

Diagnosis of Cervical Cancer Caused by HPV

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ABSTRACT

Cervical cancer is a tumor lesion of the lower part of the uterus, characterized by a malignant transformation of the integumentary epithelium (ecto- or endocervix). Specific manifestations of cervical cancer are preceded by an asymptomatic course; in the future, contact and intermenstrual spotting, abdominal and sacral pain, swelling of the lower extremities, urination and defecation disorders appear. Diagnosis of cervical cancer includes examination in mirrors, extended colposcopy, cytological scraping, biopsy with histological conclusion, endocervical curettage. Treatment of cervical cancer is carried out taking into account the histological form and prevalence with the help of surgery, radiation therapy, chemotherapy or a combination thereof.

Introduction Cervical cancer (cervical cancer) accounts for about 15% of all malignant lesions of the female reproductive system, ranking third after breast cancer and endometrial cancer. Despite the fact that cervical cancer refers to diseases of "visual localization", in 40% of women this pathology is diagnosed at a late (III - IV) stage. In Russia, about 12,000 cases of cervical cancer are detected annually. The main category is patients aged 40-50 years, although in recent years there has been an increase in the incidence of cervical cancer among women under 40 years of age.

A key role in carcinogenesis is assigned to papillomavirus infection, which has a tropicity to the epithelium of the cervix. HPV serotypes of high oncogenic risk (16, 18) are detected in 95% of cases of cervical cancer: with squamous cell cervical cancer, HPV type 16 is more often detected; with adenocarcinoma and a low-grade form, HPV type 18. HPV serotypes of "low" oncogenic risk (6, 11, 44) and medium risk (31, 33, 35) mainly cause the formation of flat and pointed condylomas, dysplasia and rarely cervical cancer.

Other STIs that increase the risk of cervical cancer include genital herpes, cytomegalovirus infection, chlamydia, HIV. From all of the above, it follows that the probability of developing cervical cancer is greater in women who often change sexual partners and neglect barrier methods of contraception. In addition, at the early beginning of sexual life (at the age of 14-18 years), the immature epithelium of the cervix has a special susceptibility to the effects of damaging agents. Risk factors for the development of cervical cancer include the weakening of the immune system, smoking, age over 40, diets with a low content of fruits and vegetables, obesity, lack of vitamins A and C. It has also been proven that the likelihood of developing cervical cancer increases with prolonged (over 5 years) oral contraceptives, multiple births, frequent abortions. One of the factors of late detection of cervical cancer is a low medical culture, irregular women undergoing preventive examinations with examination of a smear from the cervical canal for oncocytology.

Background diseases predisposing to the development of cervical cancer in gynecology include leukoplakia (intraepithelial neoplasia, CIN), erythroplakia, warts, polyps, true erosion and pseudo-erosion of the cervix, cervicitis.

Results and Discussion Treatment of cervical cancer, initiated at stage I, provides 5-year survival in 80-90% of patients; at stage II, survival after five years is 60-75%; at stage III - 30-40%; at stage IV – less than 10%. When performing organ-sparing operations for cervical cancer, the chances of childbirth remain. In the case of radical interventions, neoadjuvant or adjuvant therapy, fertility is completely lost.

When detecting cervical cancer during pregnancy, the tactics depend on the timing of gestation and the prevalence of the tumor process. If the gestation period corresponds to the II-III trimester, pregnancy can be preserved. Pregnancy management for cervical cancer is carried out under increased medical supervision. The method of delivery in this case is usually caesarean section with simultaneous removal of the uterus. If the gestation period is less than 3 months, an artificial termination of pregnancy is performed with the immediate start of treatment for cervical cancer.

Conclusions The main preventive measure of cancer is mass oncological screening with the help of cytological examination of scrapings from the cervix and from the cervical canal. It is recommended to start the examination after the beginning of sexual activity, but no later than the age of 21. During the first two years, the smear is given annually; then, with negative results, 1 time every 2-3 years.

Prevention of cervical cancer requires early detection and treatment of background diseases and sexual infections, limiting the number of sexual partners, the use of barrier contraception in casual sexual intercourse. At-risk patients need to undergo a gynecologist's examination at least once every six months with an extended colposcopy and a cytological smear. Preventive vaccination against HPV and cervical cancer with Cervarix or Gardasil is indicated for girls and young women aged 9 to 26 years.

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