

The prevalence and clinical relevance of cervical abnormalities after an amputation of the cervix as part of prolapse surgery: a cross-sectional study.

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Abstract

Purpose: To examine the safety of omitting routine histopathological examination by determining the prevalence of cervical pathology in women after cervical amputation as part of pelvic organ prolapse (POP) surgery without pre-existing indication for histology and the necessity of additional treatment.

Methods: A cross-sectional study was performed using data of women who underwent cervical amputation as part of POP without pre-existing indication for histopathological examination, obtained from Palga, the Dutch nationwide pathology databank, between January 1991 and January 2022.

Main outcome measures: The prevalences of the following histological diagnoses were determined: Cervical Intraepithelial Neoplasia (CIN I-III), adenocarcinomas in situ (AIS), cervical carcinomas and other malignancies.

Results: In total, 14.887 patients were included in this study, with a median age of 61.4 years (SD=11.7). The prevalence of CIN II+ lesions was 6.9 [95%-CI 5.6, 8.3] per 1000 women, while one cervical carcinoma (6.7 [95%-CI -0.6, 19.9] per 100.000 women) was reported (stage IA1 microinvasive squamous cell carcinoma).[1]

Conclusion: This study found a prevalence of 0.7% for CIN II+ incidental findings in women undergoing amputation of the cervix in the as part of POP surgery. No additional treatments were required after the final histopathological results.

The decision to omit routine histopathological examination could potentially be safe, offering the prospect of reduced healthcare costs and environmental impact. Healthcare professionals should individually assess the risks and benefits of omitting and/or replacing routine histopathological examination.