Normal and abnormal colposcopic findings

Colposcopy

Acetic acid test (3-5% acetic acid) Schiller test (Lugol's solution)

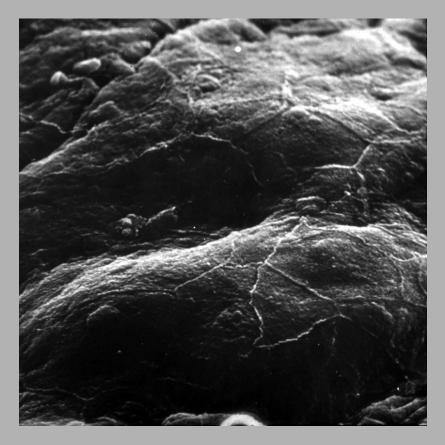






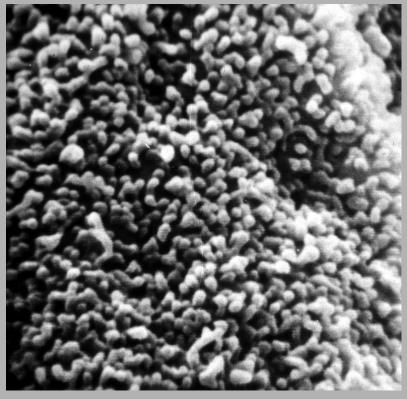


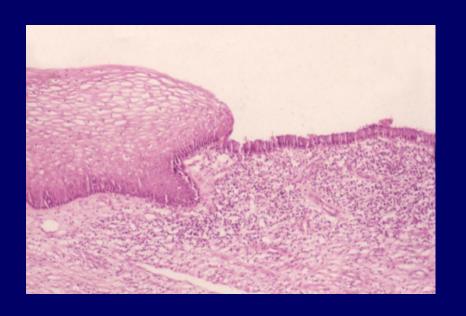
- Squamous epithelium
- Columnar epithelium
- Squamo-columnar junction
- Metaplasia
- Transformation Zone



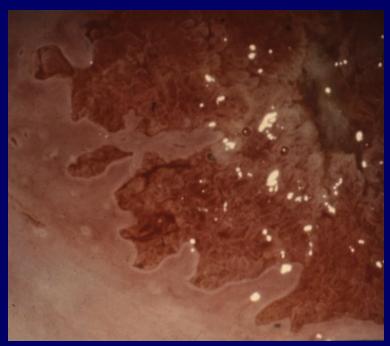
Squamous epithelium

Collumnar epithelium





Squamo-collumnar junction- SCJ

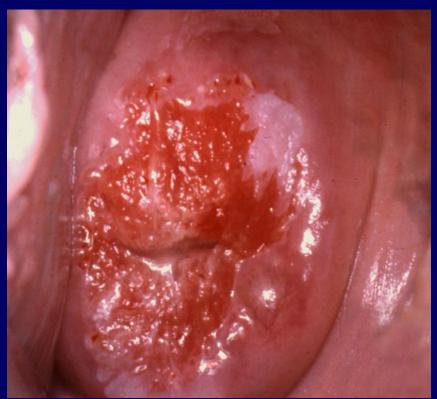














Metaplasia a physiological and benign process whereby the columnar epithelium is gradually replaced by squamous epithelium

Transformation zone the area where metaplasia takes place



The result of normal metaplasia is a normal Transformation zone

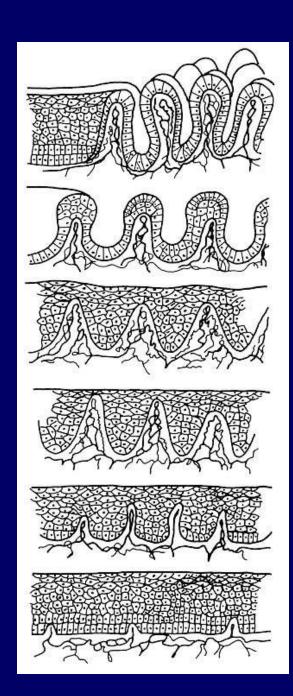


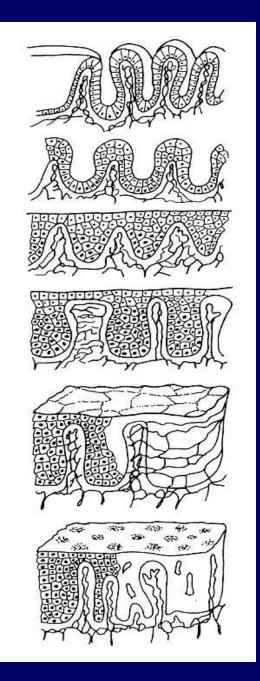
Immature metaplastic cells are susceptible to the development of atypical cellular changes

The process of transformation from normal cells to atypical cells occurs under the influence of Human papillomavirus (HPV) and cofactors

If atypical metaplasia takes place an abnormal Transformation zone develops







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In colposcopy, it is essential to asses whether Transformation zone is normal or abnormal





International Federation for Cervical Pathology and Colposcopy (IFCPC)

Colposcopic Classification

- I Normal colposcopic findings
- II Abnormal colposcopic findings
- III Colposcopic findings suggestive of invasive cancer
- IN Unsatisfactory colposcopy
- V Miscellaneous findings

Components of a normal Transformation zone

- Islands of columnar epithelium
- Cleft openings
- Nabothian cysts



The abnormal Transformation zone is manifested as a wide spectrum of epithelial and vascular findings

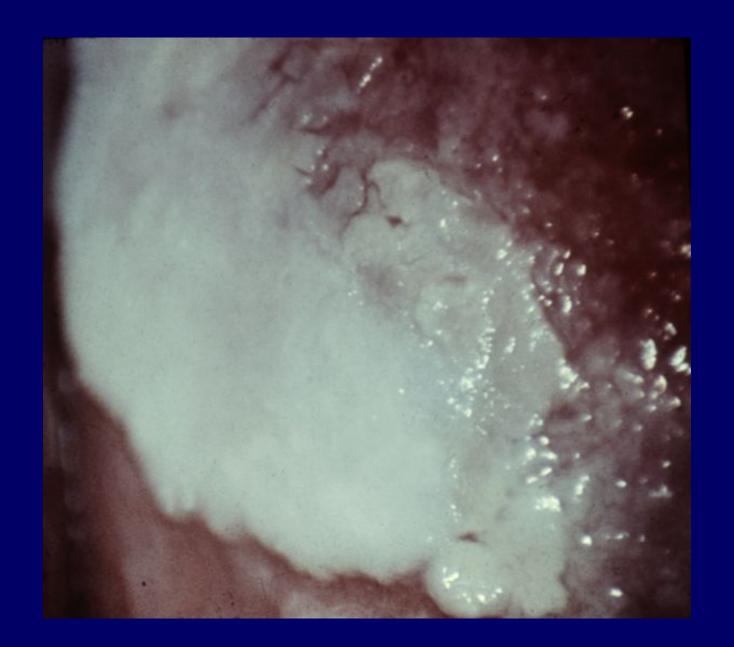
Abnormal transformation zone is presented by abnormal (atypical) colposcopic findings

Abnormal colposcopic findings

- Leukoplakia
- Acetowhite epithelium
- Punctation
- Mosaic
- Iodine negativity
- Atypical vessels

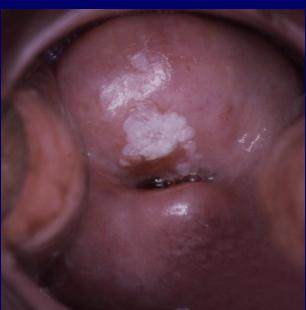
Leukoplakia

or white plaque is visible grossly as a white often raised area that is not necessarily confined to TZ

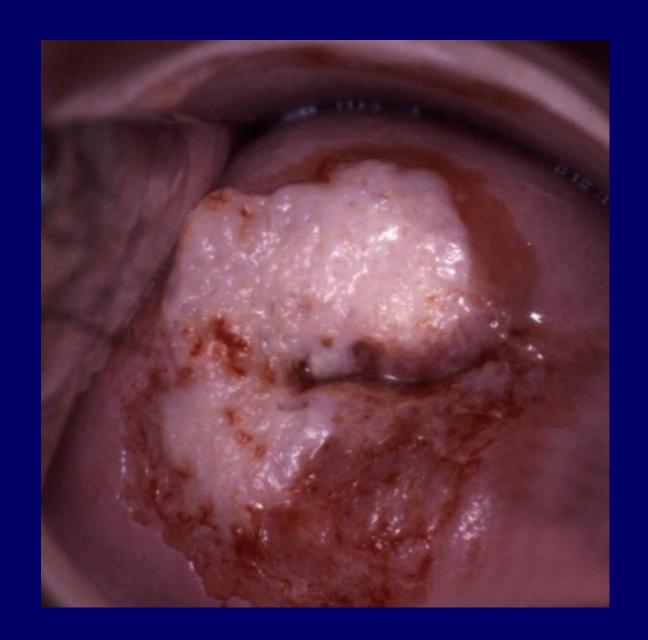












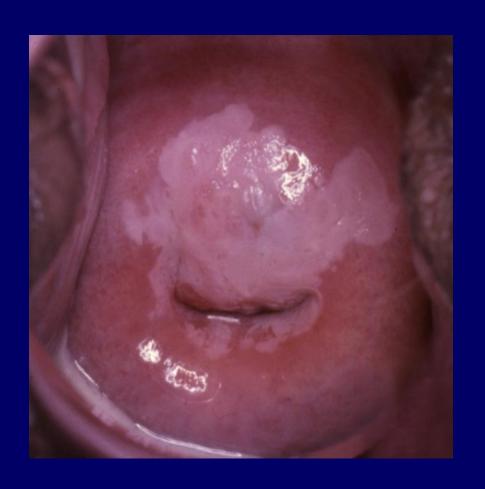
Leukoplakia

- HPV infection
- Keratinizing CIN
- Keratinizing cancer
- Chronic trauma
- Radiotherapy
- Immature metaplasia

Acetowhite epitehlium

Appears grossly normal but turns white after application of 3% to 5% acetic acid







Acetowhite epithelium

- HPV infection
- Immature squamous metaplasia
- Regenerative or reparative changes
- Congenital Transformation zone
- Inflammation
- CIN
- Adenocarcinoma
- Invasive squamous carcinoma

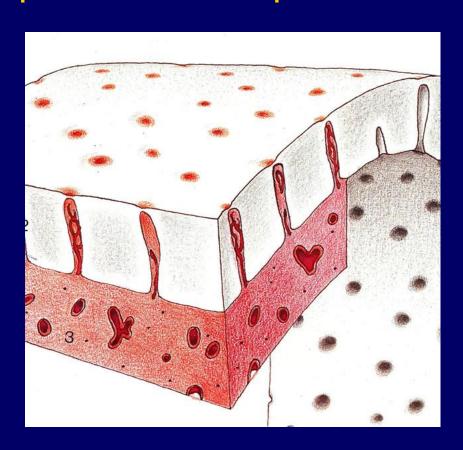
Any cells with an enlarged nucleus such as metaplatic cells or cells traumatized by infection or friction, may exibit varying degrees of acetowhiteness

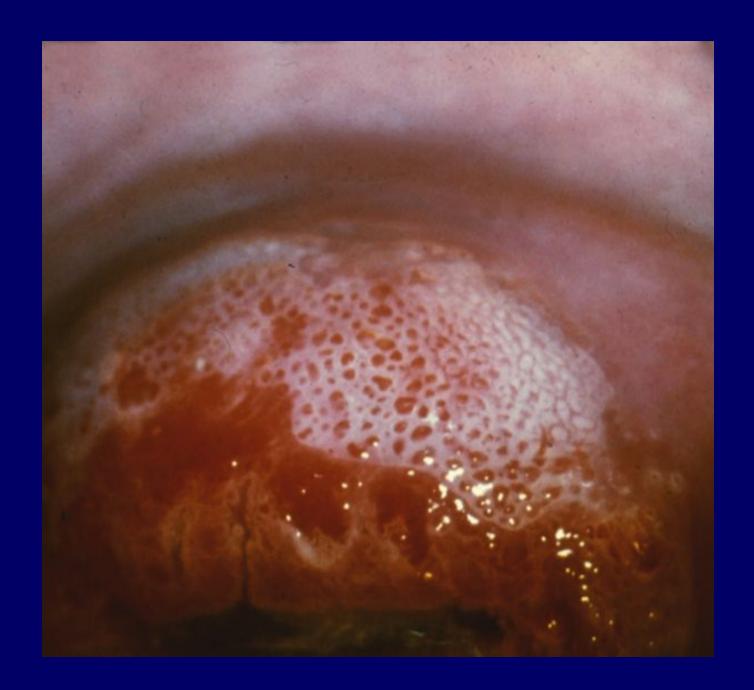
Punctation a focal colposcopic pattern in which cappilaries appear in stippled pattern.

Mozaik

a focal colposcopic appearance in which the new vessel formation appears as a rectangular pattern like mosaic

Punctation colposcopic finding reflecting the capillaries in the stromal papillae that are seen end-on and penetrate the epithelium

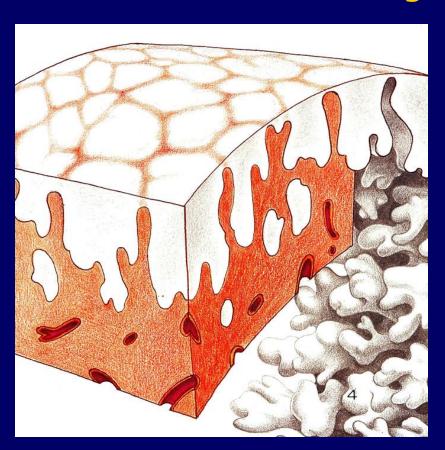








Mosaic colposcopic finding reflecting the islands of squamous epithelium, encircled by blood vessels in a basket-like arrangement







Punctation and Mosaic

- Inflammation
- Rapidly growing metaplastic epithelium
- CIN
- Invasive squamous cancer
- Recurrence of cervical cancer

If the punctation or mosaic is not located in a field of acetowhite epithelium, it is unlikely to be associated with CIN

Iodine negativity

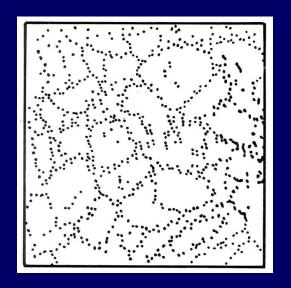
- Immature metaplasia
- Cervical intraepithelial neoplasia
 - Low estrogen status (atrophy)

Atypical vessels

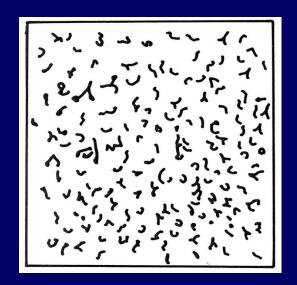
- Irregular vessels with an abrupt and interrupted course
- Appearing as commas, corkscrw capillaries or spaghetti-like forms

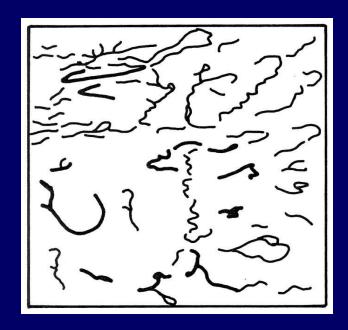
Atypical vessels <u>are the hallmark of invasion</u>, but can be associated with other conditions such as

- Inflammation
- Postirradiation effect
- Rapidly growing metaplastic epitheluim
 - Normal epithelium
 - Systemic diseases



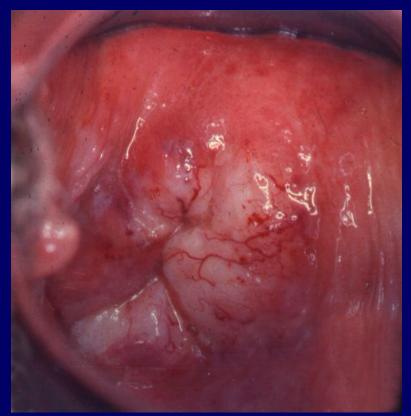


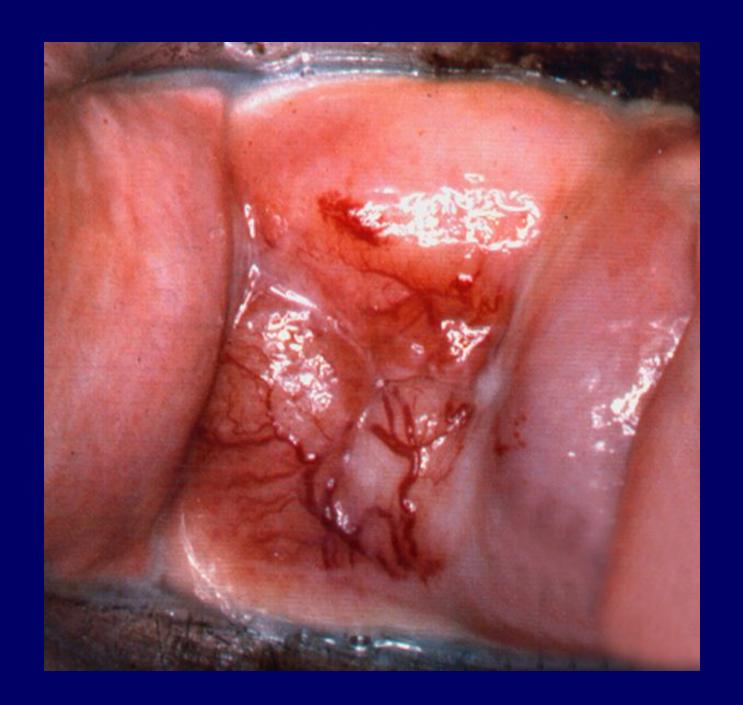












Development of abnormal colposcopic features may be the result of:

- Immature physiologic metaplasia
 - Papilloma virus infection
 - Developing CIN

Colposcopic index (score)

a grading system used to evaluate the severity of the colposocpic findings

A number of scoring systems have been introduced:

- Coppleson & Pixley
- Burghardt
- Rubin & Barbo
- Reid

Grading of colposcopical findings

- Vascular pattern
- Intercapillary distance
- Color tone and opacity
- Surface pattern
- Borders with normal tissue

Colour

- Severe abnormalities become whiter than minor lesions
- They tend to become white more quickly
- Retain their whiteness longer than the mild lesions





Borders

A clear zone of demarcation exists between the native squamous epithelium and high grade CIN lesion.

Mild changes usually have a less distinct outline





Surface pattern

More uneven and elevated contours are, the higher grade the lesion is.



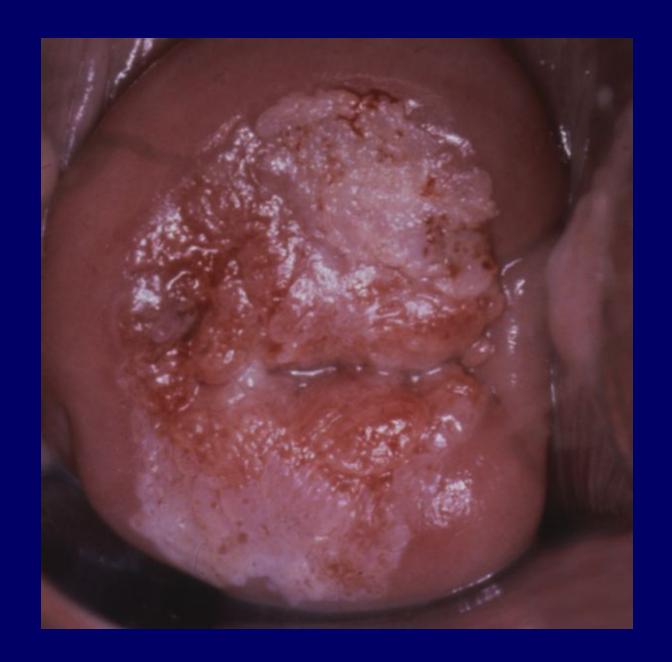


Intercapillary distance

- Increases as the lesion becomes more severe.
- The larger vessels and further apart they lie,
 the more severe is the lesion







Ideally, colposcopic scoring should allow categorizing the colposcopic pattern as:

- Normal
- Insignificant
- Clinically significant



Colposcopic features suggestive of metaplastic changes

- A smooth surface with fine, uniform-caliber vessels
- Mild acetowhite change
- Negative or partial positivity with Lugol's iodine













As the metaplastic cells transform into mature squamous cells, the coloration is indistinguisable from the mature ectocervix

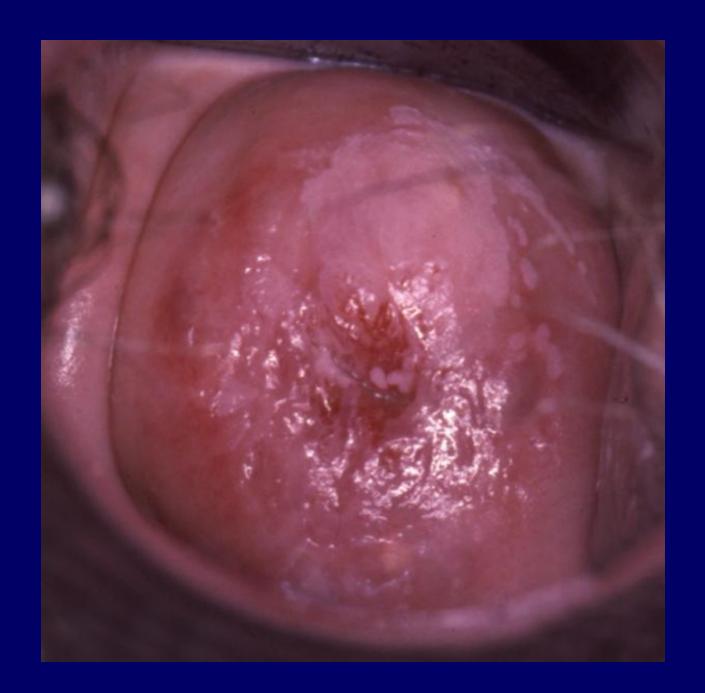


Colposcopic features suggestive of low grade disease

(minor changes)

- A smooth surface with an irregular outer border
- Slight acetowhite change
 - slow to appear and quick to dissapear
- Mild, often speckled iodine partial posivitity
- Fine punctation and fine regular mosaic





The subtle differences between the features of squamous metaplasia and those of low-grade intraepithelial lesions make both the colposcopic and histologic diagnosis of these conditions difficult





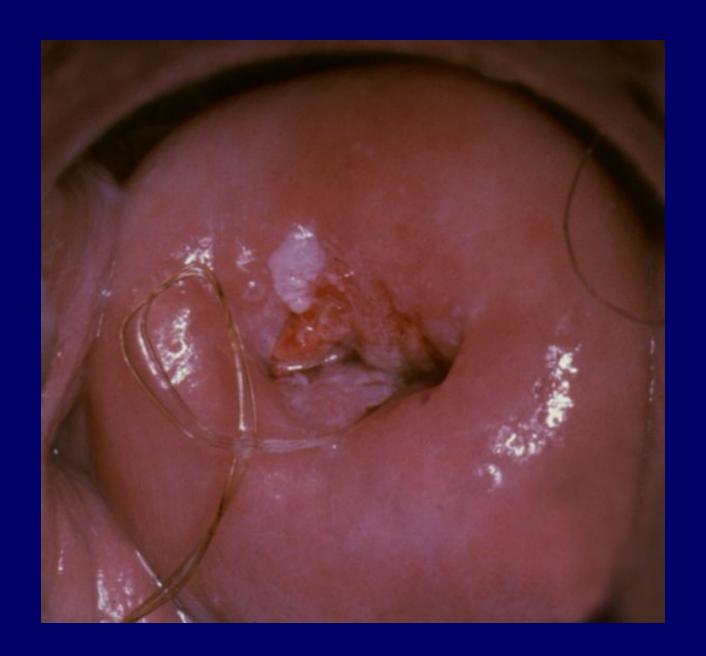
It is easier to determine that a cervix is either normal or very abnormal, than it is to distinguish between minor degrees of change

Misinterpretation of trivial changes as atypical findings can lead to mismanagement and overtreatment of the patient

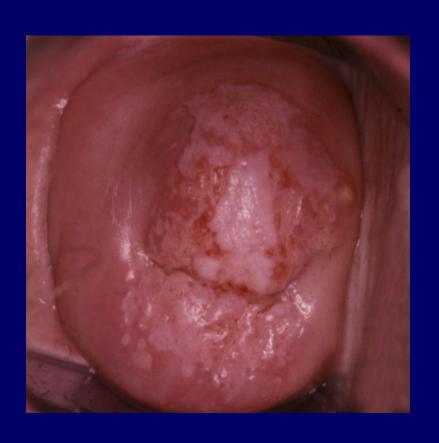
Colposcopic features suggestive of high- grade disease

(major changes)

- A generally smooth surface with sharp outer border
- Dense acetowhite change, may be oyster white appears early slow to resolve
- Iodine negativity
- Coarse punctation and wide irregular mosaic of different size



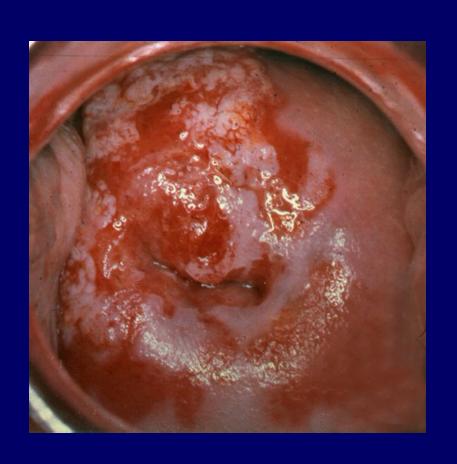


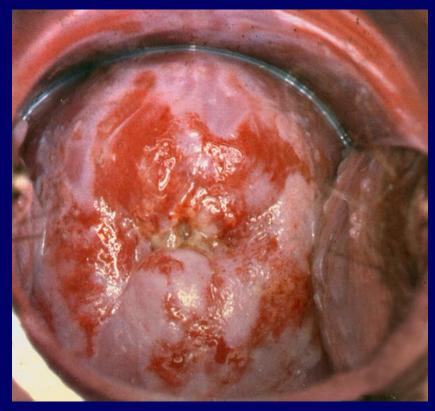




Signs of microinvasion

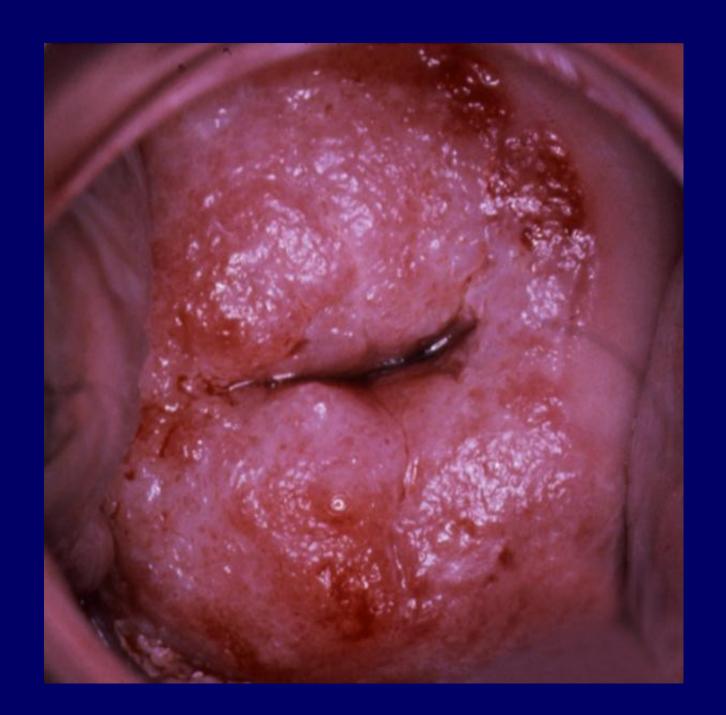
- Yellow discoloration
- Ulceration
- Thickened areas
- Nodularity
- Abnormal vascularity
- Rapid increase in size



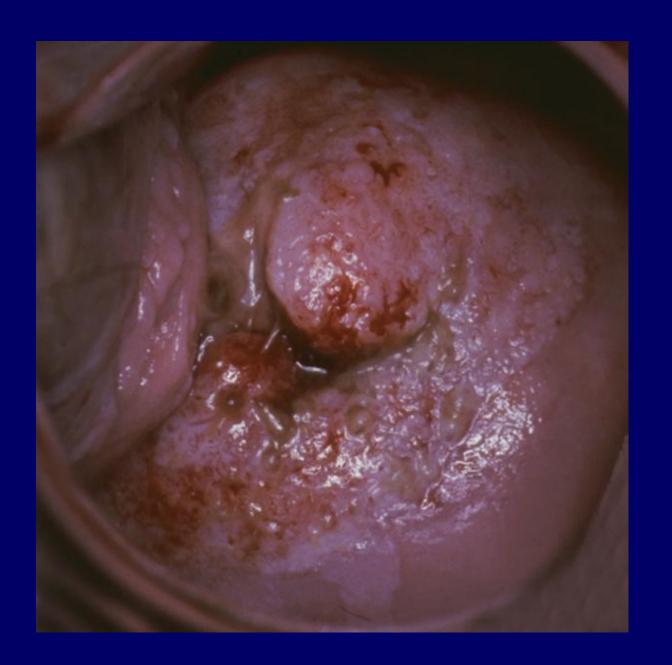


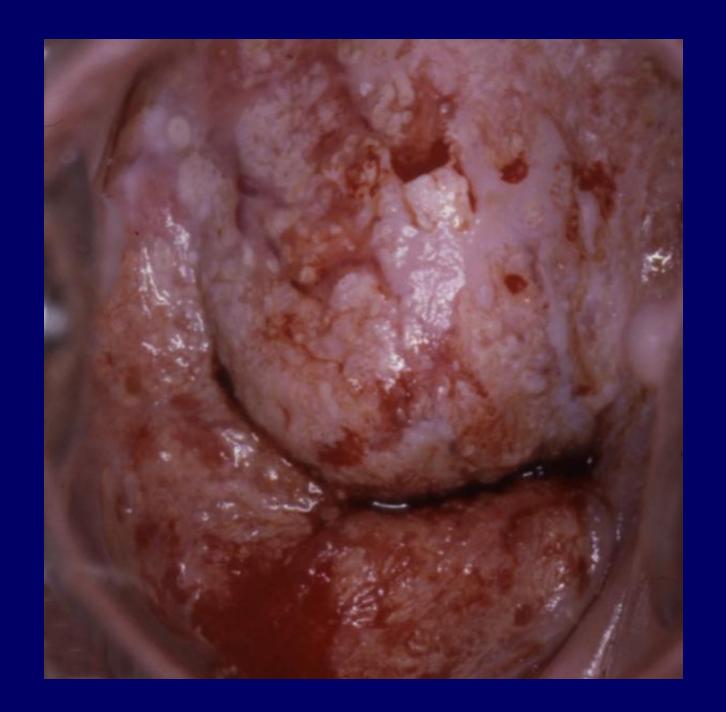


There is a direct relationship between the size of a lesion and the likelihood of invasion

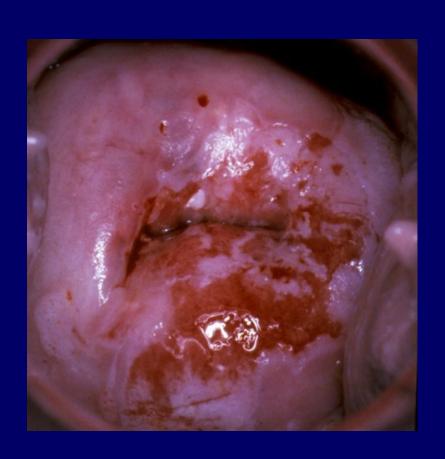


Early stromal invasion is more common when there are different types of epithelia (complex colposcopic changes)





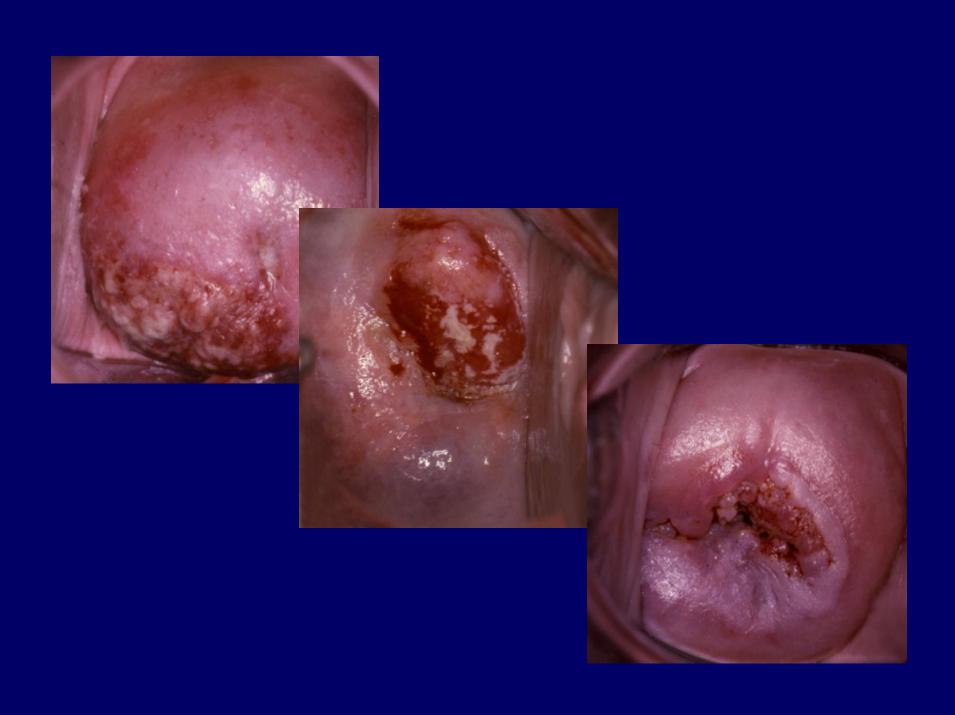
Microinvasion should be suspected when relatively flat lesions display focal collections of atypical vessels





Colposcopic features suggestive of invasive cancer

- Irregular surface, erosion or ulceration
- Dense acetowhite change
- Wide irregular punctation and mosaic
- Atypical vessels

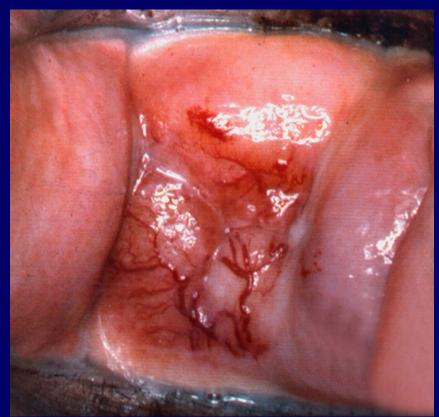






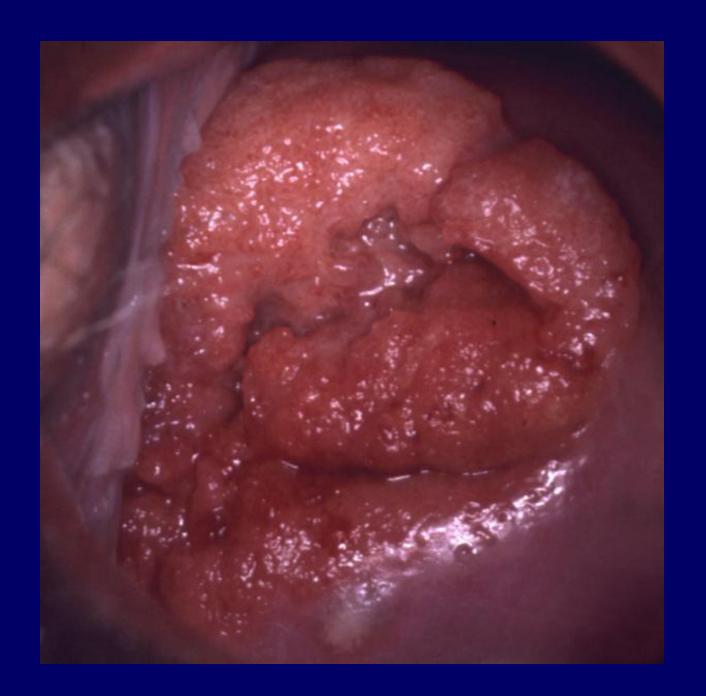














In most cases biopsy is mandatory to establish the correct diagnosis

The primary goal of the colposcopist is to ensure that invasive disease is not missed