

10. ETIOPATHOGENESIS, DIAGNOSIS AND TREATMENT OF PATIENTS WITH HSIL OF THE CERVIX

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Introduction. HSIL is a precancerous layer of the cervix associated with HPV. It presents 3 morphopathological features CIN 2, CIN 3 and cancer in situ. The spectrum of abnormalities and mode of treatment was first subdivided in 1968 by Richart who also laid the basis for today's CIN classification.

Aim of study. The assessment of treatment aspects of the patients with different degrees of high-grade squamous epithelial dysplasia.

Methods and materials. The study was conducted on 46 patients with HSIL at the Oncologic Institute of the Republic of Moldova during 2020-2021. It is a prospective and retrospective analysis of the original documentation. The patients included in the study were divided according to the histological type in CIN 2 (18 patients), CIN 3 (20 patients) and cancer in situs (8 patients), age (<35, >48 years) and type of treatment (LLETZ - large loop excision of the transformation zone, total hysterectomy with bilateral adnexectomy). All the patients underwent primary surgical treatment within the Public Medical and Sanitary Institution – Oncological Institute.

Results. From 46 patients included in this study within 25 and 72 years old, 18(39,13%) patients had CIN 2, aged <35 years and were underwent LLETZ, 20 (43,47%) patients had CIN 3, of which 17(36,95%) were aged <35 years and were underwent LLETZ and another 3 (6,52%) had age >48 years and were underwent total hysterectomy with bilateral adnexectomy, 8(17,39%) patients had cancer in situs, of which 2(4,34%) had age <35 years and were underwent LLETZ and others 6 (13,04) had age >48 years and were underwent total hysterectomy with bilateral adnexectomy. All the patients after surgery had a positive outcome and were discharged from hospital.

Conclusion. Patients with HSIL in childbearing age (<35 years) can undergo a less radical operation like LLETZ with subsequent observation of health status. Patients older than 48 years are more likely to develop malignant cancer from HSIL and are recommended a total hysterectomy with bilateral adnexectomy.