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# NEW APPROACHES IN THE TREATMENT OF HIGH-GRADE INTRAEPITHELIAL LESIONS OF THE CERVIX

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## Introduction

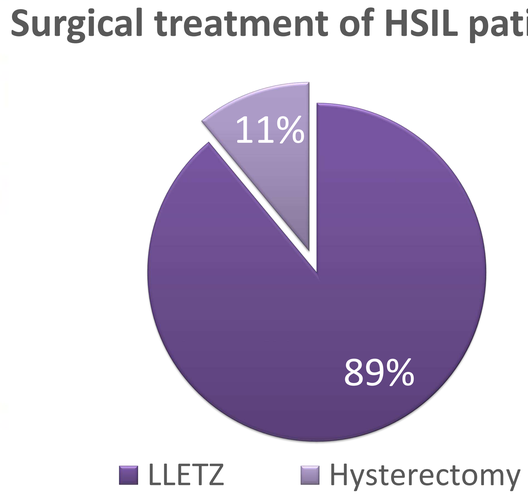
In 2018, according to the latest GLOBOKAN data, 527,600 new cases of cervical cancer patients and 265,700 deaths were diagnosed worldwide. The most important risk factor is HPV infection. Treatment of HSIL lesions of the cervix associated with HPV may delay or prevent progression to cervical cancer.

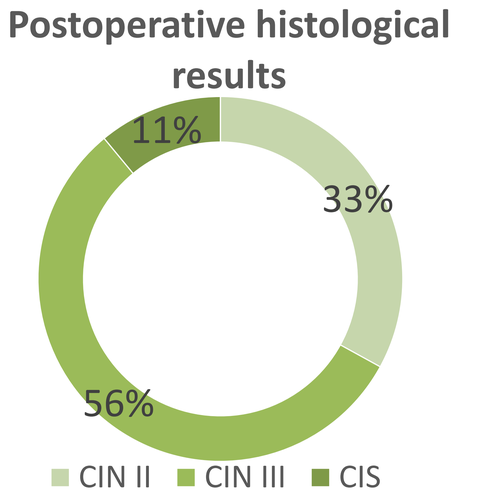
## Purpose

The aim of this study is to evaluate surgical, antiviral and immunomodulatory treatment in patients with HSIL of the cervix.

## Material and methods

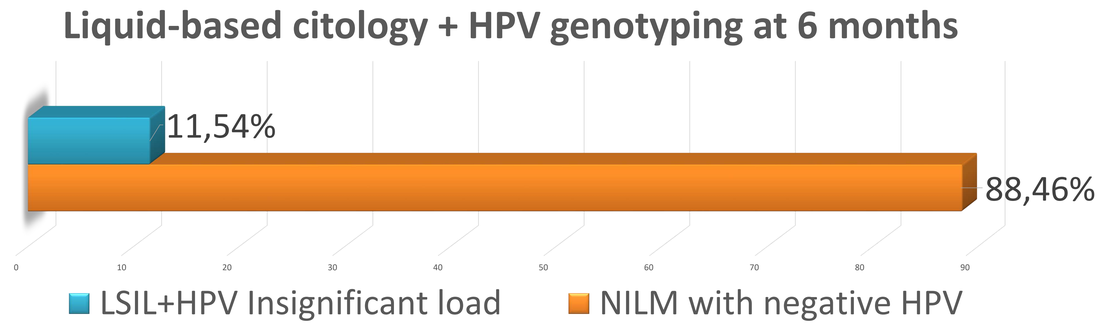
This is a prospective study of 26 patients with high-grade intraepithelial lesions of cervical malignancy (CIN II, CIN III, CIS) treated surgically, antivirally and immunomodulatory during the years 2017-2020 in IMSP Oncological Institute of the Republic of Moldova.




## Results

Case reports of patients which have been analysed ranged from 23 to 48 years old. The average age of the examined patients was 33 years. Patients with HSIL were treated surgically with LLETZ (89%) and total hysterectomy (11%). The postoperative histological result was CIN II-33%, CIN III-56% and CIS-11%. Antiviral therapy was administered to 28% of patients, antiviral and immunomodulatory therapy was administered to 88%, and 12% of patients did not receive any treatment. All patients were monitored by liquid-based cytology + HPV genotyping at 6 months, 88.46% were determined NILM with negative HPV, 11.54%- were determined LSIL + HPV positive insignicant load.




## Conclusions

The treatment of high-grade neoplasms of the cervix is combined surgically, antiviral and immunomodulatory. At follow-up the cytology was NILM and HPV negative in 88.46% of patients, thus decreasing the risk of recurrence of the disease and a subsequent transformation to cervical carcinoma.

## Keywords

Carcinoma in situ, CIN II, CIN III, HPV, LLETZ