



Case Studies

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What Are the Colposcopic Findings?

1. Fine acetowhite, geographic borders, fine mosaic patterns
2. Acetowhite lesion, well defined margins, coarse mosaic and punctation
3. Dense acetowhite, atypical vessels
4. Satellite lesions



Image without filter



Image with green filter

Diagnostic Study

What Are the Colposcopic Findings?

2. Acetowhite lesion, well defined margins, coarse mosaic and punctation: Correct

These colposcopic photographs show a lesion at 12 o'clock with a well-defined margin. There is, of course, punctation and mosaic patterns and acetowhite lesion.

There are no atypical vessels present. Satellite lesions are not seen.



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What Is Your Colposcopic Impression?

1. Squamous Metaplasia
2. CIN 1, HPV
3. CIN2, CIN3
4. Invasive Squamous cell cancer



Image without filter



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What Is Your Colposcopic Impression?

3. CIN2, CIN3: Correct

The colposcopic findings here are suggestive of a high grade CIN, CIN 2-3. There is no evidence that this is an invasive lesion



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Diagnostic Study

The Most Appropriate Area for Biopsy Is:

-
- 1. 3 o'clock
 - 2. 6 o'clock
 - 3. 9 o'clock
 - 4. 12 o'clock



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Diagnostic Study

The Most Appropriate Area for Biopsy Is:

4. 12 o'clock: Correct

It would be most appropriate to biopsy the lesion near the transformation zone at 12 o'clock.



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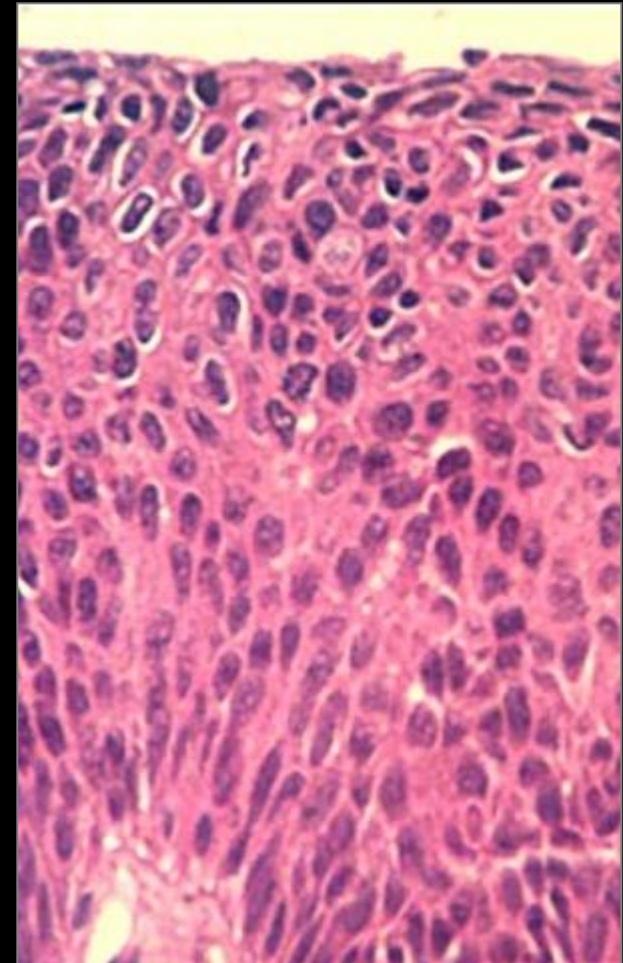


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Diagnosis

Your Diagnosis Is:

- A. Squamous Metaplasia
- B. CIN 1
- C. CIN3
- D. Invasive Squamous cell cancer



Management Options for This Patient Include:

- A. Observation
- B. Loop excision
- C. Cryotherapy
- D. Cold-Knife Conization

Management Options for This Patient Include:

B. Loop excision: Correct

Observation is not appropriate for high-grade dysplasia. This is a true cancer precursor and requires treatment.

Loop excision would be the author's **preferred** treatment plan, though cryotherapy and cold knife conization have their advantages and disadvantages.

Management Options for This Patient Include:

Cryotherapy is certainly appropriate. However, given a satisfactory colposcopy, an **endocervical curettage** would need to be performed prior to performing cryotherapy.

Cold knife conization would be appropriate; however, this generally requires more anesthesia than a Loop excision does.