conservative and medical therapy; as well as severe dysmenorrhea. Her pap smears were normal before hysterectomy. She presents to her FP, Pap smear is normal, and her high-risk HPV test is Positive. What next!! —>NEXT PAGE!!!!!!

provider should be sure the woman's cervical cytology history is accurate. The history should confirm that she had benign findings at the time of hysterectomy and that her cervix was removed as part of the hysterectomy. However, when a woman's past cervical cytology and surgical history are not available to the physician, screening recommendations may need to be modified.

Women who have undergone hysterectomy with

removal of the cervix and have a history of CIN 2 or CIN 3 should continue to be screened annually until three consecutive negative vaginal cytology test results are achieved.

- Women who have undergone hysterectomy with removal of the cervix for benign indications and who have no prior history of CIN 2 or CIN 3 or worse may discontinue routine cytology testing.

Regardless of the frequency of cervical / vaginal cytology screening, women should be counseled that annual examinations, including pelvic examination, are still recommended.

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Cytology evaluation—in a woman with Cervix: Positive HPV DNA Test Result in the Face of Negative Cytology

One difficult clinical issue has been the significance of a positive HPV DNA test result in the face of negative cytology result and a negative colposcopy result. Three studies provided longitudinal data that shed light on this question. Kjaer et al performed PCR testing for HPV DNA in more than 10,000 women. Women who had positive test results for HPV DNA and were cytologically normal at baseline were monitored for 2 years. Compared with the group of women who had negative test results for HPV DNA at both time points, the odds ratios for CIN 2 or CIN 3 for patients who demonstrated persistence of any high-risk HPV type was extremely high (692 and 813, respectively) for those who demonstrated persistence of the same high-risk HPV type.

Women older than 30 years with a negative cytology result who have high-risk HPV DNA positive test results should have both tests repeated in 6–12 months. Those with persistent high-risk HPV (on repeat testing) should undergo colposcopy regardless of the cytology result.

It is important to note that the FDA approval for use of this approach is only for the panel of high-risk HPV types. In addition, the combination of cytology and HPV DNA screening should be restricted to women aged 30 years and older because transient HPV infections are common in women younger than 30 years, and a positive test result may lead to unnecessary additional evaluation and treatment.



If you would like a question answered or Clinical Questions discussed, please

submit the topic to:

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