

# بسم الله الرحمن الرحيم









شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

# قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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تحفظ هذه الأقراص المدمجة يعيدا عن الغيار











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[B 18411]

# CERVICAL CYTOLOGY IN LONGTERM PILL-USERS AND NON-USERS

#### **THESIS**

Submitted for partial fulfillment

of Master Degree in OBSTETRICS & GYNAECOLOGY

By SHAWKY MOHAMED RAGAB (M.B., B.CH.)

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Lecturer in Obstetrics and Gynecology
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### LIST OF ABBREVIATIONS

OCs : Oral contraceptives

CIN: Cervical intra-epithelial neoplasia

WHO: Word Health Organization.

SHBG: Sex-hormone binding globulin.

PID : Pelvic inflammatory disease.

FDA: Food and drug administration

HDL: High-density lipoprotein

LDL: Low-density lipoprotein

CASH: Cancer and steroid homrone

X: Mean value.

SD : Standard deviation

t : Student's test ("t" test)

N.S.: Non-significant

f : f test (analysis of variance)

 $\chi^2$ : Chi-square (test of association)

IUD: Intra-uterine contraceptive device.

LH : Luteinizing hormone

FSH: Follicle stimulating hormone.

GnRH: Gonadotrophin releasing hormone

# INTRODUCTION AND AIM OF THE WORK

### **INTRODUCTION**

Search for an ideal method of contraception is still under trial. The method should be hundred percent effective, completely reversible, totally acceptable and absolutely free of side effects (Shearman, 1986).

It is a matter of fact that no method of contraception up till now is hundred percent effective and each method has a theoretical incidence of failure even when it is used ideally and under good circumstances. There is also an actual failure rate due to less than ideal use of these methods (Hatcher *et al.*, 1985).

There is favourable news for oral contraceptives in general. For years possible risks of this method have been widely discussed, while benefits have been almost neglected. A definite change, however, is now evident; an increasing number of publications have identified important health benefits of oral contraception in addition to the prevention of unwanted pregnancy (Pernoll, 1991).

Oral contraceptives (OCs) might alter the cervical epithelium by any one of a variety of mechanisms. Cervical tissue has hormone - dependent sites, and histological changes in cervical epithelium can result from the administration of OCs (Ford *et al.*, 1983).

The hormonally dependent mechanisms include:

- (1) Production of a "clear channel" mucus that could facilitate the entry of mutagens (Cramer, 1982).
- (2) An alteration of immune response that might increase susceptibity to viral infections.

(3) Production of a localised folate deficiency in the cervix that could alter the expression of steroid hormones (Butterworth *et al.*, 1982).

Gram et al. (1992) in their study demonstrated that the occurrence of Cervical Intra-epithelial Neoplasia (CIN) is increased by OCs, and that there is an increasing trend of CIN with the duration of use. They also demonstrated that the incidence of grade III CIN following 10 years of OC use was 1.4 times higher than among non-users.

The risk of invasive cervical cancer appears to be unaffected by up to five years of OC use. Beyond this, there is evidence suggesting an elevated risk which approaches a 2 fold increase at 10 years of use (Schlesselman, 1989). However, data from the WHO collaborative study (1991) do not show an elevation in risk or an effect of duration of OC use on cervical cancer (Thomas, 1991).

Thus, although it is uncertain whether OCs themselves increase the risk of cervical cancer, or have no effect, users of OCs as a group are at high risk for cervical neoplasia and required at least annual screening of cervical cytology, especially if they have used OCs for more than 5 years (Mishell, 1991).

### AIM OF THE WORK

The aim of this study is to find out the effect of long-term Oral Contraceptive use (OC use) on the cervix by comparing the results of cervical cytology in different duration of usage with that of non-users.