The Characteristics of Cervical Intraepithelial Neoplasia in Postmenopausal Women

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To investigate the relationship between menopausal status, HPV infection, TCT and the upgrade of pathological results after cervical conization compared with colposcopic biopsy in postmenopausal women. We performed a retrospective cohort study involving 750 patients who underwent cervical conization, of which 129 menopausal. Data of TCT, HPV infection, menopausal status, colposcopic biopsy and cervical conization pathological results were collected. Multivariate analysis showed that the upgrade of pathological results after cervical conization compared with colposcopic biopsy presented a significant association with TCT and menopausal status, excluding HPV infection. There were no significant differences between premenopausal and postmenopausal patients in terms of the upgrade of pathological results of cervical conization, stratified by TCT results. Menopause for over 5 years were positively correlated to the upgrade of pathological results of cervical conization (OR = 1.8, 95% CI: (1.1, 2.8), p = 0.029), especially when TCT results were LSIL (OR = 4.2, 95%CI: (1.1, 15.8), p = 0.033). The upgrade ratio of pathological results to cervical cancer after cervical conization was higher in group of patients postmenopausal for over 5 years than another group including the remainders (20% vs 5.3%). Due to lower estrogen level of postmenopausal women, especially postmenopausal for over 5 years, the transformation zone retreats into the inner cervical canal, leading to inaccurate cervical screening and colposcopic biopsy results. It is recommended that we should pay more attention to the pathological result of colposcopic biopsy in postmenopausal women, and better combine TCT to avoid misdiagnosis and missed-diagnosis as much as possible. (Up to 250 words).