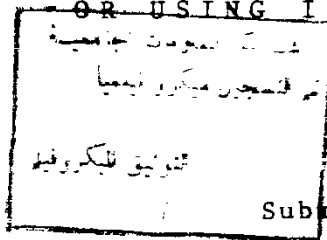


CERVICAL CYTOLOGY AND D.N.A. ANALYSIS
FOR WOMEN RECEIVING ORAL CONTRACEPTIVE
OR USING I.U.C.D. OR INJECTABLE CONTRACEPTIVE



Thesis

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TO MY FAMILY

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CONTENTS

	<u>Page</u>
INTRODUCTION AND AIM OF THE WORK	1
REVIEW OF LITERATURE.....	3
* Contraception as a risk factor for dysplasia and cancer cervix).....	3
- Oral contraceptive pills.....	3
- Intrauterine contraceptive device.....	19
- Injectable contraceptives.....	28
* Cyto diagnosis.....	37
* Colposcopy.....	49
* DNA cytometry.....	58
* Cervical intraepithelial neoplasia.....	63
- Incidence with prevalence.....	66
- The causation of CIN	67
- Pathology of CIN	81
- Diagnosis of DNA	86
- Treatment of CIN	94
MATERIAL AND METHODS	97
RESULTS	109
DISCUSSION	125
SUMMARY	132
CONCLUSIONS.....	135
RECOMMEDATIONS	136
FIGURES AND HISTOGRAMS.....	137
REFERENCES	146
ARABIC SUMMARY.	

LIST OF FIGURES AND HISTOGRAMS

Fig.No.

1. Leitz & Miamed. DNA image analysis system
2. Histogram showing non aneuploid DNA content.....
3. Normal cervicovaginal smear.....
4. Non specific infection in C.V. smear.....
5. C.V. smear of loop atypia.....
6. C.V. smear of HPV.....
7. C.V. smear of HPV.....
8. C.V. smear of HPV.....
9. C.V. smear of HPV.....
10. Histologic section of HPV infection.....
11. Histologic section of HPV infection.....
12. C.V. smear showing mild dysplasia.....
13. C.V. smear showing moderate dysplasia.....
14. Histogram showing non aneuploid DNA content (HPV infection.....
15. C.V. smear showing moderate dysplasia with HPV infection.....
16. Colposcopic finding of the above case.....
17. Histologic section of the above case.....
18. Histogram of the same case.....

Graph No.

1. Group characteristics of patient under study.....
2. Cytologic results in groups under study.....

LIST OF ABBREVIATIONS

CEA	: Cancer embryonic antigen.
CIN	: Cervical intraepithelial neoplasia.
CIS	: Carcinoma in situ.
CMV	: Cytomegalovirus.
C.V.smears	: Cervicovaginal smear.
2 CDI	: 2 cell deviation index.
5 c EE	: 5 cell exceeding events.
9 c EE	: 9 cell exceeding events.
D.C.	: Dilatation and curettage.
DMPA	: Depo medroxy progesterone acetate.
DNA	: Deoxy ribonucleic acid.
EMA	: Epithelial membrane antigen.
HIV	: Human immune deficiency virus.
HPV	: Human papilloma virus.
HSV	: Herpes simplex virus.
I.C.	: Injectable contraceptive.
IFN	: Interferon.
IUCD	: Intra uterine contraceptive device.
IUD	: Intra uterine device.
MPA	: Medroxy progesterone acetate.
Net-En	: Norethisterone enanthate.
OCPs	: Oral contraceptive pills.
PK	: Pre keratin
POPs	: Progestins only pills.
S.C. junction	: Squamo columnar junction.
SIL	: Squamous intraepithelial lesion.
T. zone	: Transformation zone.

INTRODUCTION AND AIM OF THE WORK

INTRODUCTION AND AIM OF THE WORK

Even if epidemiological associations are confirmed, the cause of cervical neoplasia may not be directly related to the method of contraception, and may be explained by variables such as the degree of exposure of the cervix to an infectious carcinogen or to the immunosuppressive effects of seminal plasma (Turner et al. (1988!)

Recent studies have found that the number of partners a woman has had, and age at first coitus are the most important sex related risk factors for dysplasia and carcinoma in situ of the uterine cervix. But the overall risk even after controlling for sexual activity roughly doubles with use of the pill for 5 or more years (Clarke et al. 1985 - Hellberg et al. 1985).

On the other hand, an excellent study concluded that there is no increased risk of invasive cervical cancer in users of oral contraception, and an apparent increased risk of carcinoma in situ is due to enhanced detection of the disease (Irwin et al. 1988). Fortunately, steroid contraception does not mask abnormal cervical changes and the necessity for prescription renewals offers the opportunity for improved screening for cervical disease (Speroff et al. 1989).

Death from cervical cancer should be preventable. The premalignant stages of cervical neoplasia are well defined and may be detected by a simple screening test and treated by conservative measures with high rates of primary cure . (Campion et al. 1987).

The incidence of CIN has risen markedly (Draper & Cook 1983) and has been referred to as an epidemic (Walford et al. 1983). Without, considerable improvements in the screening programme it had been estimated that mortality will rise by about 70 % in the 1990's (Beral & Booth 1986) and some say even higher (Parkin and Day 1986).

Aim of the work:

This work was conducted to investigate prevalence of cervical dysplasia among women using different methods of contraception (IUCD-oral contraceptive pills and injectable contraceptives).

Cervical smear, DNA analysis for cervical cytology was used for diagnosis of true premalignant lesions among abnormal cytologic findings.

REVIEW OF LITERATURE

CONTRACEPTION AS A RISK FACTOR
FOR CANCER CERVIX

While control of population continues to be one of Egypt's major national concerns. The ideal contraceptive has yet to be discovered and the search is still on for a safe, effective, inexpensive method to use (Powell and Seymour, 1971).

The choice of contraceptive is governed by many factors, such as specific family needs, availability of a method and its benefit risk ratio as well as cultural, socioeconomic, and psychological backgrounds (Toppazada, Hafez, 1982).

Of particular interest is the question as to whether prolonged use of different methods of contraception has a cervical carcinogenic effect or not. This is what we try to analyse in this chapter.

ORAL CONTRACEPTIVE PILLS