Office cervicoscopy versus stationary colposcopy in cases with suspicious cervix: a randomized controlled trial

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Objective

To compare the diagnostic accuracy of small-caliber office cervicoscopy versus stationary colposcopy in diagnosis of ectocervical as well as endocervical lesions in women clinically presented with suspicious cervix.

Patients and methods

Eligible 112 cases with clinically suspicious cervix were randomized into group A (56 cases) and group B (56 cases) who were subjected to small-caliber office cervicoscopy and stationary colposcopy, respectively. The outcome was the diagnostic accuracy and safety of both tools for detection of ectocervical and endocervical cervical lesions.

Results

There were no statistically significant differences between both groups regarding parity, previous abortion, age at marriage, duration of marriage, and age at menarche and menopause. Group A significantly reported more spontaneous vaginal bleeding. On unaided naked eye examination of the cervix, there were no statistically significant differences between both groups. Office cervicoscopy was more sensitive than colposcopy for detection of cervical abnormalities.

Conclusion

Office cervicoscopy is more sensitive than stationary colposcopy for detection of cervical lesions in cases with suspicious cervix as an example of high-risk group for cervical cancer. Moreover, its widespread use by gynecologists is highly recommended as it is more available in hospitals and clinics. Its small-caliber allows easy, simple and fast diagnostic out-patient evaluation of the cervix. Its better evaluation of the endocervical canal and possible examination of the endometrial cavity are clear advantages over stationary colposcopy.

Keywords:
cervix, colposcopy, office cervicoscopy, suspicious, unhealthy looking

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Introduction

Cancer of the cervix is a global health problem. Fortunately, it is the only preventable gynecologic neoplasm in most cases owing to easy access to the cervix, that is, a malignancy of very early signs. Better knowledge of the evolution of the cervical neoplasia concerning timing and modalities of progression allows to follow-up a high number of low-grade lesions without treatment [1,2]. Many clinicians encounter cervical lesions that may or may not be associated with cytologic abnormalities [3]. Abnormalities such as ectropion, nabothian cysts, and small cervical polyps are quite benign and may need not generate concern for patient or clinician, whereas others, including those associated with a history of exposure to diethylstilbestrol, cervical inflammation, abnormal cervical cytology, and postcoital bleeding, should require additional evaluation. Furthermore, in some patients, the cervix may be difficult to visualize. Several useful clinical suggestions for the optimal examination of the cervix are presented [4].

Papanicolaou (Pap) test is considered to be the most common and cost-effective screening method for detecting cervical cancer, and it has been effective in reducing the prevalence of this cancer and the associated mortality rates among women [5]. Whenever access to Pap smear is limited, unaided naked eye examination of the cervix (UNEE) performed by general gynecologists and well-trained nurses is an acceptable alternative for detecting cervical premalignant or malignant lesions especially in low-resource settings [6]. Colposcopy is currently used for further management of abnormal Pap smears and is the second step of the diagnostic approach. The assessment of women with abnormal cytology and selection of those who require further therapy or follow-up depends on the colposcopic assessment of the transformation zone [7].

The availability of new instrumentation and video recording allows evaluating the cervical canal utilizing a standard office hysteroscopic instrument (cervicoscopy).