



## **Colposcopy Practice in Egypt**

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**ESGO-Prevention Committee member** 

## I have no conflict of interests





## In Egypt (IARC fact sheet, 2021)

- Cervical cancer ranks as the 9<sup>th</sup> most frequent cancer among Egyptian women.
- Around 1320 women are diagnosed with cervical cancer and 744 die from the disease in Egypt each year.
- No routine vaccination program against HPV.
- No National screening program for cervical cancer.

## Places of Colposcopy service in Egypt

- Early cancer detection units was found before construction of Gyn Oncology Units.
- Egyptian society of colposcopy and cervical pathology (since 2019).
- Mainly in Egyptian Universities.
- Ain-Shams University. Zagazig University.
- Alexandria University.
   Mansoura University.
- Assiut University.
   Benha University.
- Elgalaa Teaching Hospital.



## **Running Egyptian initiatives:**

1. Presidential initiative to eliminate cervical cancer.





- 2. One-thousand miles initiative (Egyptian Society of cervical pathology and colposcopy).
- 3. A step forward project (By Cairo Rotary Club).
- 4. Mansoura GOU initiative.

## Mansoura Colposcopy Unit

- Found since 1986 by Professor M Emam.
- 3 conventional colposcopes in equipped examination rooms.
- 2 portable colposcopy used during our outreach visits to the district hospitals and villages.
- Available in the exam rooms:

Gyn exam instruments, acetic acid, Lugol Iodine, cytobrush, ECC, and different punch biopsies.

- HPV-DNA was recently introduced by the Presidential initiative.
- All services of the unit is provided free of charges.





(3)	Obst & Gyn Department Faculty of Medicine	
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	Colposcopy Sheet	
(1) Name:	(2) Age:	
(3) Residence:	(4) Occupation	
(5)Tel. No.:	(6) Date of 1st visit:	_
Age of marriage:	• Parity:	
Contraception:	Smoking:	
Medical history:		
• Surgical history:		
• Family history:		
History of malignancy:		
Colposcopy		
Corposcopy		
Visual inspection:		
visual inspection.		
Acetic Acid Test:		
	7 (1)	
· Colposcopic guided biopsy:	( \ \ )	
•Endo-cervical curettage:		
		•••••
• Recommended Plane:		
Colposcopist:		
	Date of next visit:	
Date:		

- Regular training courses for gynecologists twice/year.
- Colposcopy training is a part of Mansoura Gyn Oncology Professional Diploma.
- Available methods of treatment of HGSIL:
  - 1.Cryotherapy.
  - 2. Modified LEEP
  - 3. Simple hysterectomy for old patients.
- Registration, recording, and follow up of the managed cases.



#### **Mansoura initiatives**





#### **Steps:**

- Training courses to gynecologists in Dakahlia Governorate.
- ❖ 15 campaign visits to district hospitals and villages for training, screening, and health awareness.
- ❖ 3 new colposcopy units were initiated in General Hospitals.
- The VIA positive cases were referred to Mansoura Gyn Oncology unit for evaluation, colposcopy, and biopsy.

#### **Results:**

- From 1/2/2022 to 31/1/2024; more than 6000 screened women during 15 campaign visits; 1200 cases were referred to GOU as VIA positive.
- After colposcopic examination; **550** biopsies were taken that revealed **105** pre-invasive (41 cases of HGSIL and 64 LGSIL) and 18 invasive cervical cancer (22.4%).
- The diagnosed cases were treated according to international guidelines and followed up.





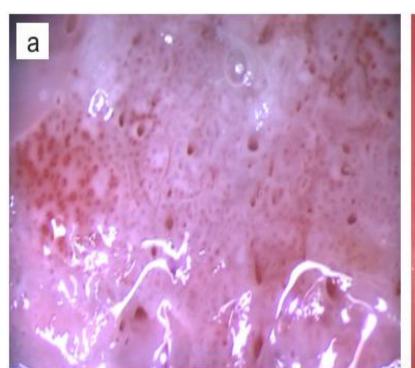




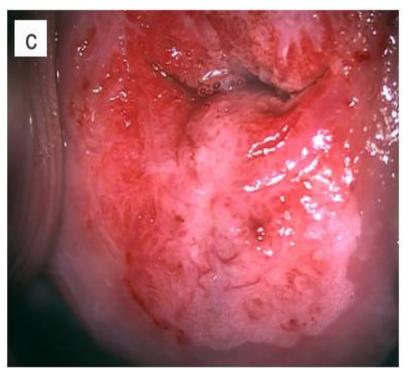




قافلة لطب المنصورة بمستشفى السنبلاوين











# **Colposcopy clinical cases**

#### Case 1

#### **History**:

- 21 years old.
- Primipara (VD)

## **Complaint:**

Recurrent vaginal discharge.

#### **Contraception:**

• IUD user.



# *Colposcopy*:

#### **Before VIA:**



#### **After VIA:**



## Histopathology:

Age	21	Sex	Female	Path.No	797	Hosp.No		
Pate of Recieved Specimen		16-02-2022 Date of Report Issued		27-02-2022				
Referred Depa	عنسا							
Clinical History	Punch biop	Punch biopsy from cervix .						
Macroscopic Exam.	Multiple ti	ssue fragr	nents ,blood c	lots , totally pr	ocessed in 1	block :		
Microscopic Exam.	inflammate ectocervix -squamous epithelium	glands I ory cells a formed of epitheliu with cyto	ned by muc nd fibrosis. f stratified squ m show focal	iple snips of in secreting co namous epitheli dysplastic cha	um with un	lls with under derlying inflan- ing lower part	rlying chronic	
	dysplastic nuclear to	cytopla	nclude crowdi smic nuclea	ration in upper ing of cells ,irror r enlargment ected mitotic fi	egularities i	n arrangment v	with increased	
iagnosis .	dysplastic nuclear to irregularity -Suspicious	of memb	nclude crowdi smic nuclea rane with dete II (HSIL)	ing of cells ,irr	egularities i ,inconspic gures.	n arrangment v ans neucleoli	with increased	
Diagnosis	dysplastic nuclear to irregularity -Suspicious	of memb	nclude crowdi smic nuclea rane with dete II (HSIL)	ing of cells ,irror r enlargment ected mitotic fi	egularities i ,inconspic gures.	n arrangment v ans neucleoli	vith increased	

# Management: Modified LEEP





#### Case 2

- History:
- 35 years old.
- Para 2 (VD)

## **Complaint:**

Asymptomatic

(accidentally

discovered during

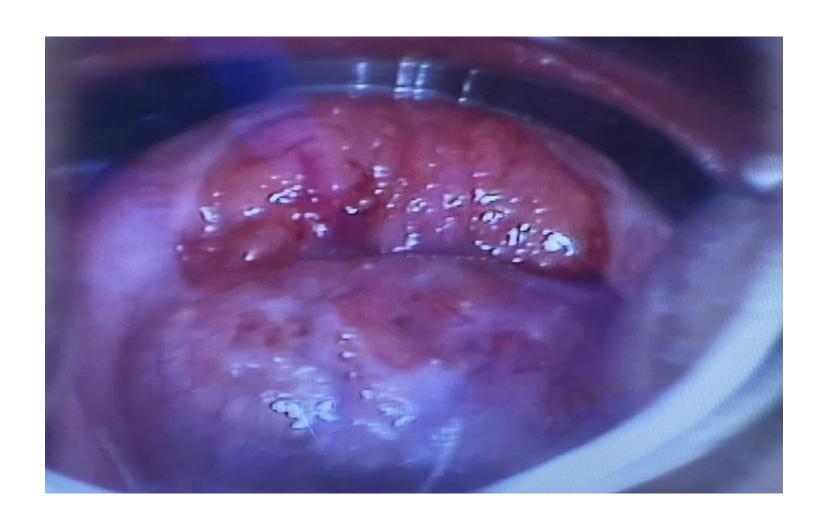
vaginal examination)

#### **Contraception:**

COC (9 Years)



# Colposcopy:

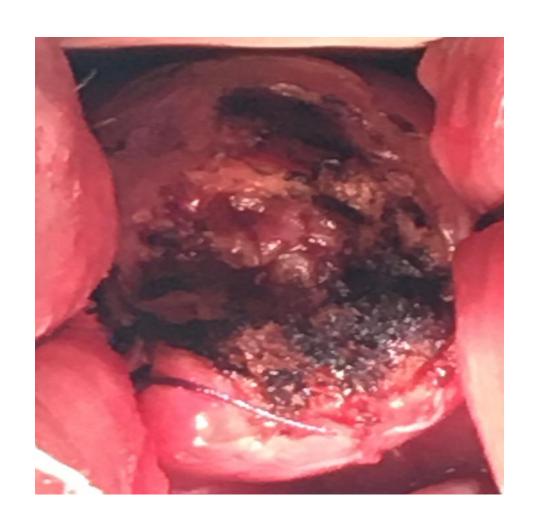


## Histopathology:

OncologyPathology, requested at 10/1/2023 12:03:00 PM,Sample No. 394315

Gross Report	
Images	
Clinical History	suspious cervix
Gross Appearance	- Multiple tissue fragments, totally processed.
Block abbreviation	No
Date	29/01/2023
Doctor	Dr. Maddonna Ibrahim William Ibrahim
Final Report	
Microscopic Examination	<ul> <li>Sections prepared revealed snips of cervical tissue(endocervical glands &amp; ectocervix).</li> <li>Snips of ectocervix show two small foci of loss of polarity of lower 2/3, with dark hyperchromatic irregular nuclei &amp; mitotic figures also seen.</li> <li>Other snips of endocervical gland with surrounding inflammation &amp; congested capillaries.</li> </ul>
Diagnosis	<ul> <li>Focal CINI/ II on a background of viral cytologic changes.</li> <li>Recommended for follow up &amp; another biopsy for confirmation.</li> </ul>
Result Date	29/01/2023 11:05 AM
Doctors	Prof. Azza Abd El Aziz Abd El Hamid Assist Prof. Sylvia Albair Asham Allah
	Assist Prof. Shaimaa Mohammed Ibrahim Yousef

# Management: Modified LEEP





# Postoperative Histopathology:

OncologyPathology, requested at 13/3/2023 03:25:00 AM, Sample No. 3941817

Gross Report	
Images	
Clinical History	CIN II >> LEEP
Gross Appearance	specimen was received as multiple tissue fragments measuring 4x3cm collectively.  They had firm greyish brown C/S totally processed in 2 blocks
Block abbreviation	No
Date	03/04/2023
Doctor	Prof. Nadia Abd-Elmoneam Nada
Final Report	
Microscopic Examination	sections prepared revealed cervical tissue formed of ecto and endocervical tissue ,ectocervical tissue show stratified squamous epithelium with focal basal nuclear stratification ,some dark hyper chromatic enlarged nuclei
Diagnosis	Mild cervicitis with focal CIN I
Result Date	03/04/2023 10:26 AM
Doctors	Prof. Nadia Abd-Elmoneam Nada

#### Case 3

- History:
- 28 years old
- Para 2(VD)

## **Complaint:**

lower abdominal pain and low backache

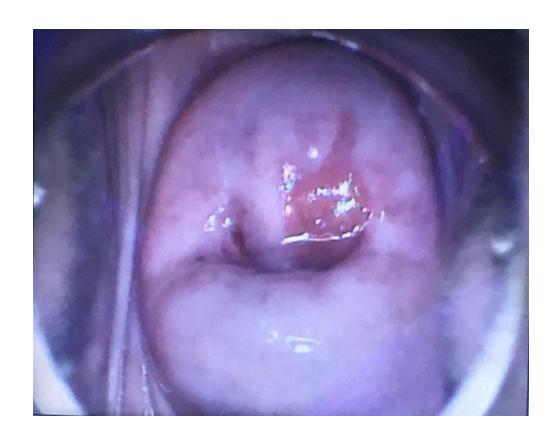
## **Contraception:**

LAI (Depoprovera)



# Colposcopy

#### **Before VIA**



#### **After VIA:**



# Histopathology:

Age	28	Sex	Female	Path.No	1874	Hosp.No		
Date of Recieved Specimen		18-04-2022		Date of Report Issued		24-04-2022		
Referred	Department	Revision						

Clinical History Chronic cervicitis, suspicious areas

Macroscopic Exam. Revision of slides labelled 1541-22

Microscopic Exam. Sections prepared revealed snips of ectocervical mucosa .The transformation zone is not

seen.

There is preserved polarity of the basal cell layer. The superficial & intermediate cell layers show many koilocytic cells that exhibit nuclear enlargment, hyperchromasia with irregular nuclear membrane & perinuclear halo together with some binucleated forms.

No evidence of invasion tumour tissue in the examined material

Diagnosis Low grade squamous intraepithelial lesion (LSIL) / (CIN1)

Signature

Dr. Amany Hassan

Dr. Sylvia Albair Ashammallah Dr.Amal Elshahat Elsayed

#### Case 4

- History:
- 29 years old.
- 3<sup>rd</sup> para (VD)

## **Complaint:**

Recurrent vaginal discharge

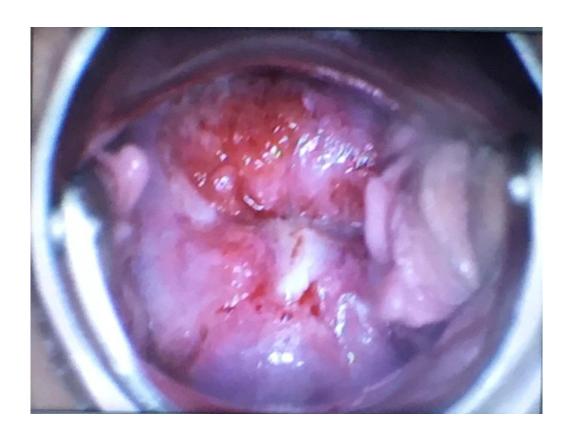
#### **Contraception:**

• IUD (4y) then
COC (4 m)



# Colposcopy

#### **Before VIA**



#### **After VIA:**



## Histopathology:

Age	Sex	Female	Path.No	1409	Hosp.No	
Date of Recieved Specimen	19-0	3-2022	Date of Rep	oort Issued	30-	-03-2022
Referred Department				ع نسا		

Clinical History

Cervical punch biopsy

Macroscopic Exam.

Small tissue fragments, totally processed.

Microscopic Exam.

Sections prepared revealed snips of ectocervical & endocervical tissue ,the transformation zone is present .The ectocervical tissue & metaplastic squamous tissue show preserved polarity of the basal cell layer while the intermediate & superficial cells show scattered cells with larger nuclei with irregular nuclear membrane & perinuclear halo (koilocytes).

No evidence of invasive tumor tissue in the examined material.

Diagnosis

Low grade squamous intraepithelial lesion (CSIL)/ cervical intraepithelial neoplasia

(CIN1).

Signature

#### Case 5

- History:
- 44 years old
- Para 5 (VD)

#### **Complaint:**

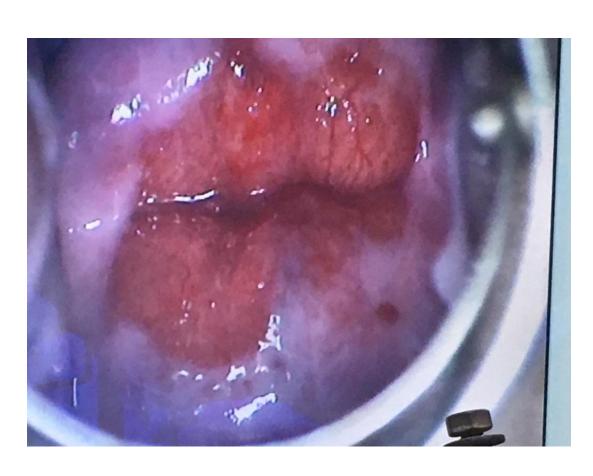
Post-coital bleeding

for 1year

#### **Contraception:**

**IUD** user

# Colposcopy



#### • Marked vascular changes:

- -Punctations
- -Mosaicism
- -Prominent vessels

## Histopathology:

OncologyPathology, requested at 20/11/2022 01:46:00 PM,Sample No. 2944447

Gross Report	
Images	
Clinical History	SUSPICIOUS CERVIC N+ THICKENED ENDOMETRIUM et19 MM 1 NOVAC 2 PUNCH
Gross Appearance	
Block abbreviation	No
Date	07/12/2022
Doctor	Prof. Wagdi Fawzy El Kashef
Final Report	
Microscopic Examination	sp1 novac :sections prepared revealed snips of endometrial tissue showing endometrial glands lined by columner cells with sub & supra nuclear vacuoles, the stroma is formed of ovoid /spindle stromal cells & show edema.  sp2 sections prepared revealed snips of ectocervical squamous mucosa showing koilocyted, the basal cell show hyperplasia with moderate degree of atypia & pleomorphism, involving two thirds of the thickness of the mucosa.  Ki-67: positive nuclear reaction in the proliferation.
Diagnosis	sp(1) novac biopsy: Irregular endometrial response. sp2: punch biopsy: picture suggestive of cervical intraepithelial neoplasia grade II, (CIN II), however immunihistochemistry for P16 is recommended for confirmation. ( Not available in our lab).
Result Date	07/12/2022 11:43 AM
Doctors	Prof. Ibrahim El Desouky Mohammed  Dr. Manar Ahmed

#### Case 5

- History:
- 28 years old
- Para 3 (VD)

## **Complaint:**

-Post-coital bleeding

for 1 y.

- Recurrent vaginal discharge.

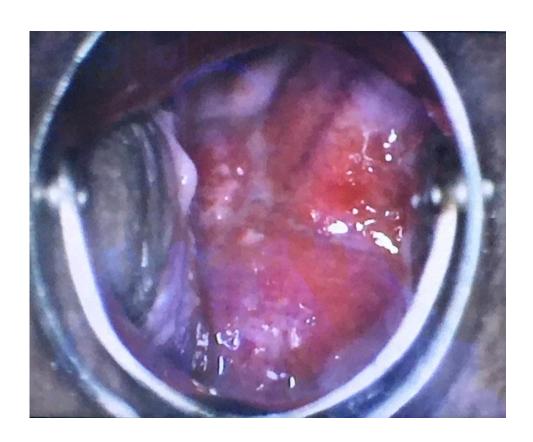
## **Contraception:**

Implanon user

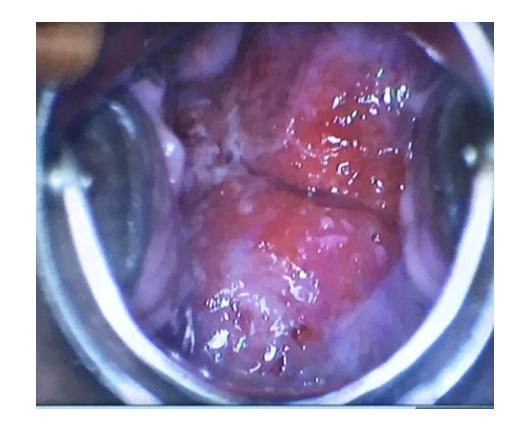


# Colposcopy

#### **Before VIA**



#### **After VIA:**



## Histopathology (after punch):

#### Clinical History: . Clos PCB

\_ Suspicious cervix, positive VIA test, bleeding on touch, colposcopy biopsy

#### Macroscopic Picture:

Specimen received in formalin labeled with patient name; small fragments of whitish tissue ~ 3x2mm.

- Implanon was

(All processed in one cassette)

#### Microscopic Picture:

Examination of slides prepared revealed markedly inflamed ecto-cervical tissue. The covering squamous epithelial cells show focal areas with moderate pleomorphism and atypia with occasional atypical mitotic figures.

#### Diagnosis:

Suspicious cervix, positive VIA test, bleeding on touch, colposcopy biopsy;

- Marked non-specific cervicitis with grade II cervical intraepithelial neoplasia (CIN II).
- See comment.

## Modified LEEP-Postoperative histopathology:

OncologyPathology, requested at 16/1/2023 07:41:00 AM, Sample No. 394419

Gross Report	
Images	
Clinical History	AUB-M, cervical intraepithelial neoplasia >> LEEP
Gross Appearance	<ul> <li>2 unlabeled specimens</li> <li>Specimen 1 : received as two piece of cervix each measures 3x1.5 and 1.5x1cm. Totally processed in 3 blocks.</li> <li>Specimen 2 : received as fragmented cervical tissue. Some have firm whitish cut surface.</li> </ul>
Block abbreviation	No
Date	29/01/2023
Doctor	Dr. Nehal Hisham
Final Report	
Microscopic Examination	-Sections prepared from both specimen (1)&(2) revealed both ecto and endocervical tissue, where ectocervix show normal squamous maturationEndocervix revealed multiple dilated endocervical glands lined by columnar mucin secreting cells with surrounding inflammatory infiltrate.
Diagnosis	-Polypoid cervicitisNo evidence of atypia or malignancy in sent specimen.
Result Date	29/01/2023 10:22 AM
Doctors	Prof. Dina Abd El Aziz El Tantawy  Dr. Heba Abd El Aziz Sheta

#### Case 6

- P4, 42 years old female.
- C/O: Persistent mucopurulent vaginal discharge.
- Multiple uterine fibroids.
- Colposcopy:

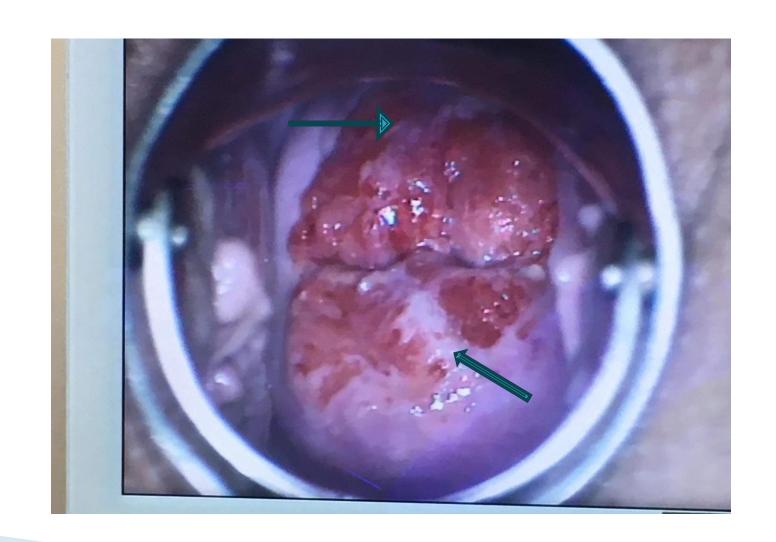
Mild ectocervical changes.

Polypoid endocervix.

Positive VIA test.



## Cervical glandular intraepithelial neoplasia (CGIN)



## Double lesions (endometrial focal atypia + CIN II)

#### Clinical History:

HGSIL, uterine fibroid, TAH&BSO

#### Macroscopic Picture:

Specimen received in formalin labeled with patient name; on examination; uterus, & both adnexa. The uterus is enlarged ~14x9cm with preserved shape & bisected cervix. The endometrial cavity is small & disturbed by to intramural fibroids ~ 10x7 & 5x3cm. Cervix showed two hemorrhagic foci. Both adnexa are unremarkable

(cassette 1; myometrium, fibroids, cassette 2; cervix cassette 3 both adnexa)

#### Microscopic Description:

Examination of prepared slides from fibroids revealed tumor tissue formed of interlacing bundles of spindle cells and smooth muscle fibers. Neoplastic cells show cigar shape nuclei. These exhibit mild degree of nuclear atypia with no detected mitoses. Prepared slides from endometrium showed hyperplastic endometrial glands with focal atypia. The cervix showed moderate atypical changes involving 2/3 of ectocervical thickness.

#### Diagnosis:

HGSIL, uterine fibroid, TAH&BSO;

#### Endometrium;

Endometrial hyperplasia with focal atypia.

#### Myometrium;

- Two intramural Leiomyoma (the largest is ~10x7cm).

#### Cervix;

- CIN II changes.

#### Right adnexa;

Unremarkable (non-functioning ovary).

#### Left adnexa;

Unremarkable (non-functioning ovary).



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