

COMPARATIVE ANALYSIS OF
DIFFERENT DIAGNOSTIC METHODS
FOR ENDOCERVICAL LESIONS

THESIS

Submitted in Partial Fulfilment
for The Degree of
M.D., Obstetrics and Gynecology

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1988

لم يدخر لفظ الجلالة أو آيا من الآيات القرآنية على
صفحات هذه الرسالة منها لسوء التداول، و حفاظا على
هذه الثلمات السامية. ولذلك أرجو التسميه قبل قراءة
الصفحات التالية ، مع جزيل الشكر .



ACKNOWLEDGEMENTS

In presenting this thesis it is a pleasure to record my thanks to the many persons who have helped to make it possible. I am indebted to them all.

In particular to Professor *M.B. Sawmour*, for his expert guidance, continuous sincere encouragement, stimulating suggestions and valuable advice where were essential for my work to be finally achieved.

I am deeply thankful to Professor *Ahmed A. El-Tawil*, for his endless encouragement, enthusiastic support and invaluable parctical advice during this study.

I am deeply thankful and grateful to Dr. *Mounir M.F. El-Hao*, for his unlimited help, continuous supervision and valuable directions. He gave me generously of his time and help throughout the period of this work.

Thanks to my colleagues in *The Early Cancer Detection Unit* for their help all through my work.

I wish to thank my *Parents* and *Wife* for their unfailing, continuing encouragement, support and love which have made it all seem worth while.

Last and certainly not least, my sincere thanks to all those ladies who co-operated in this study, and also the nursing staff in *The Early Cancer Detection Unit, Ain Shams University Hospitals*.

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AIMS OF THE STUDY

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Until recently, the combination of cytology, colposcopy, and histology has been the front line defence in the battle against cervical cancer. It has greatly improved the detection and early treatment of precancerous lesions.

This study is a trial to evaluate the new instrument, the microcolpohysteroscope, its capability for switching from panoramic to high power magnification and its role as a new weapon in the diagnostic armamentarium in conjunction with those classical methods.

INTRODUCTION

INTRODUCTION

Cervical carcinoma is the leading cause of morbidity and mortality among all cancers of the female genital tract.

Fortunately, it is a largely preventable disease, through diagnosis and treatment of early precancerous lesions.

Although the cervix is easily accessible for examination and screening, still the diagnosis of the early neoplastic processes in the endocervical canal virtually depends on blind methodology.

No subject has prompted discussion amongst those who deal with the cervix and its abnormalities like that of the cervical canal and its inherent difficulties in its full exposure.

Endocervical curettage, use of endocervical speculum during colposcopic examination and cervical conization have been advocated for better evaluation of the endocervical canal. None of these offers uncomplicated, direct or satisfactory visualization of the canal.

The place of the microcolpohysteroscope in the evaluation of the endocervical canal is just beginning to evolve. It offers a great improvement in the detection of the endocervical precancerous lesions through direct examination. It has multiple optical capacities which permit in vivo cellular observation.

Microcolpohysteroscopic examination is safe, atraumatic and reliable procedure in the diagnosis of endocervical lesions.

REVIEW OF LITERATURE