Case Studies in Unusual Colposcopic Findings

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Case 1

• 49 yo G4P3013, presenting with 3 years of vaginal spotting

• s/p hysterectomy 6 years earlier for heavy vaginal bleeding
  – Patient unsure of route.
  – Laparoscopic port sites (prior cholecystectomy)
  – Pfannenstiel incision (prior cesarean section)
Case 1

- Bleeding follows a cyclic pattern
  - Occurs with minimal symptoms.

- Previously underwent a cautery procedure
  - Painful
  - Temporarily improved her bleeding.

- Now experiencing post-coital bleeding.
Case 1

• Firm area in the posterior left portion of the vagina
  – Suspicious for residual cervix
  – Difficult to appreciate a definitive endocervix.

• Two small friable areas present
  – One appeared polypoid
  – Associated with the firm portion
Case 1

- Pelvic ultrasound obtained
  - “Unremarkable appearance of vaginal cuff”
  - No cervix

- Operative report obtained:
  - LAVH (laparoscopic-assisted vaginal hysterectomy)
  - Pfannenstiel scar revision
But without a cervix
Case 1 – Surgical Pathology
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Case 1 – Surgical Pathology
**Case 1**

<table>
<thead>
<tr>
<th>Clinical History</th>
<th>1yr ago</th>
<th>vaginal bleeding, hyst</th>
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<tbody>
<tr>
<td>Submitting Physician</td>
<td>Dr. Adelman</td>
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<td>Diagnosis</td>
<td>VAGINA, BIOPSY:</td>
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- **HEMORRHAGIC GLANDS AND STROMAL TISSUE CONSISTENT WITH ENDOMETRIOSIS.**
- **BENIGN SQUAMOUS MUCOSA.**
- **NO EVIDENCE OF MALIGNANCY.**
Endometriosis vs. Endocervical Adenocarcinoma in Situ (AIS)

• **Endocervical AIS**
  - Likely follows an abnormal pap
  - Crowded cells
  - Coarse, dark chromatin
  - Mitoses
  - Apoptosis
  - Absent endometrial stroma

• **Endometriosis**
  - May follow endometrial cells on pap
  - “Less” crowding
  - Dark chromatin, ”less” coarse
  - Mitoses
  - Apoptosis uncommon
  - Stroma (may be attenuated/obscured)
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  - **Remember: the presence of cilia does not always absolve you of AIS!**

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  - +/- cilia
Endocervical AIS
Does p16 help?

• Endocervical AIS
  – Diffuse p16

• Endometriosis
  – p16 negative or patchy/focal positive
Endometriosis vs. Tuboendometrial metaplasia (TEM)

• Cervical TEM
  – Can follow trauma to cervix
  – Absent endometrial stroma
  – Cilia
  – p16 negative or patchy/focal positive

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Diagnosing one as the other probably doesn’t matter in most cases…
Tuboendometrial metaplasia
Tuboendometrial metaplasia
Case 2

- 40 yo G1P1001 with inter-menstrual bleeding
- Noted to have a friable cervical polyp
- Pap smear collected
  - Unsure of date of last pap smear
Clinic: Blanding Family Practice Insurance

SPECIMEN ADEQUACY

SATISFACTORY FOR CYTOLOGIC EVALUATION
ENDOCERVICAL/TRANSFORMATION ZONE PRESENT

CYTOLOGIC INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Shift in flora suggestive of bacterial vaginosis
Reactive changes associated with inflammation and typical repair

This pap smear is a screening test. False negative and false positive results do occur. Regular routine Pap smears are suggested. Pap screened at Rehoboth McKinley Christian Hospital, 1901 Red Rock Dr., Gallup NM 87301
• Polyp description:
  – Pedunculated, 4 x 2 cm, with a 1.5 cm base
  – Vascular in appearance with calcifications

• Removed with the assistance of a LEEP loop
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