

Cervical Cancer

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Summary:

Cervical cancer is an abnormal growth of the tissues of the cervix. In HIV-positive women, cervical cancer is an AIDS-defining condition. Cervical cancer can be treated.

What is cervical cancer?

The cervix is the opening of the uterus (womb) that leads into the vagina. The cervix can be felt with a finger inside the vagina. Cervical cancer is an abnormal growth of the cells of the cervix.

Cervical cancer can develop slowly, over several years. It starts as a pre-cancerous condition called cervical dysplasia. In cervical dysplasia there are abnormal changes in the cells on the surface of the cervix. If cervical dysplasia is not found and treated, it can become cervical cancer.

What causes cervical cancer?

Cervical cancer has been linked to a very common virus called human papilloma virus (HPV). There are over 70 strains of HPV and more than one third of them can be sexually transmitted. Some strains cause warts, including genital warts, while others may lead to cancer.

The body's own immune system may also play a role in the development of cervical cancer. Women whose immune systems are suppressed by drugs (to prevent organ transplant rejection, for example) or by HIV are at greater risk for cervical cancer. The risk seems to increase as CD4+ counts drop below 200.

Other factors also affect the development of cervical cancer. Cigarette smoking has been linked to this condition. Because HPV can be

sexually transmitted, having multiple sexual partners can increase a woman's risk of being exposed to this virus.

Prevention

Practising safer sex by using condoms or having non-penetrative sex can help reduce the risk of becoming infected with HPV. Stopping cigarette smoking can help reduce the risk of cervical cancer.

Regular medical checkups with pelvic examinations and Pap smears can help HIV-positive women and their doctors watch for signs of cervical cancer.

Symptoms

Often, there are no physical symptoms of cervical cancer, especially in the early stages. In advanced stages of cervical cancer, there may be pain in the abdomen or lower back, pain while having intercourse, unusual vaginal discharge, or bleeding between menstrual periods. Genital warts are a sign that someone has been exposed to HPV. The warts should be treated as soon as possible and the cervix should be checked for signs of cervical cancer.

Diagnosis

Regular pelvic examinations with Pap smears can help diagnose cervical cancer. To do a Pap smear, the doctor inserts a tiny brush and a small wooden spatula into the vagina and rubs them over the cervix, to loosen and collect cells. The cells are smeared on a glass slide that is

sent to the lab for study. The Pap smear can help identify abnormal cells. Usually Pap smears are done once a year, but many physicians with HIV-positive women in their care recommend doing a Pap smear every six months.

Although Pap smears are useful, they can produce “false negative” results. In other words, the lab may report a test result as “normal” when there actually are changes in the cells of the cervix. For this reason, doctors often do another Pap smear three months after the first one, especially for women who are new patients. Many doctors recommend that newly diagnosed HIV-positive women have a colposcopy.

The colposcope is a thin, flexible tube with a magnifying device that is inserted into the vagina. The colposcope allows the doctor to visually examine the cervix. The cervix is lightly washed with a vinegar solution before the colposcope is put in place. The vinegar solution makes abnormal cells stand out more clearly against the surrounding tissue.

When a colposcopy is performed, a biopsy (the removal of a tiny piece of tissue from the cervix) is often done at the same time. The biopsy sample allows lab technicians to study the entire tissue and make a more accurate diagnosis.

Usually, primary care physicians will do Pap smears as part of regular medical care. However, colposcopies and biopsies are done by gynecologists – doctors who specialize in diseases affecting women.

Test results

The results of tests for cervical cancer can be described by a variety of medical terms.

If signs of cancer have been found, the Pap smear result may be reported as SIL which stands for squamous intraepithelial lesion, another way of saying cervical dysplasia. This result means that some of the cells in the sample are abnormal. SIL may or may not be cancer, so a colposcopy with a biopsy is done to get a more accurate diagnosis.

If cancer has been found, the biopsy result may be reported as CIS or carcinoma in situ. CIS means a small area of cancer has been found. Further tests will be done to find out if the cancer is confined to a small area or if it has spread.

Treatment

Treatment for cervical cancer varies from one woman to another, depending on the location and size of the cancer, and whether or not it has spread to other parts of the body.

Women with cervical cancer may be referred to an oncologist – a doctor who specializes in the treatment of cancer.

Cone biopsy can remove a very small cancer. In this procedure, a cone-shaped piece of tissue is removed from the opening of the cervix. It is usually done in a hospital with a laser or a scalpel and patients are given an anesthetic. Some bleeding and pain or discomfort are common after this treatment.

If the cancer has spread, surgery to remove the cervix and uterus, called a hysterectomy, may be necessary. Sometimes lymph nodes from the pelvis are removed at the same time.

Radiation therapy is often prescribed for cervical cancer that has spread beyond the cervix.

After treatment

Although cervical cancer can be treated, HIV-positive women are at high risk of it coming back. It is important to follow up treatment with regular medical care.

The bottom line

Cervical cancer is a serious condition, especially for HIV-positive women. The earlier it is found, the better the chances are for successful treatment.

The risk of developing cervical cancer may be reduced by:

- practising safer sex to prevent the risk of HPV infection;
- quitting cigarette smoking; and
- getting regular Pap smears or colposcopies.

References

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