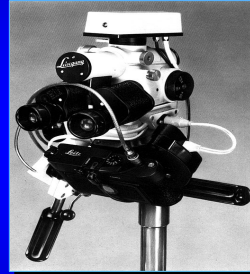
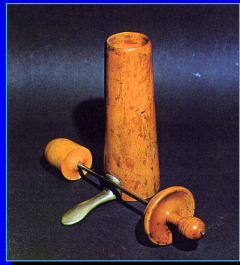


## Colposcopy in early detection of cervical neoplasms

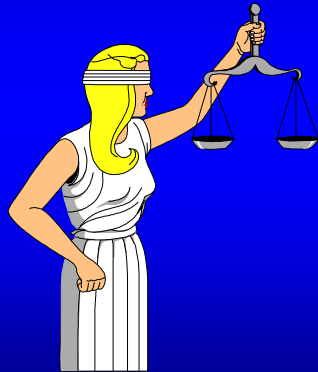


Prof. dr. Goran Grubišić  
Univ. hospital «Sisters of Mercy»,  
Zagreb, Vinogradska 29, Croatia

## Barcelona, June 2002

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

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

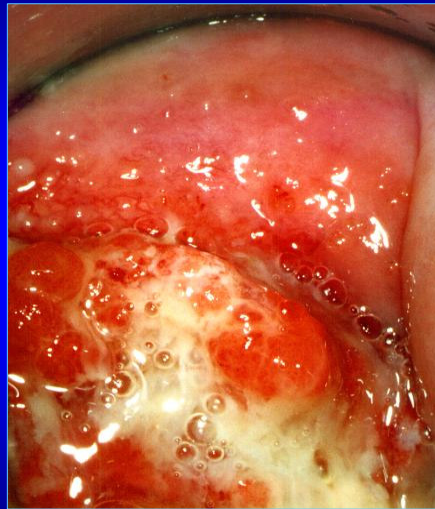


- We point out acceptance of international colposcopic terminology
- According to that approach we could localise the changes with underlying CIN III or even MIC

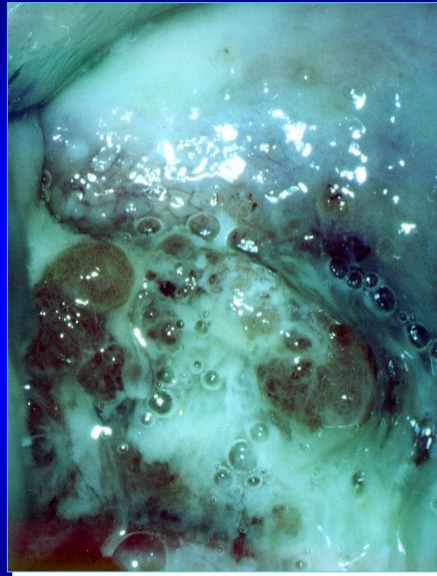


- From these areas it is possible pathohistologic verification (PHV) (cervical channel excochleation = endocervical curettage, and target biopsy)
- Due to PHV results we undertake further manipulations

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



- Kraatz's green filter enables better visualisation of atypical vascular pattern surrounding tumour process
- Prior to operation it can enable us to sign the extensity of the vaginal cuff which we must include in radical operation in order to prevent the recurrence in vaginal scar



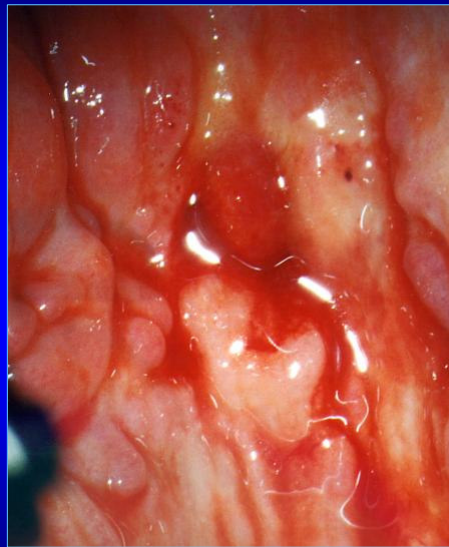
## MRI demonstrates extensity of the invasive uterine cancer (III B),



- Recurrence of the disease in the vaginal scar is complex problem
- From, at first view normal scar, we saw desquamation of suspected detritus



- Colposcopy of the scar enables us to see the point of discharge
- After that we can take cytobrush specimen, or gently by cochlea «penetrate» carcinomatous mass to get better sample for histologic examination



MRI in this patient enables to see the extensity and location of the recurrent disease as well as planning appropriate action-therapy



## Conclusion

- We point out the use of modern techniques, acceptance of modern colposcopic classification which enables us to suspect the pre-invasive lesions
- It enables us targeted biopsy
- In IB- IIA cervical cancer stage, colposcopy may be worthwhile to locate the extent of the vaginal cuff which must be included in radical hysterectomy
- All above point out colposcopy as cooperater of gynecology