

Partial trachelectomy: A new treatment choice for persistent or recurrent high grade cervical intraepithelial neoplasia

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摘要

Abstract

BACKGROUND AND OBJECTIVE: Some women with persistent or recurrent disease after repeated conization for high grade cervical intraepithelial neoplasia (CIN) may desire to preserve uterus if not fertility. In such case, a partial trachelectomy may become treatment of choice for them. We undertook this prospective study to determine the feasibility of partial trachelectomy as a treatment choice for persistent or recurrent high grade CIN. **METHOD:** Twenty premenopausal women with persistent or recurrent high grade CIN after initial LEEP and repeated conization refused hysterectomy thus elected to undergo excision of vaginal portion of uterine cervix under general anesthesia in a tertiary university-affiliated medical center. High risk human papillomavirus (HPV) detection was done before initial loop electrosurgical excisional procedure (LEEP) and 3 months after partial trachelectomy. Follow-up PAP smear and colposcopy were done every 3 months during the first 2 years. If both examinations were negative, they were changed to yearly follow-ups. **RESULTS:** The out-patient procedure is simple and takes only 6.5 min in average. High risk human papillomavirus (HPV) were eradicated after procedure in all cases. During an average follow-up of 48 months, no recurrent dysplasia was observed. **CONCLUSIONS:** Partial trachelectomy is a reasonable alternative treatment choice for those who suffer persistent or recurrent CIN and desire to preserve their uterine corpri.