

A Retrospective Observational Study of Management and Outcome Analysis of Abnormal Cervical Smear among Women Referred to Colposcopy in Hospital Tuanku Ja'afar, Seremban

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ABSTRACT

Introduction: Cervical cancer is a preventable disease with proper screening. Cytological examination is the tool of detection of premalignant and malignant changes. **Objectives:** This study analyse the management and outcome of abnormal cervical smears among women had undergone colposcopy examination. **Methods:** This is a descriptive study of 526 women with abnormal smear who were referred for colposcopy clinic, Hospital Tuanku Ja'afar, Seremban; from January 2010 – December 2016. Data was analysed by parametric and nonparametric statistics, using IBM SPSS statistics 24 software. **Results:** Mean age of women in this study was 42.9±12.1. More than half (61.9%), of the women fall in between 31-50 years old and majority belongs to Malay (51%) ethnicity. Atypical glandular cell (28%), Atypical squamous cell (ASC-US +ASC-H) (27.6%) and HSIL (24.7%) are the top three abnormal smears. CIN I, CIN II and CIN III in histo-pathological reading were 22.4%, 21.9% and 14.1% respectively. There are association of LSIL to CIN I in 39.5% of cases. HSIL were associated to CIN III in 34.4%, and 0.8% SCC were detected in HSIL group, (p<0.001). 12.4% of ASC-H turned out to be CIN III. There were significant numbers of women defaulted (32.1%) follow up in this study, (p<0.005). **Conclusions:** We need to raise public awareness on cervical screening and its importance.

Scarless AWE

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ABSTRACT

Introduction: Endometriosis is defined as functional endometrial tissue outside of the uterus. Endometrial implant has been reported seen at unusual sites outside the pelvis such as bowel, appendix, omentum, umbilicus and abdominal wall. Abdominal wall endometriosis (AWE) is a rare condition which showed incidence rate of 0.01 to 1% and it is usually associated with surgical procedure such as caesarean section, laparotomy and laparoscopy. **Case Report:** This is a case report of a 44-year-old woman, para 4, without prior medical or surgical illness presenting with a right inguinal swelling for three years. She was initially presented to Klinik Rawatan Keluarga HUSM due to gradually increasing swelling over right inguinal region and was diagnosed to have right inguinal abscess and was treated with antibiotics. The swelling surprisingly became increased in size and tender during menses. She was then referred to the Surgical Out Patient Department (SOPD) for opinion and further management. Ultrasound done showed a well define solid and cystic mass measuring 3x2 cm at the right inguinal region. A fine needle aspiration cytology (FNAC) done but only yield altered blood. A CT scan was done and showed features in keeping with bilateral round ligament endometriosis. She was then referred to Obstetrics and Gynaecology team for further management. A diagnostic laparoscopy and biopsy done revealed multiple vesicular lesion over the surface of ovaries, posterior part of uterus and round ligament. Excision of right inguinal mass done showed a 4x3cm firm to hard mass with 'chocolate material' inside the mass. HPE result of laparoscopic biopsy and mass excision came back as endometriosis and she was given IM Leuprolide Acetate (lucrin) 3.75mg monthly for six months. **Conclusion:** AWE is very rare but currently the incidence noted to be increasing especially associated with increases rate of surgeries such as caesarean section and hysterectomy. A scarless AWE is a much rarer disorder however with clinical assessment and radio imaging the diagnosis is possible. Surgery and hormonal therapy are the main standard treatment to treat AWE.