Conservative treatment of cervical adenocarcinoma in situ is safe in women who want to preserve their fertility

Booth, B. MD, Petersen, LK. Dr Med Sci
Department of Gynaecology, University Hospital of Aarhus, Denmark

OBJECTIVE
To evaluate a conservative approach and the prognostic value of endocervical curettage (ECC) in patients treated for adenocarcinoma in situ (AIS) of the uterine cervix.

MATERIALS AND METHODS
At University Hospital of Aarhus all patients diagnosed with AIS with a minimum of 1.5 years of follow-up between 1990 and 2010 were retrospectively identified using a computerised clinical database. During the entire period ECC was routinely performed at the end of the conisation procedure.

RESULTS
There were 195 patients with a median age of 32 years and a median follow-up time of 6.4 years.

In the 64 patients with affected margins;
- 38 patients (59%) avoided hysterectomy.
- 11 patients had a second conisation.
- 27 patients were followed without further treatment.

None of these patients who were treated conservatively had recurrent intraepithelial neoplasia during the follow-up period.

ECC was performed in 165 patients;
- 144 (87%) showed negative ECC results.
- In 90% no recurrence was observed during the follow-up.
- 21 (13%) showed positive ECC results.
- 13 patients underwent hysterectomy.
- 8 patients were treated conservatively.
- 6 patients were without recurrent disease.
- 2 patients showed recurrent disease.

In patients with both free margins and negative ECC, 16% had recurrent intraepithelial neoplasia after a median observation time of 7 years.

In total 44 patients underwent a hysterectomy;
- 31 were performed after the primary conisation.
- 26 due to the results found in the first conisation.
- 5 due to persistent disease.
- 13 were performed 4 or more months after the primary conisation.
- 7 due to recurrent disease.
- 6 were performed at a median of 2.7 years after the initial diagnosis for unregistered reasons with a median age of 45 years.

CONCLUSION
Adenocarcinoma in situ of the uterine cervix can be treated by conisation without further treatment in fertile women. ECC performed during initial conisation is a prognostic tool for the treatment of AIS. Close follow-up is recommended in women treated conservatively.