

Visual Inspection of the Cervix with (Acetic Acid or Lugol's Iodine) for Cervical Cancer Screening

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Abstract

Objective: To assess the visual inspection with acetic acid (VIA) and Lugol's iodine (VILI) as alternative screening methods for cancer cervix.

Materials and methods: Comparative cross-sectional study was conducted on 1000 women with age range from 18 to 61 years were attending the obstetric and gynecology Department in Zagazig university hospital from January 2013 to October 2015. Each one was done Papanicolaou smear (PAP), visual inspection with 5% acetic acid (VIA) and with 5% Lugol's iodine (VILI). All women underwent Colposcopy. Analyse of the sensitivity, specificity and predictive values of the results using colposcopic directed biopsy as reference was done.

Results: From 80 positive screening tests by (either PAP, VIA, VILI or colposcopy). Pap smear was positive in 14/80 (17.5%), including 4 cases of atypical squamous cell with undetermined significance (ASCU), 4 cases of low grade squamous cell intraepithelial lesion (LSIL) and 5 cases of high grade squamous cell intraepithelial lesion (HSIL) and one case with malignant cells. Biopsy was positive in 11/14 of PAP smear. VIA accounted positive in 23/80 (28.7%) and VILI results were positive in 12/80. Biopsy was positive in 21/23 for VIA and 8/12 was positive for VILI, The positive predictive value 43.51% and negative predictive value of 98.31%.

Using both testes in matching improves the specificity of both to make them good options for screening of cancer cervix in this society.

Keywords: Visual inspection; VIA; VILI; Papanicolaou; Screening; Diagnostic; Pap smear; Cervical cancer

Introduction

A total of 84% females and 86% females died in developing countries [1]. Cervical cancer is the second most common cancer in women, and in 2012, there were 528,000 new cases and 250,000 deaths [2]. The incidence of cervical cancer and death is increasing [2]. Pap smear is the most common method for cervical cancer screening and diagnosis [3]. Cervical cancer can be prevented by early diagnosis and treatment [4]. Papanicolaou (Pap) test [4]. 80% of cervical cancer in developing countries, a significant proportion of the total incidence [5]. Papanicolaou (PAP) test is a simple, effective method for cervical cancer screening [6]. Visual inspection with 5% acetic acid (VIA) and Lugol's iodine (VILI), a simple and effective method for cervical cancer screening [7]. The study was conducted in Zagazig University Hospital. Each woman was done Pap smear, visual inspection with 5% acetic acid (VIA) and with 5% Lugol's iodine (VILI). All women underwent Colposcopy. Analyse of the sensitivity, specificity and predictive values of the results using colposcopic directed biopsy as reference was done.

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dic a a did b c n ab. In c i n f c i x i na d n a f c a a d n a PAP a a a n b c a i n a c n n c i n n b A ' a a and c b , i d i a f i x i n a n a i a i n 95% a c n a a i d a i n b a n i c a a i n. V i a i n c i n (VIA) a f a d 4% a c l e a c i d a a i d l i a c n a b a n d b a i n f l i n f n c f a - d f i n d a a c i l i n n x c a c n a n c i n (SCJ). A a c c e l e x a i n a d n a a i n b a n n i n a a n f i n d i n f V I A. W n c c e l e x a i n a c d a a n a c l e a c i d, (VILI) a d n b a c n d i c i a n b a n L ' i d i n c i x, i c a a d b d i n 5 f i d i n a n d 10 f a i i d i d i n 100 d i d a a n d a i f l i n a n d x a i n d c i x b n a d a n d e a i f, V I L I n a i (n a i n a i n f c i x) V I L I i l (n c f a - d i d n n - a i n a a).

C c a i l i f a c i l i i, n e a i n, a i c, i d i n n a i l a i c a a n f a l n n [9]. P n c B i a a n i f a n c c a i l i, l a i f n c f d i a n l i f b i l a d b n a n; l, d a n d a d f n c l c c d i a n l. P A P a a a d b B d a [10]. A a a c n i d d a c i l i f a

- (ASCUS): A i c a a c f n d i n d i f i c a n c / O R
- (LSIL): L - a d a i n a i l a i n / O R
- (HSIL): H i - a d a i n a i l a i n / O R
- (SCC): S a c c a c i n a

A n i d i d a l a (i d, d a,), c a c i n a i n s i t u (CIS) a c c a c i n a c n i d d i l i a i c a

(VIA) i n ' c a f i d a : N a i l i a c c d i n n c f a - d f i n d a a c i l i n n x c a c n a n c i n (SCJ) [11]. i n a a i n (VILI) a n n - a i n a a n L i a i d c i x, a n d i n ' c a f i d i n :

- N a i : H n a i n f c i x.
- P l i : P n c f a - d i d n n - a i n [12].

S a i l a n a i f C c d d a a a d n d i n c i f i c i a n d n i l i, P P V, N P V f P a a, l a i n c i n b a c l e a c i d (VIA) L ' i d i n (VILI), a n d P a . I n c a i n l i c c c c i l i a a a d a n d d f n c f d i a n l i 95% c n f i d n c i n a . U n a l i c a a c a f c i a c i n c (SPSS) i n 13.

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1000 n i d i n i d a n d i n G n a c O a i n c i n c. 350 n x c d d d i n f i n c i n c i a f a i d b l i n f c n i n a n d 650 c d . a n a f b c a 35.1 9.8, a n f a i a 2.43 1.2 .80% a i d, 16.92% d i c d a n d 3% i d (T a b 1). 69% a a n a i n, 9.4% a i a n a n d 21.6% n a . a i c a i n a i n a d i c a (61%), i c i n a n i a a (27.7%), b a c a c (33%), a b d i n a i n

14%, a i n l i x a i n c (2.4%), a b a a a i n a b d i n (2%), c i a b d i n (1.3%) (T a b 2). c n f i d n n c a x a i n a i n C c ' b i a c a c l e a c i n (c i n) (36%) (T a b 3). 80 c a i l i b (i P A P, V I A, V I L I c c c). P a a a i l i n 14/80 c a f a a 80/650 c n d i l i c a (17.5%), i n c d i n 4 c a f a i c a a c c i n d i n d i f i c a n c (A S C U), 4 c a f a d a c c i n a i l a i n (L S I L) a n d 4 c a f i l a d a c c i n a i l a i n (H S I L) a n d n c a l i a n a n c (T a b 4). A a i c i a n a n d n C c a n d P n c B i a a n n f a c n i n c c a i l i a i a i f n c f d i a n l. W n b i a a n f 14 i i; P A P a; 11/14 i i a n d 3/14 n a i. V I A a c c n d i l i n 23/80 b c (28.7%) a n d V I L I i l i n 12/80 (T a b 5). A c c c a n d b i 21/23 i l a n d 2/23 n a i f V I A. 8/12 i l a n d 4/12 n a i f V I L I (T a b 6 a n d 7) d n i l i f V I A a n d V I L I i c (91.30% 66.54%) a n d S c i f i f (85.33%, 91.32%) i S a i l i a n d S c i f i f P A P a (78.57%, 96.75). P l i d i c a f b V I A a n d V I L I a n a f

Parameter	Range	Mean
Age	18-61	35 ± 9.8 years
Parity	0-5	2.43 ± 1.2
Parameter	Number	Percentage %
Marital state		
Married	520	80%
Divorced	110	16.92 %
widow	20	3.08 %
Education level		
Not	390	60 %
Low	130	20 %
Medium	123	18.9 %
High	7	1.1%
Regularity of menstruation		
Regular	448	69 %
Irregular	61	9.4 %
menopause	140	21.6 %

Table 1: Sociodemographic data of screened women.

Complaint	Number (N)=650	Percentages (%)
Vaginal discharge	400	61.50%
Pruritis vulvae	180	27.70%
Back ack	210	32.30%
Lower abdominal pain	91	14%
Pain with sexual relation	15	2.30%
Abnormal vaginal bleeding	13	2%
Postcoital bleeding	8	1.23%

Table 2: Main complaints (%).

Findings by speculum examination	Number (N)=650	Percentage (%)
Looks normal	390	60%
Cervical erosion (ectropion)	234	36%
Cervicitis	123	18.90%
Hypertrophied cervix	97	14.90%
Unhealthy cervix	5	0.76%
Bleed on touch	7	1.07%
Suspicious cervix	3	0.46%

Table 3: Clinical findings of cervix by local examination (%).

Cervical Cancer

Screening for cervical cancer is a key strategy to reduce the burden of cervical cancer and its associated mortality. In India, the incidence of cervical cancer is increasing, and it is the leading cause of cancer-related deaths among women. The most common type of cervical cancer is squamous cell carcinoma, which is caused by persistent infection with high-risk human papillomavirus (HPV). The second most common type is adenocarcinoma, which is caused by HPV infection and is more common in women who have had a hysterectomy. The most common risk factors for cervical cancer are HPV infection, early sexual activity, multiple sexual partners, and a history of sexually transmitted infections. The most common symptoms of cervical cancer are abnormal vaginal bleeding, pelvic pain, and a change in vaginal discharge. The most common treatment options for cervical cancer are surgery, radiation therapy, and chemotherapy. The most common outcome of cervical cancer treatment is a complete response, which is defined as the disappearance of all visible disease. The most common cause of death from cervical cancer is metastatic disease, which is the spread of cancer to other parts of the body.

References

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