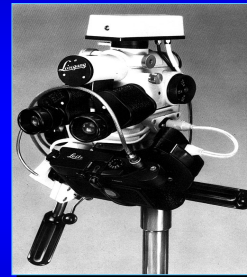
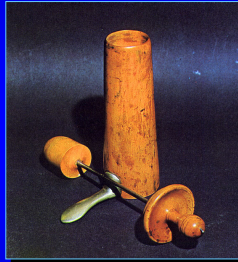


# Colposcopy in early detection of cervical neoplasms

## Colposcopy in early detection of cervical neoplasms

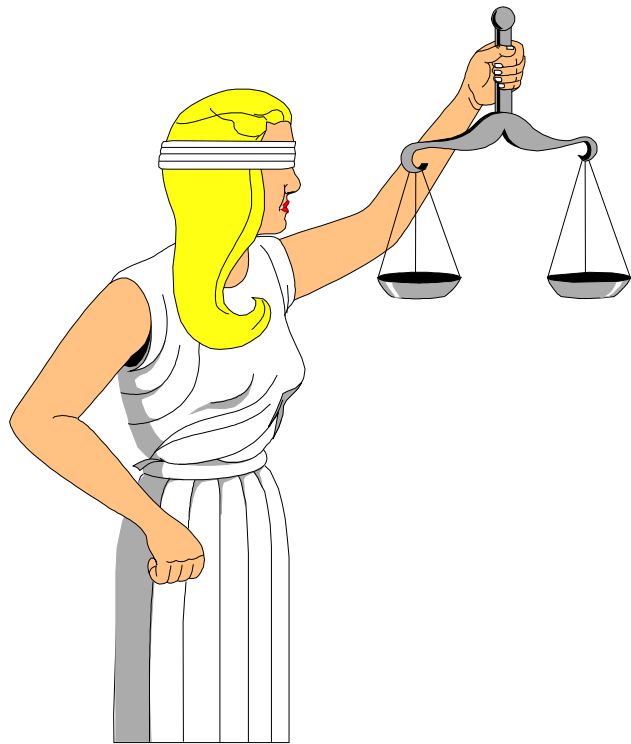


Prof. dr. Goran Grubišić  
Univ. hospital «Sisters of Mercy»,  
Zagreb, Vinogradska 29, Croatia

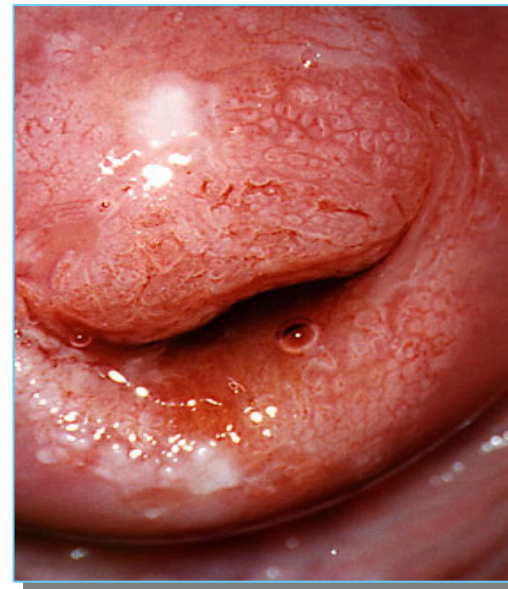
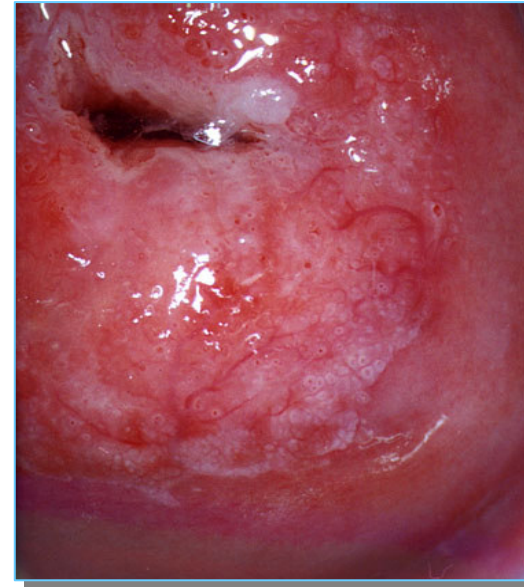
## Barcelona, June 2002

- 11<sup>th</sup> world congress of cervical pathology and colposcopy
- Official part of the program: Report of member countries of IFCPC with structured programs
- It was pointed out that Croatia was among six countries with structured programs

According to diagnostic therapeutic guidelines we assure medico-legal approach (usefulness for the patient and security for gynecologists)

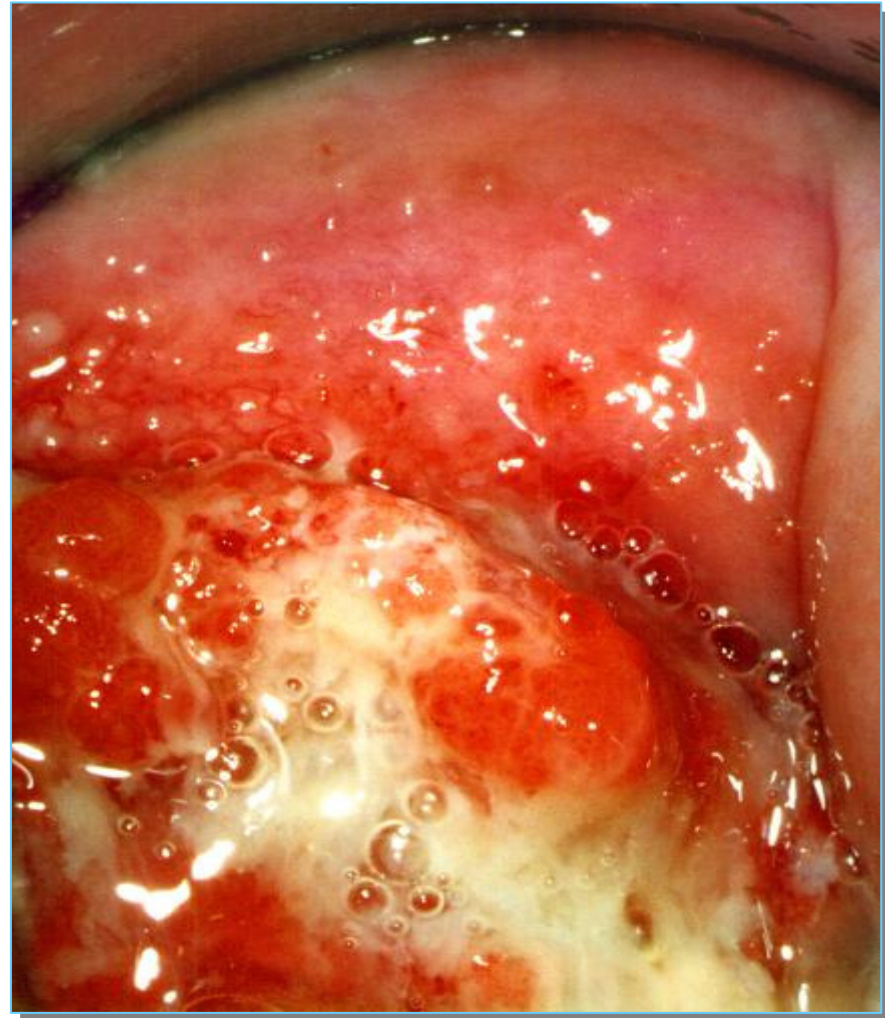


- We point out acceptance of international colposcopic terminology
- According to that approach we could localize the changes with underlying CIN III or even MIC



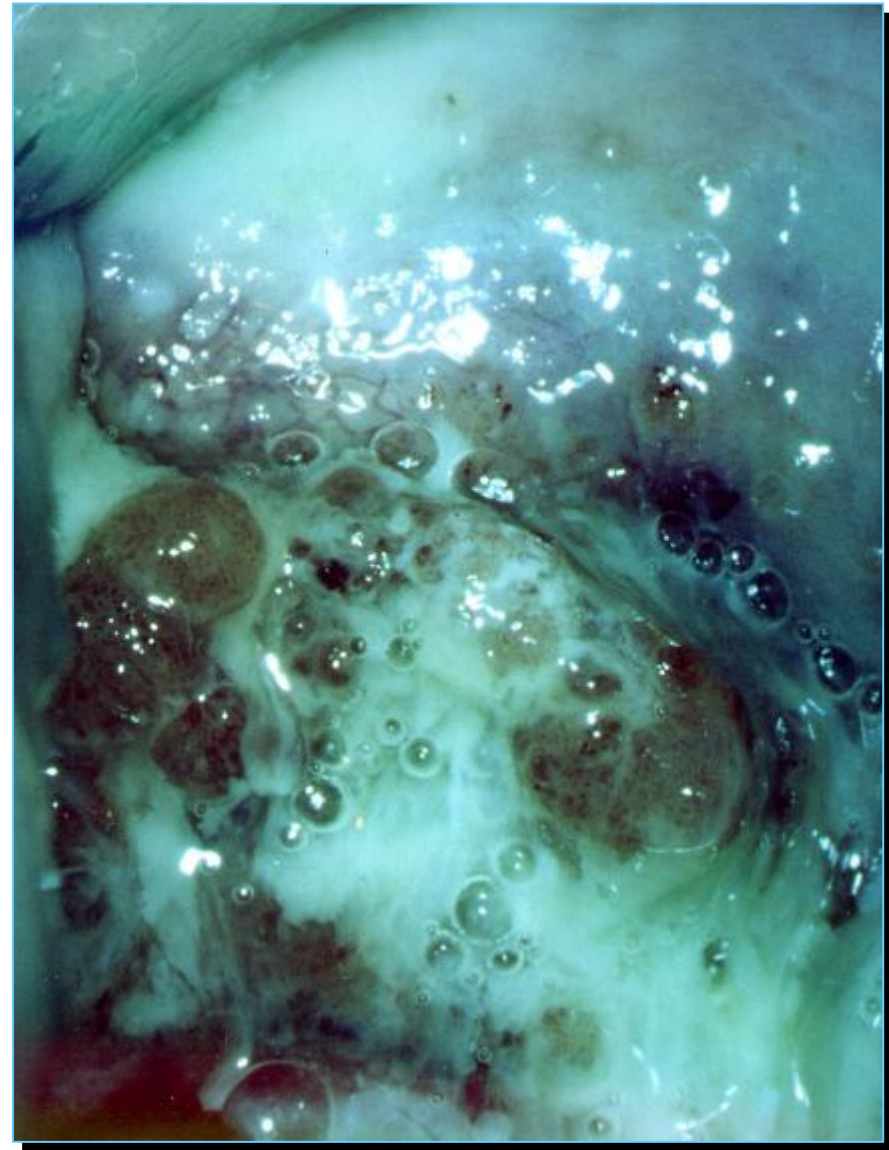
- From these areas it is possible to obtain pathohistologic verification (PHV) (cervical channel excochleation = endocervical curettage), and target biopsy
- According to PHV results we perform further procedures

- Possibilities of colposcopy in invasive cervical carcinoma (IB-IIA) ? !
- In patients convenient for radical hysterectomy it is very important to estimate through colposcopy the abnormal vascular patterns in the vaginal turret





- Kraatz green filter enables a better visualisation of atypical vascular pattern surrounding the tumour process
- Prior to operation it helps us pinpoint the extensity of the vaginal cuff which will be included in radical operation in order to prevent the recurrence in vaginal scar



# In this patient MRI demonstrated the extensity of the invasive uterine cancer (III A)

- Observe the posterior vaginal vault with neoplastic thin hypodensic zones - *scribble lines and arrow*

