មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក
National Maternal and Child Health Center

ទិវាសល្យសាស្ត្រ សម្ភព និងរោគស្ត្រី លើកទី៤

ប្រធានបទ៖ «រួមគ្នាបង្កើនគុណភាពសេវាព្យាបាល ថែទាំ និងសង្គ្រោះមាតា និងទារក »

Management of abnormal cervical cancer screening At NMCHC

006725

Presented by Dr Ea Lyna

ថ្ងៃទី២-៣ ខែកញ្ញា ឆ្នាំ២០២៦
មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក

CONTENT

I. Objectives

1. The Current status of outpatient gynecological Consultation at NMCHC
2. To understand the flow of cervical cancer screening
3. Management of abnormal cervical cancer screening in NMCHC

II. Introduction

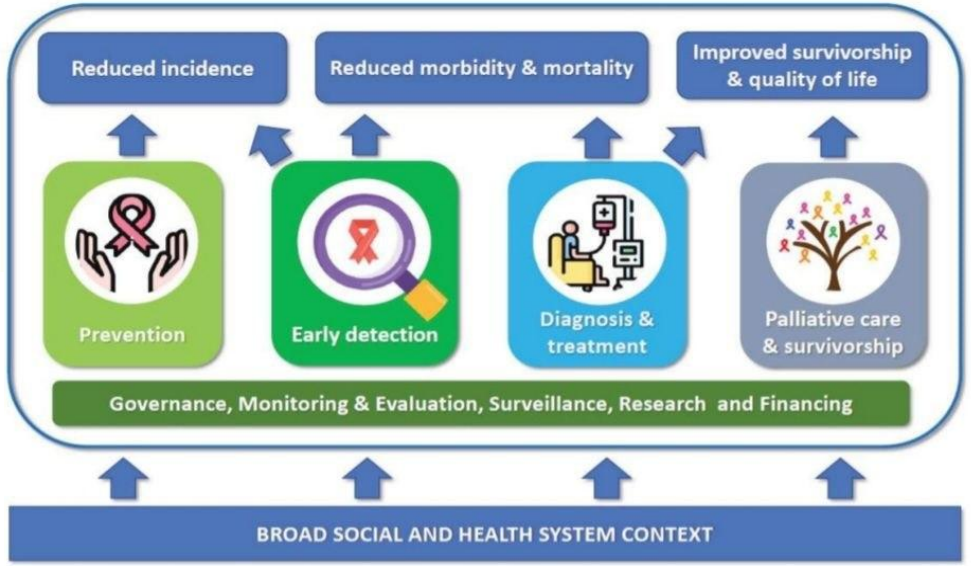
- Cervical cancer is a major public health issue, especially in low- and middle-income countries.
- It is related to persistent HPV infection (HPV 16&18 = 70% of cervical cancer)
- Global strategy for cervical cancer elimination (WHO)

  An incidence rate < 4/100 000 women.

II. Introduction (Cont.)

➢National Cancer Control Plan NCCP 2025-2030

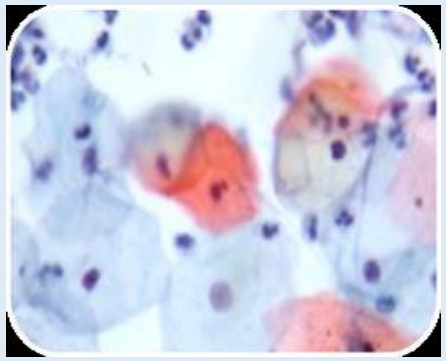
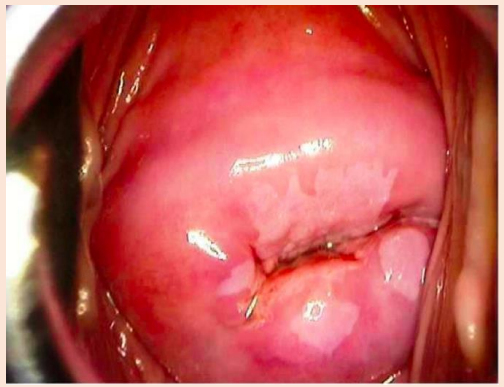
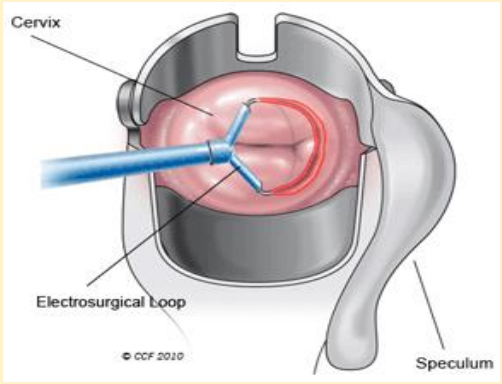
"The Royal Government of Cambodia is strongly committed to fighting cancer by enhancing public knowledge and expanding quality prevention, treatment, and care services to protect our population from preventable cancers and to relieve suffering and improve quality of life for the affected individuals and their families"



Strategic framework for cancer control in Cambodia

"If there were only one thing I could change in cancer care in Cambodia, it would be early diagnosis so that patients could be treated timely and effectively."

III. Cervical Cancer screening and colposcopy

➢ SCREENING	➢ DIAGNOSIS	➢ TREATMENT
▪ HPV ▪ PAP smear ▪ VIA	▪ **Colposcopy** ▪ **Biopsy/ECC**	▪ **TA** ▪ **LEEP or CKC**
		

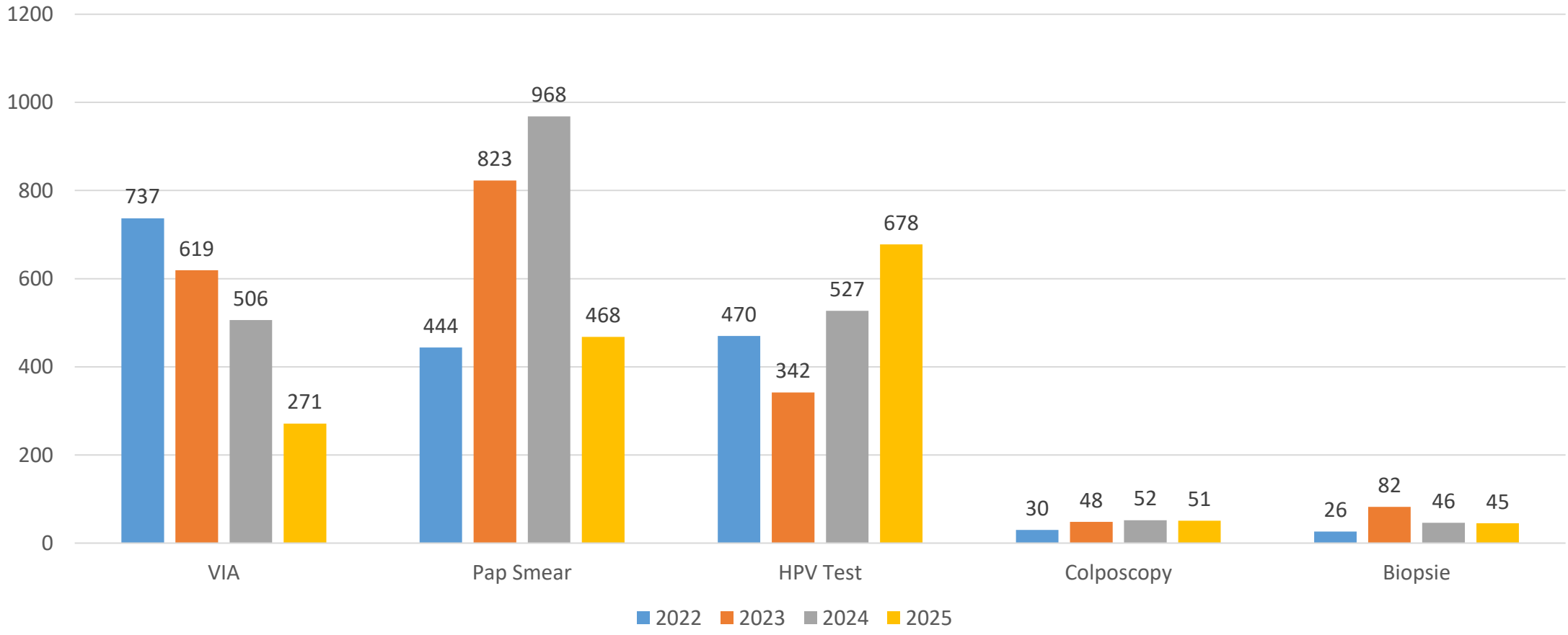
III. Cervical cancer screening and colposcopy (Cont.)

➢Used for triage and diagnostic evaluation

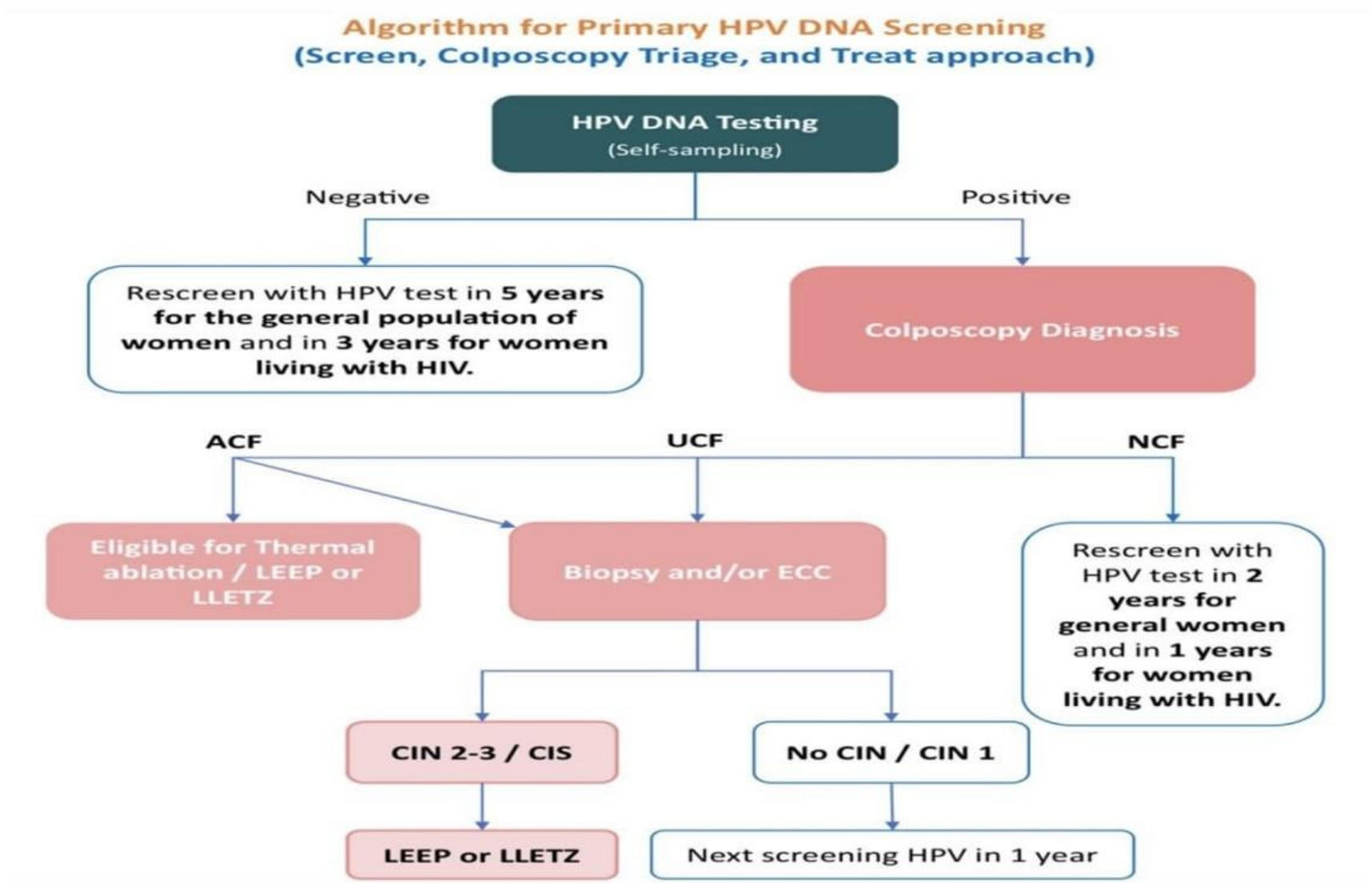
❑ Conventional Binocular colposcope

❑ Digital colposcope

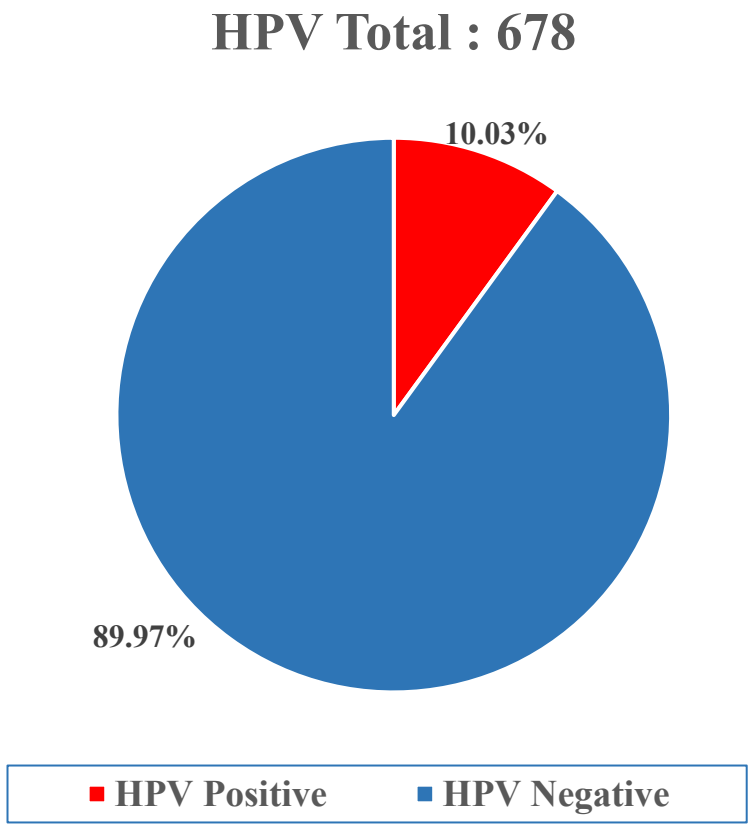
IV. Cervical cancer screening at NMCHC

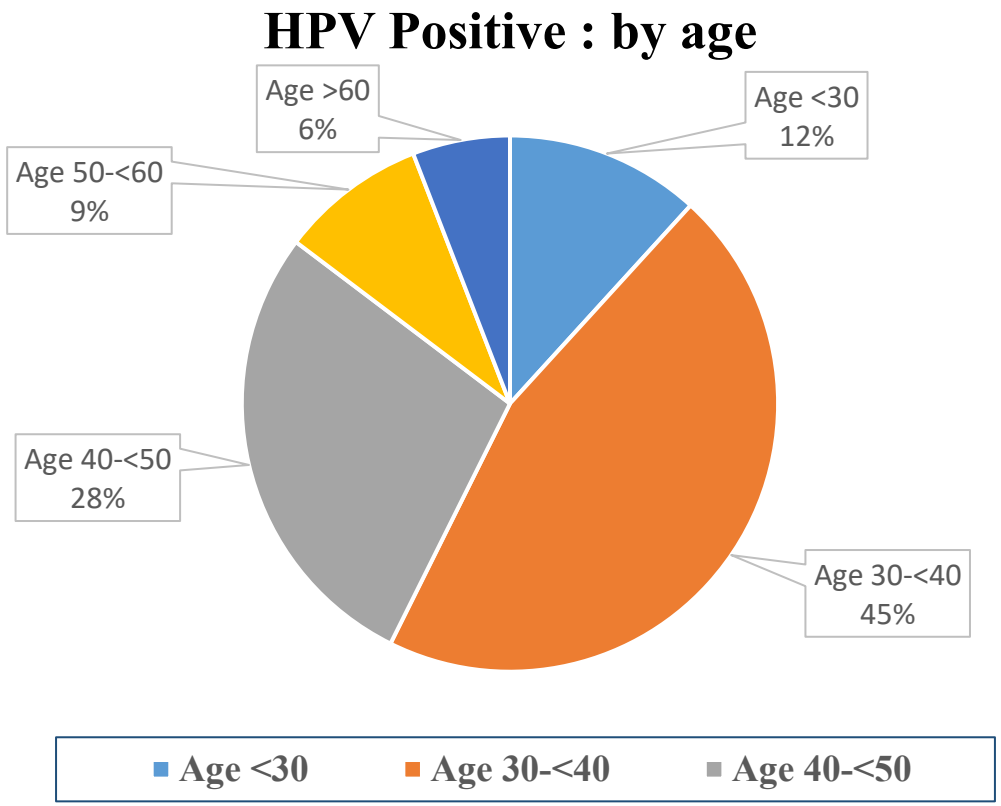


IV. Cervical cancer screening at NMCHC (Cont.)



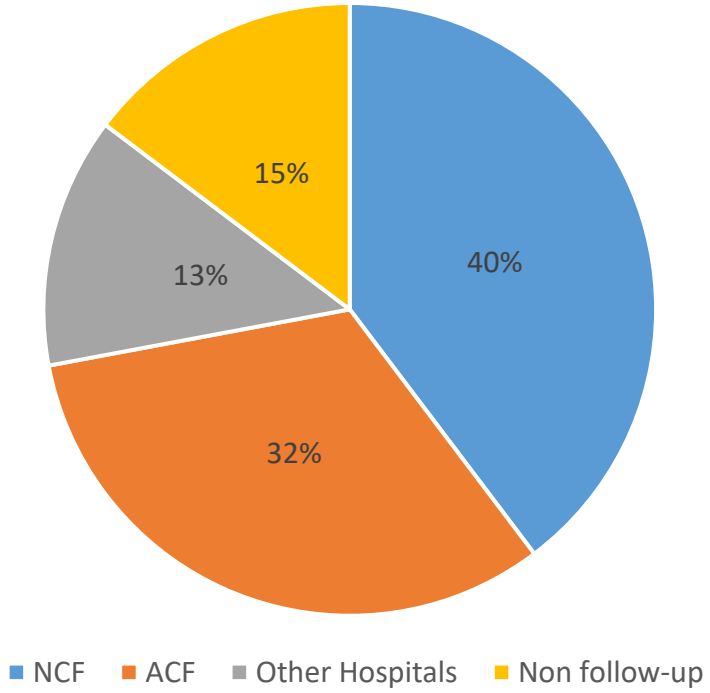
IV. Cervical cancer screening at NMCHC (Cont.)



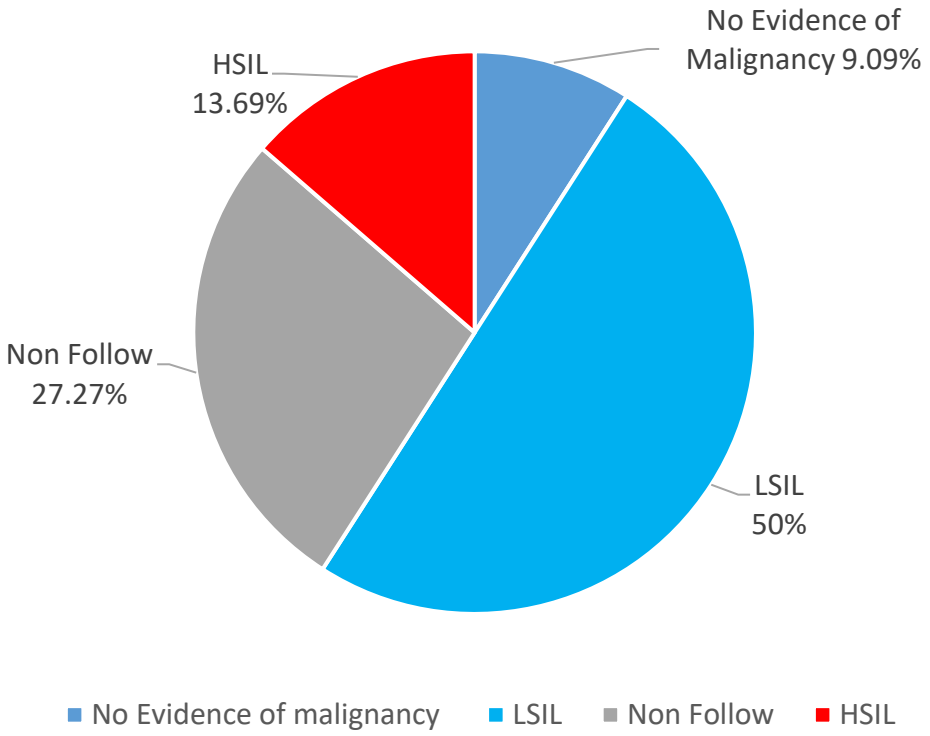


IV. Cervical cancer screening at NMCHC (Cont.)

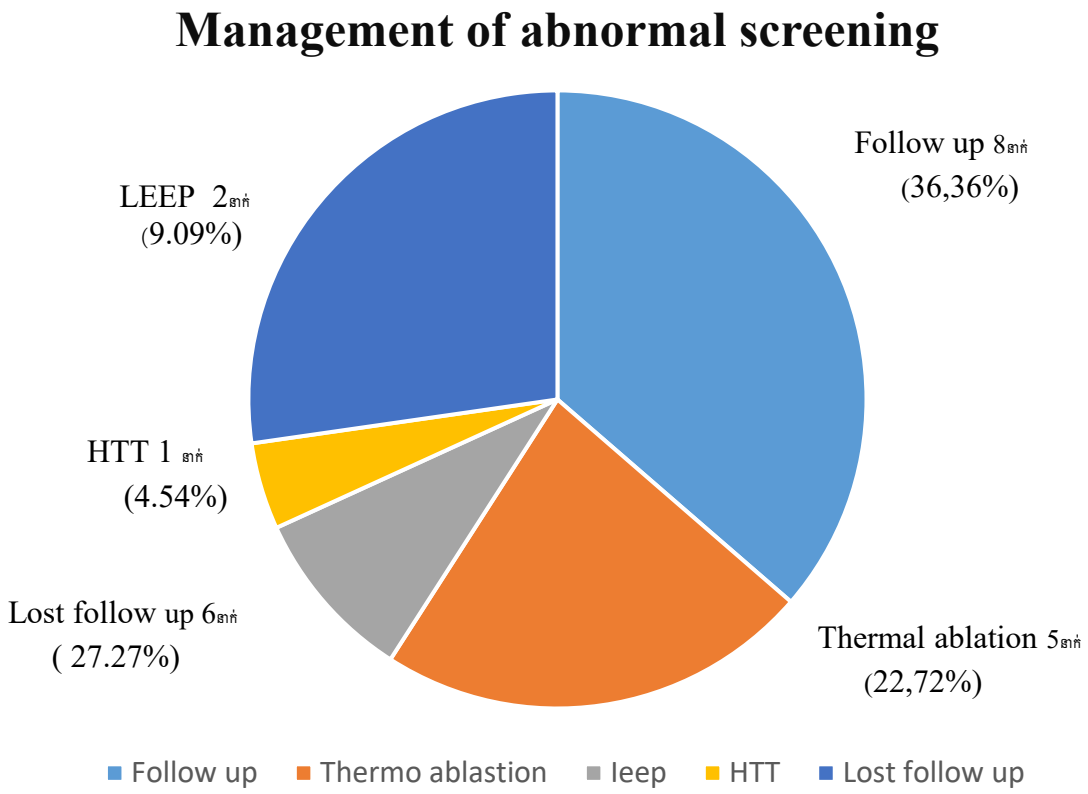
Colposcopy Total: 68



Biopsy Total: 22



IV. Cervical cancer screening at NMCHC (Cont.)



IV. Cervical cancer screening at NMCHC (Cont.)

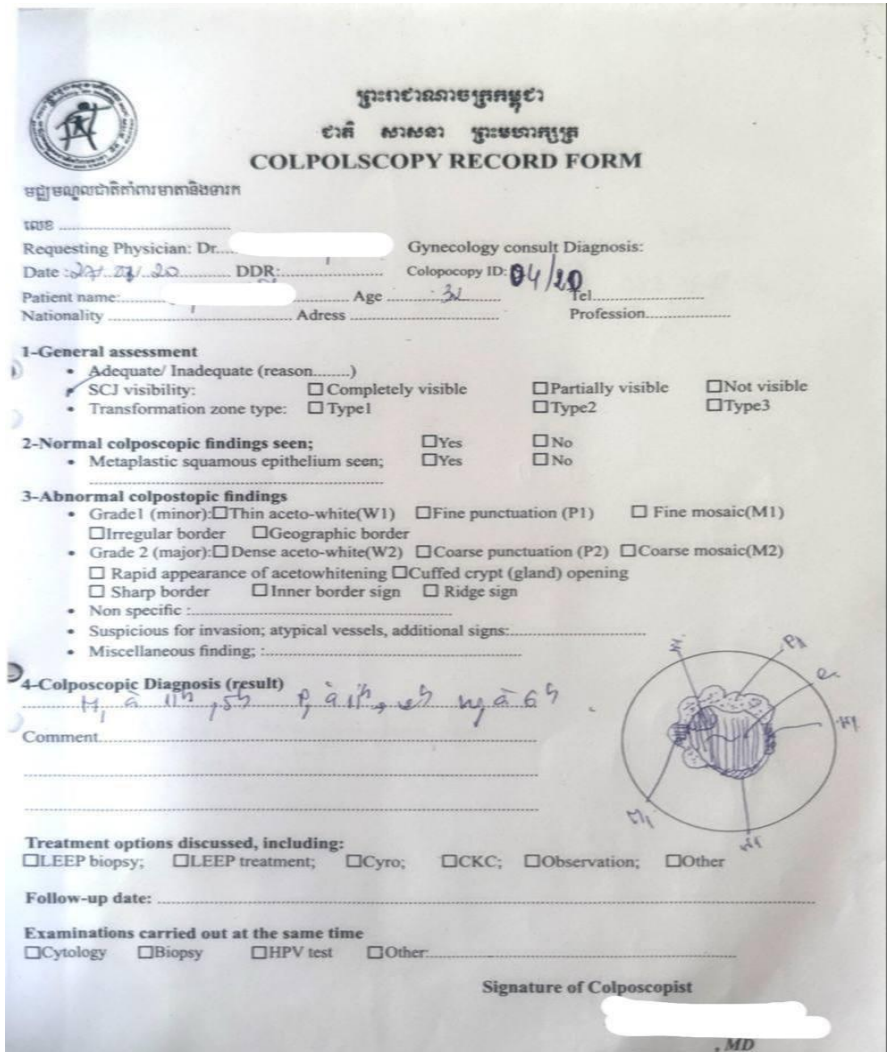
Colposcopy Standards Draw

A. Normal Colposcopy Finding (NCF)
1. Original squamous epithelium (S)
2. Columnar epithelium (C)
3. Metaplastic squamous epithelium (T)
   - Nabothian cyst (N)
   - Crypt (gland) openings

B. Abnormal Colposcopic Finding (ACF)
1. Grade 1 (Minor)
   - Thin acetowhite epithelium (W1)
   - Fine mosaic (M1)
   - Fine punctation (P1)
   - Irregular, Geographic border (B1)
2. Grade 2 (Major)
   - Dense acetowhite epithelium (W2)
   - Coarse mosaic (M2)
   - Coarse punctation (P2)
   - Abnormal gland opening (aGo)
   - Sharp border, Inner border, Ridge sign (B2)
3. Nonspecific findings
   - Leukoplakia (L)
   - Erosion (Er)

C. Suspicious for invasion (IC)
1. Atypical vessels (aV)
2. Additional signs: Fragile vessels, Irregular surface, Exophytic lesion, Necrosis, Ulceration (necrotic), Tumor/gross neoplasm

D. Miscellaneous Findings (MF)
- Condyloma (Con)
- Inflammation (Inf)
- Atrophy (Atr)
- Polyp (Po)
- Ulcer (Ul)



ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

COLPOLSCOPY RECORD FORM

Requesting Physician: Dr.[redacted] Gynecology consult Diagnosis:
Date :[redacted] DDR:[redacted] Colopocopy ID: 04/20
Patient name:[redacted] Age 32 Tel[redacted]
Nationality [redacted] Adress [redacted] Profession[redacted]

1-General assessment
- Adequate/ Inadequate (reason.....)
- SCJ visibility: ☐Completely visible ☐Partially visible ☐Not visible
- Transformation zone type: ☐Type1 ☐Type2 ☐Type3

2-Normal colposcopic findings seen; ☐Yes ☐No
- Metaplastic squamous epithelium seen; ☐Yes ☐No

3-Abnormal colpostopic findings
- Grade1 (minor):☐Thin aceto-white(W1) ☐Fine punctuation (P1) ☐ Fine mosaic(M1) ☐Irregular border ☐Geographic border
- Grade 2 (major):☐Dense aceto-white(W2) ☐Coarse punctuation (P2) ☐Coarse mosaic(M2) ☐ Rapid appearance of acetowhitening ☐Cuffed crypt (gland) opening ☐ Sharp border ☐Inner border sign ☐ Ridge sign
- Non specific :
- Suspicious for invasion; atypical vessels, additional signs:
- Miscellaneous finding; :

4-Colposcopic Diagnosis (result)

Comment

Treatment options discussed, including:
☐LEEP biopsy; ☐LEEP treatment; ☐Cyro; ☐CKC; ☐Observation; ☐Other

Follow-up date:

Examinations carried out at the same time
☐Cytology ☐Biopsy ☐HPV test ☐Other:

Signature of Colposcopist

[redacted]

MD

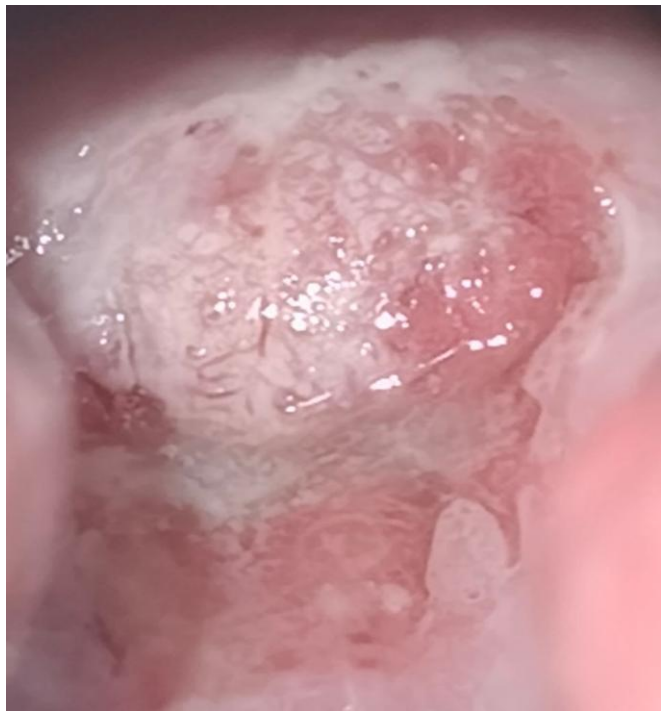
V. Case Study 1

- Madam YS 35-year-old entered our out-patient department for second degree cystocele, leucorrhea
- Married at 21-year-old
- G5P3A2
- No Tabaco no alcohol
- BMI: 23,5
- Standard of living: Medium (Occupation: Salon owner)

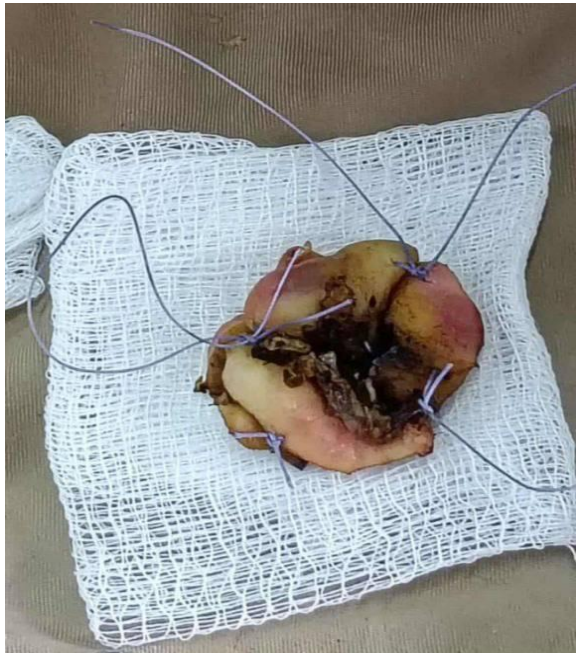
V. Case Study 1 (Cont.)

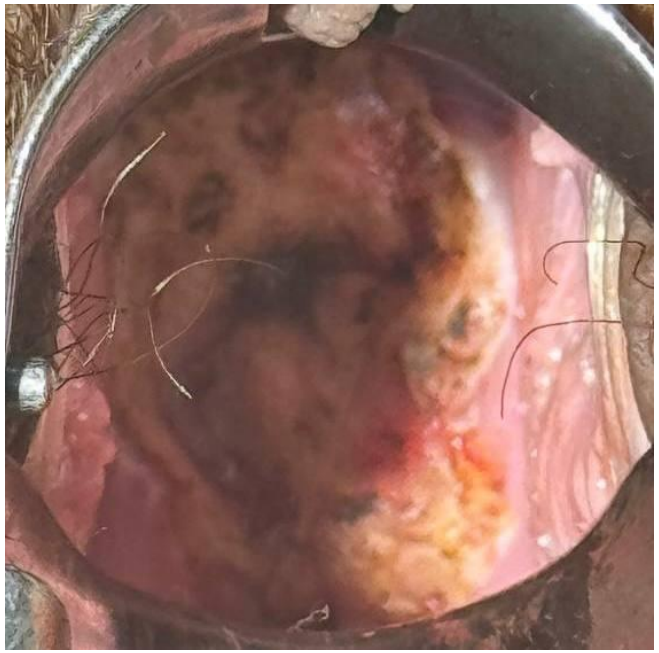
- 22/04/2023
  - Pap smear HSIL
  - HPV(+)
  - Colposcopy W1 (5h) M2(11h-2h)
  - Biopsy CIN3
  - Leep13/05/2023Mild to moderate dysplasia (CIN1- CIN2) With Koilonychias of the uterine cervix,

  LEEP margin : LSIL/CIN1 external margin
  - Management: Follow-up
  - Rescreen 6 months



V. Case Study 1 (Cont.)



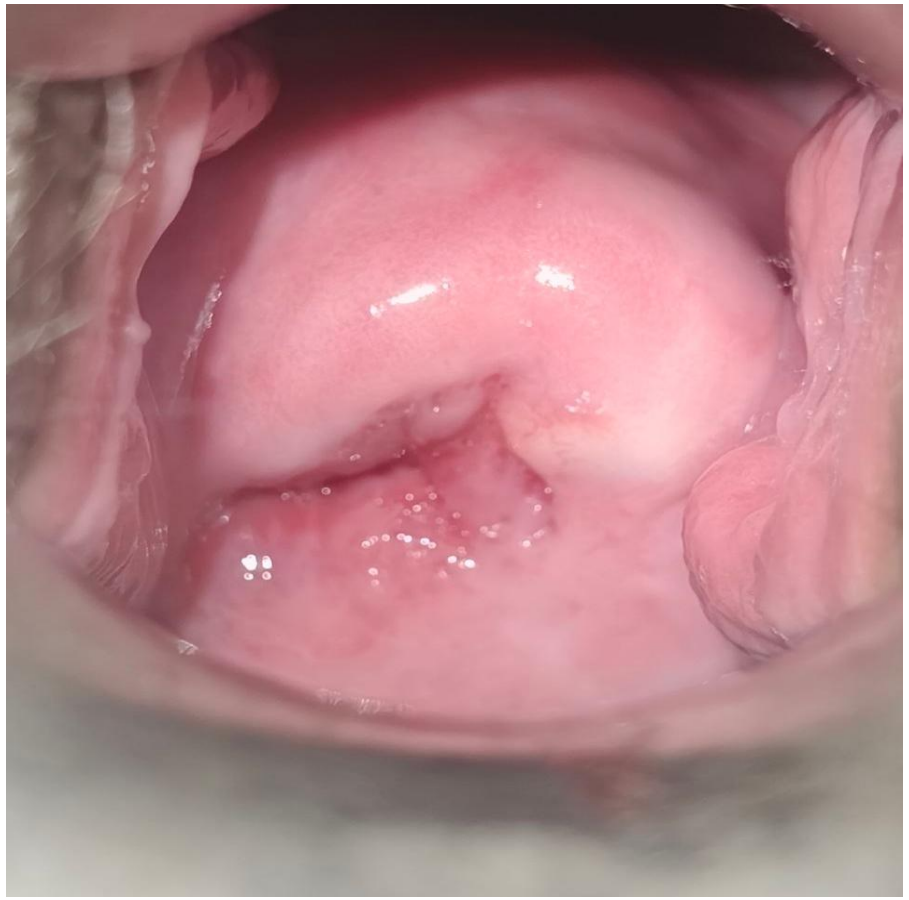


V. Case Study 1 (Cont.)

- 05/11/2023:
  - Pap smear inflammation
  - HPV(-)
- 31/12/2023:
  - Pap smear ASCUS
  - HPV(-)
  - Colposcopy NCF
  - Random Biopsy (CIN1)
- 20/07/2024:
  - Threat of premature birth (27Weeks 3days)
  - Premature birth (Girl weighed 940 g)

V. Case Study (Cont.)

- 01/11/25:
  - Pap smear
  - HPV (-)
  - Colposcopy NCF
  - Random Biopsy (CIN1)
  - Management: Follow up
- 28/04/2026:
  - Pap smear normal
  - HPV(-)
  - Colposcopy NCF
  - Random Biopsy (CIN1)

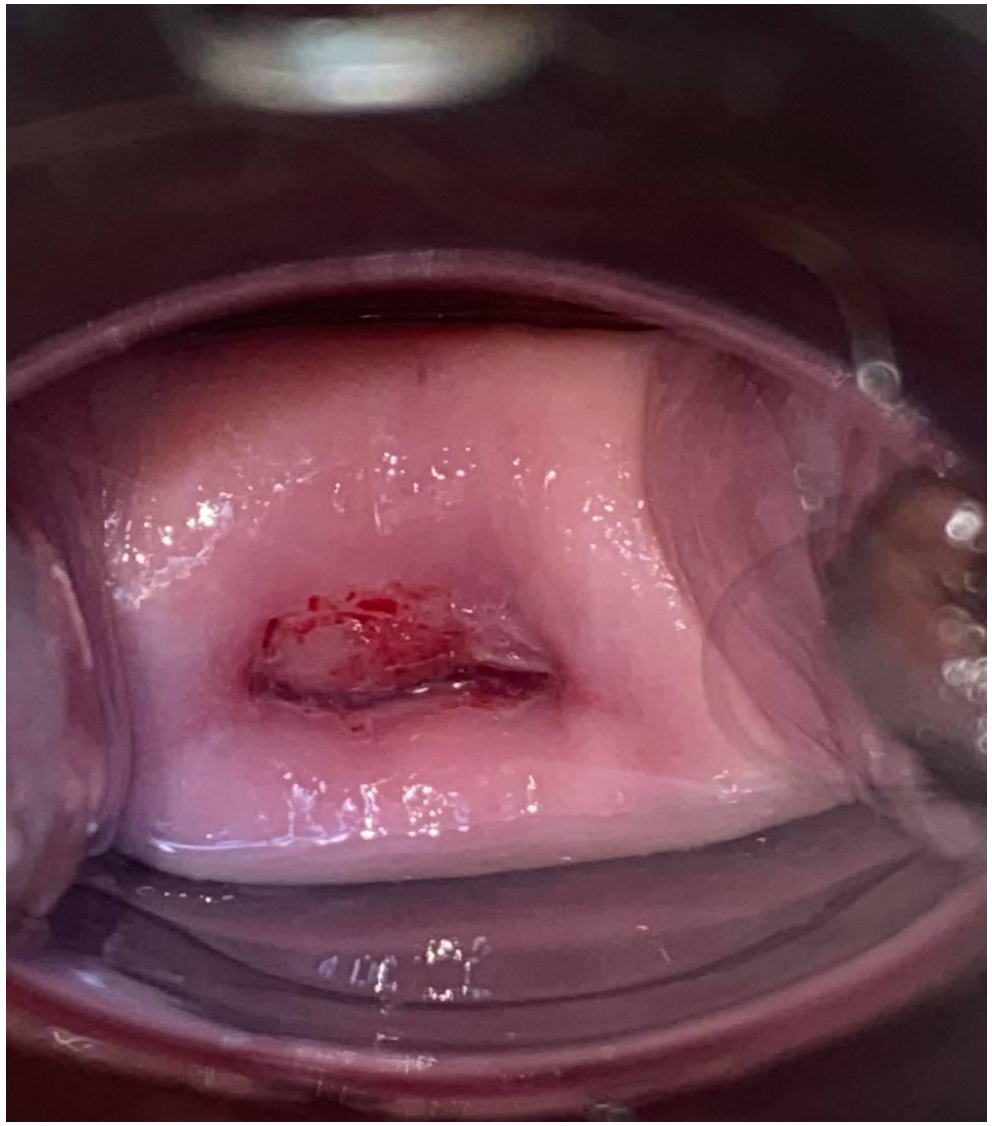


V. Case Study 2
(HPV positive for 8 years)

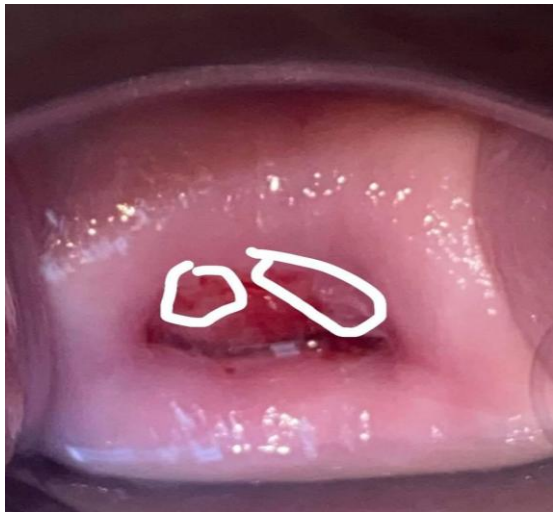
- Madam HN, 51 years old, for screening
- Married at 24 years old
- G2P2A0
- No smoking, no alcohol
- BMI: 24,55
- Standard of living: medium (Occupation: Midwife)

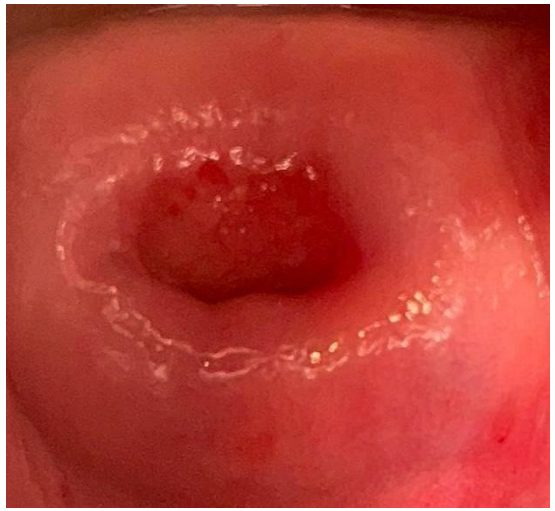
- 2014-2018
  - VIA(-)
  - Pap smear normal
  - Management: Follow up
- 2018
  - HPV(+)
  - pap smear ASCUS
  - Colposcopy: W1 (12h)
  - Biopsy: No evidence of malignancy
  - Management: Follow up

- 2020
  - HPV(+)
  - Pap smear: Inflammation
  - Colposcopy: W1 (12h & 3h)
  - Biopsy: non
  - Management: Follow up



- 2023
  - HPV(+)
  - Pap smear Ascus
  - Colposcopy: W1 at 11h 12h
  - Biopsy: non
  - Management: follow up





- 2025
  - HPV (+)
  - Pap smear ASCUS
  - Colposcopy: W1 at 11h-12h
  - Biopsy: Chronic cervicitis associated Malpighienne metaplasia
  - Management: follow up, AB+

➢2026

- HPV(-)
- Pap smear: Normal
- Colposcopy: NCF
- Management: follow up

Discussion

- HPV (+) for 8 years
- HPV(-) ?? Hormone (Menopause for 2 years)?
  Supplement boost immune?

VI. Take Home Message

- Cervical screening saves lives
- Never ignore the cervical cancer screening option, as early treatment stops preventable deaths.
- Even if you received the HPV vaccine, routine screening is a must.

VII. References

- Monthly gynecological outpatient NMCHC Report
- Obstetric and gynecology Cancer research Register for hospital
- Cervical cancer research notebook
- International Federation of Gynecology and obstetric
- Comprehensive Cervical Cancer Control (WHO)
- National Action Plan for Cervical Cancer Prevention and Control 2019-2023
- Cervical cancer elimination, UNFPA, CAMBODIA, Country review roadmap for action, December 2021 https://asiapacific.unfpa.org/sites/default/files/pub-pdf/cambodia_final_16_12_21.pdf
- https://pmc.ncbi.nlm.nih.gov/articles/PMC6618121/

THANK YOU