

# 27<sup>th</sup> Refresher Course

The Hong Kong Society for Colposcopy and Cervical Pathology  
&  
Department of O&G, Queen Elizabeth Hospital

25 June 2019

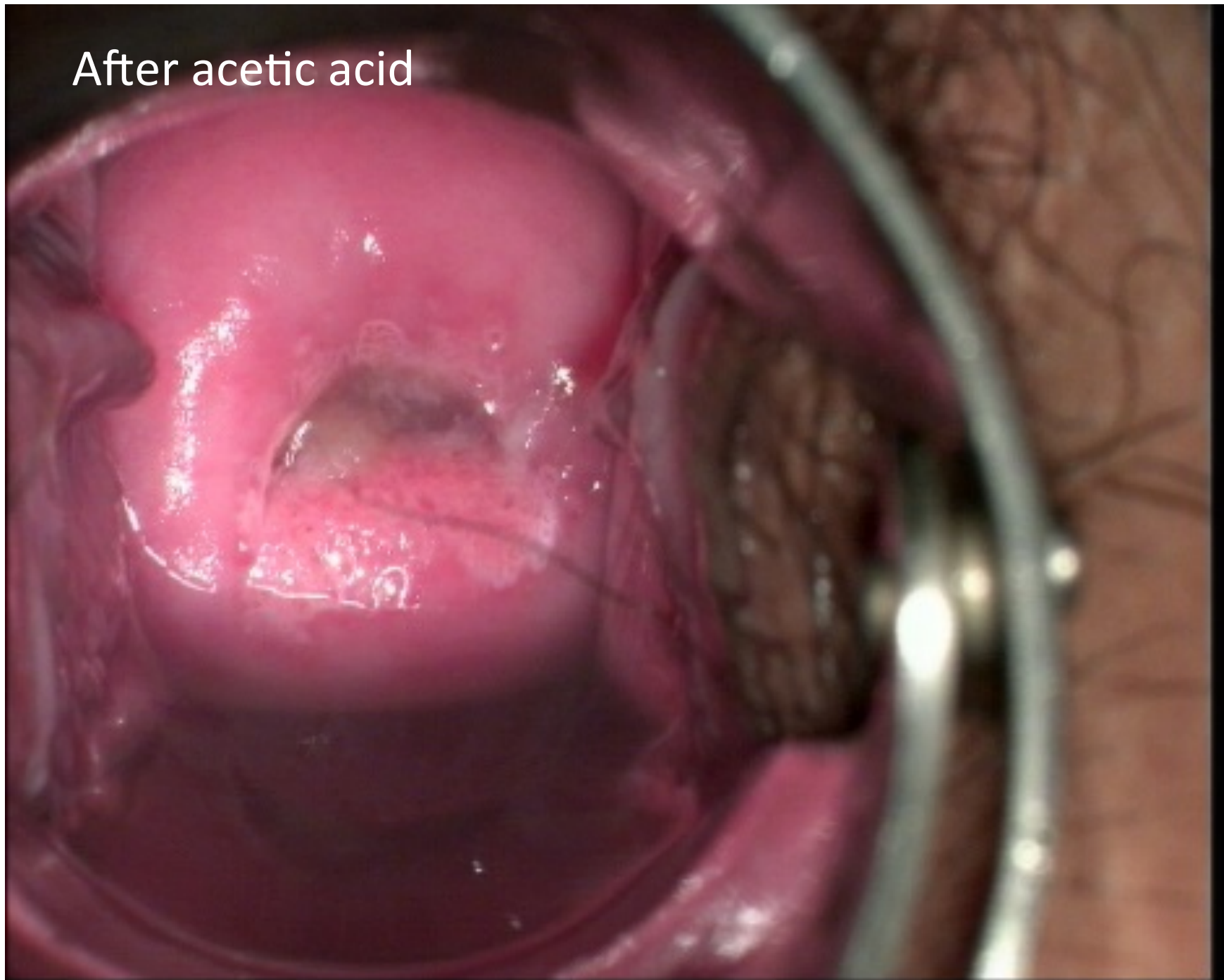
# Case 1

- F/27
- Para 0, 1 TOP
- Post-coital bleeding and dysmenorrhoea
- Referred for LSIL on 21.2.2019
- Colposcopy on 22.3.2019

Before acetic acid



After acetic acid

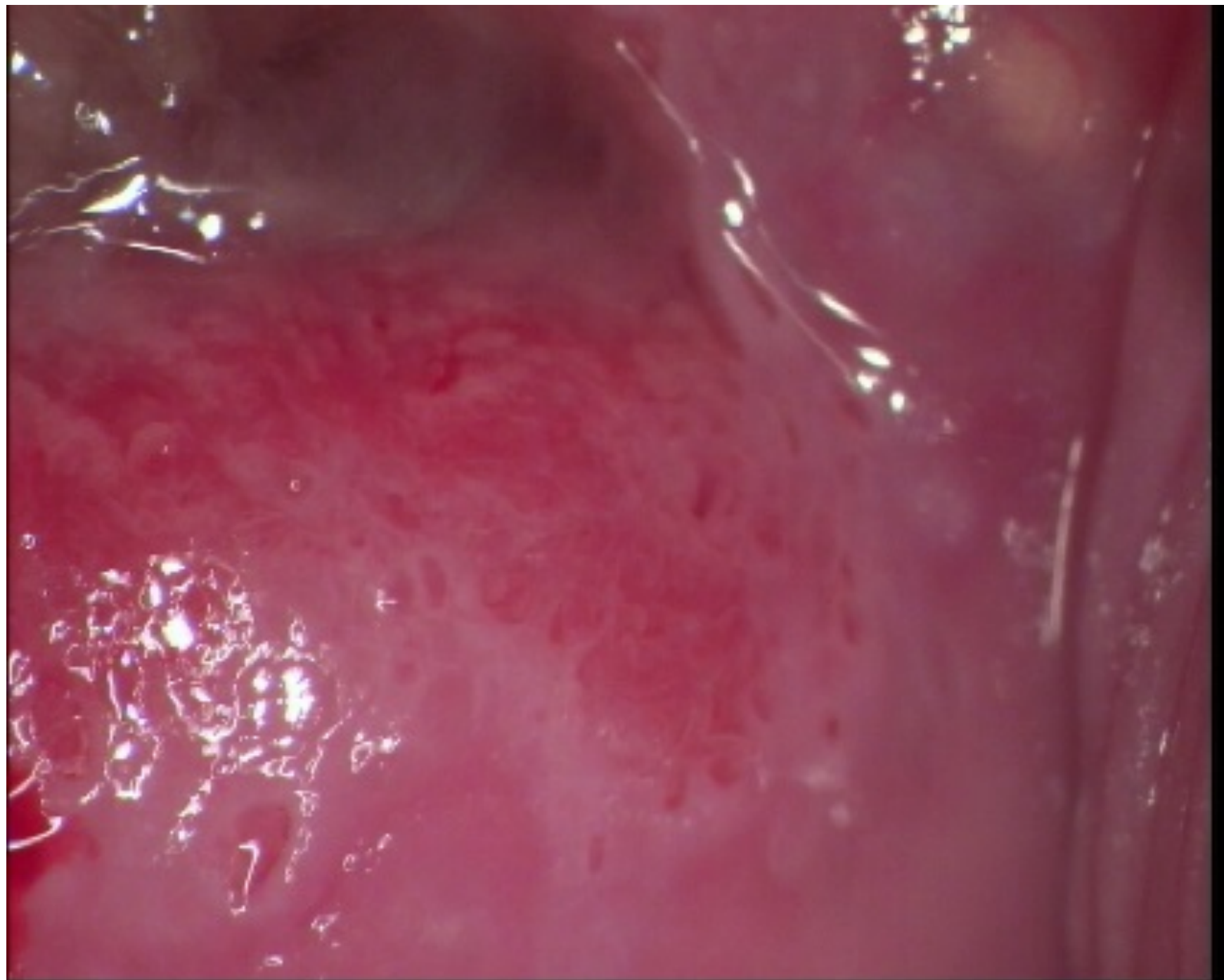










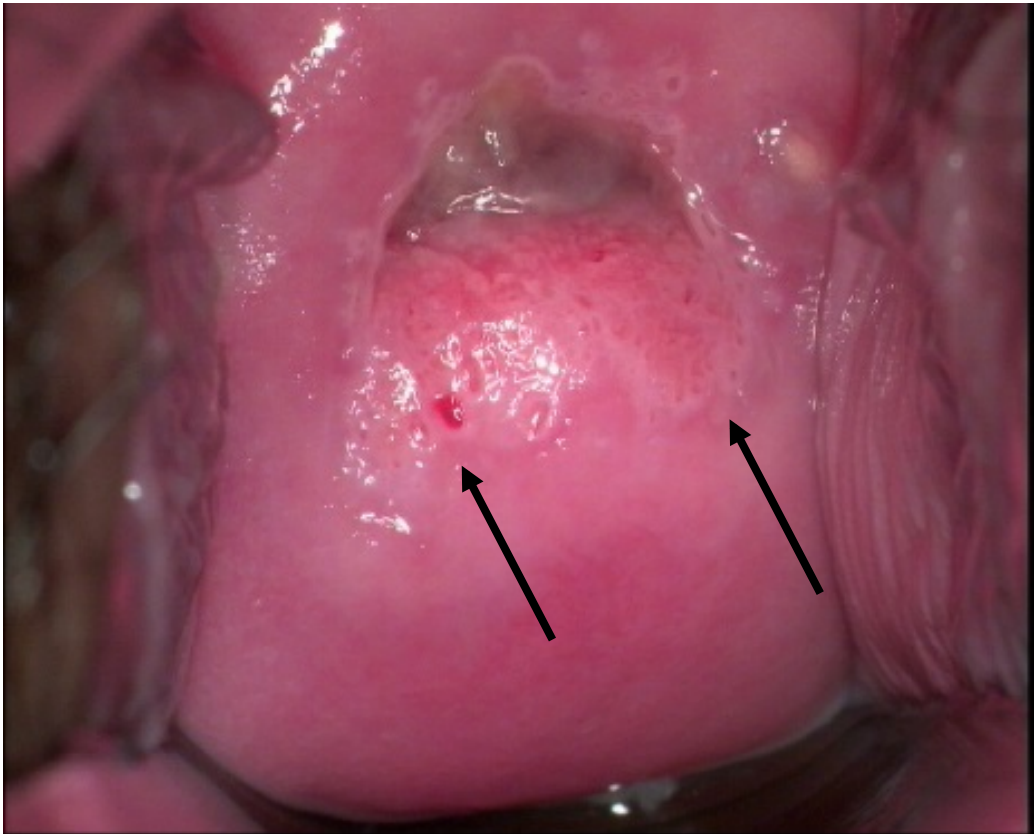


# Case 1: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others



# Case 1



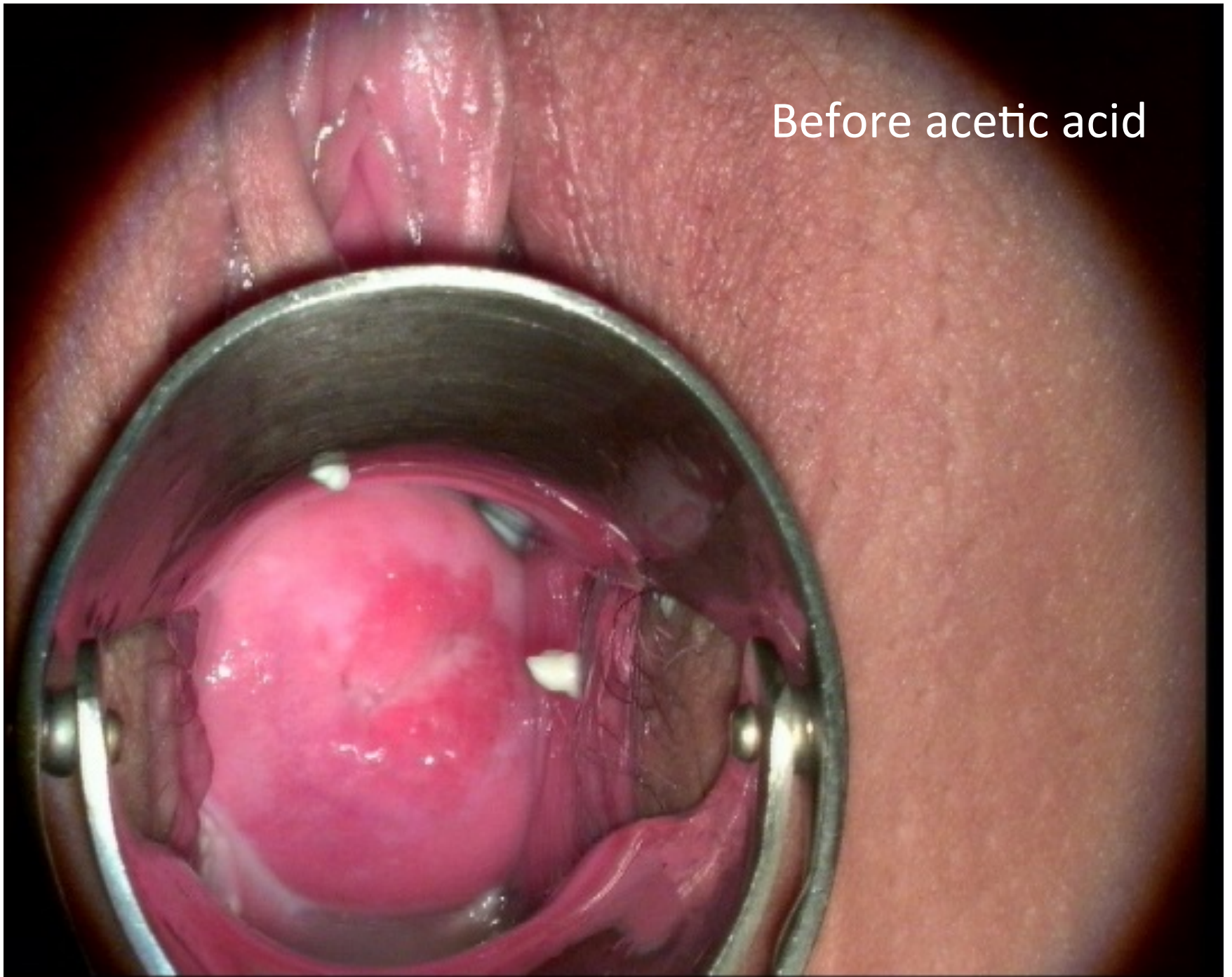
- Cervical biopsies:
  - 4, 5 and 8 o'clock
  - Condyloma

## Case 2

- F/24, non-smoker
- Para 0, on OC pills
- Hx of chronic PID with bilateral salpingotomy on 15/11/11
- Routine Pap smear in private on 12.3.2019 showed ASC-H
- Colposcopy on 8.4.2019



Before acetic acid



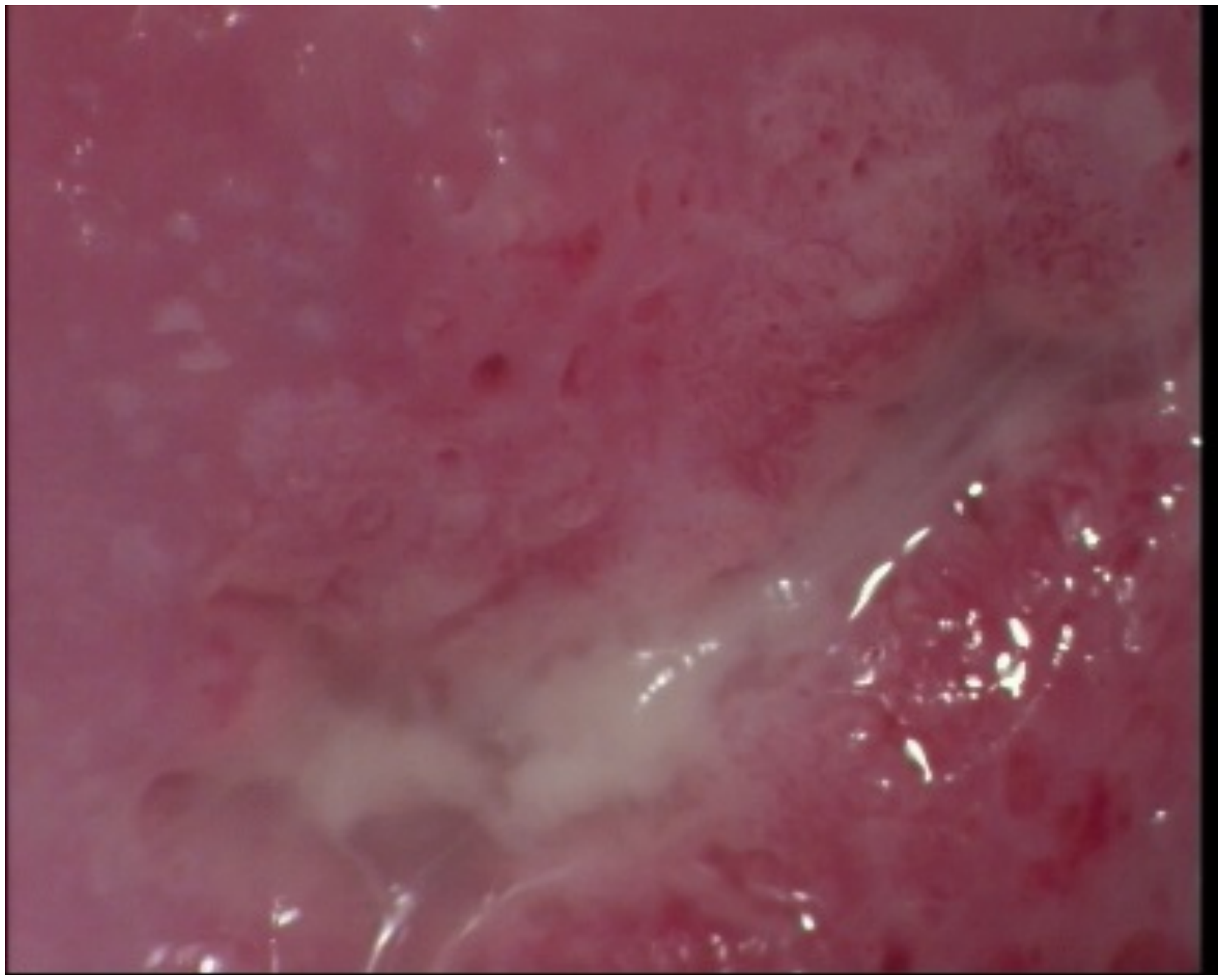
After acetic acid

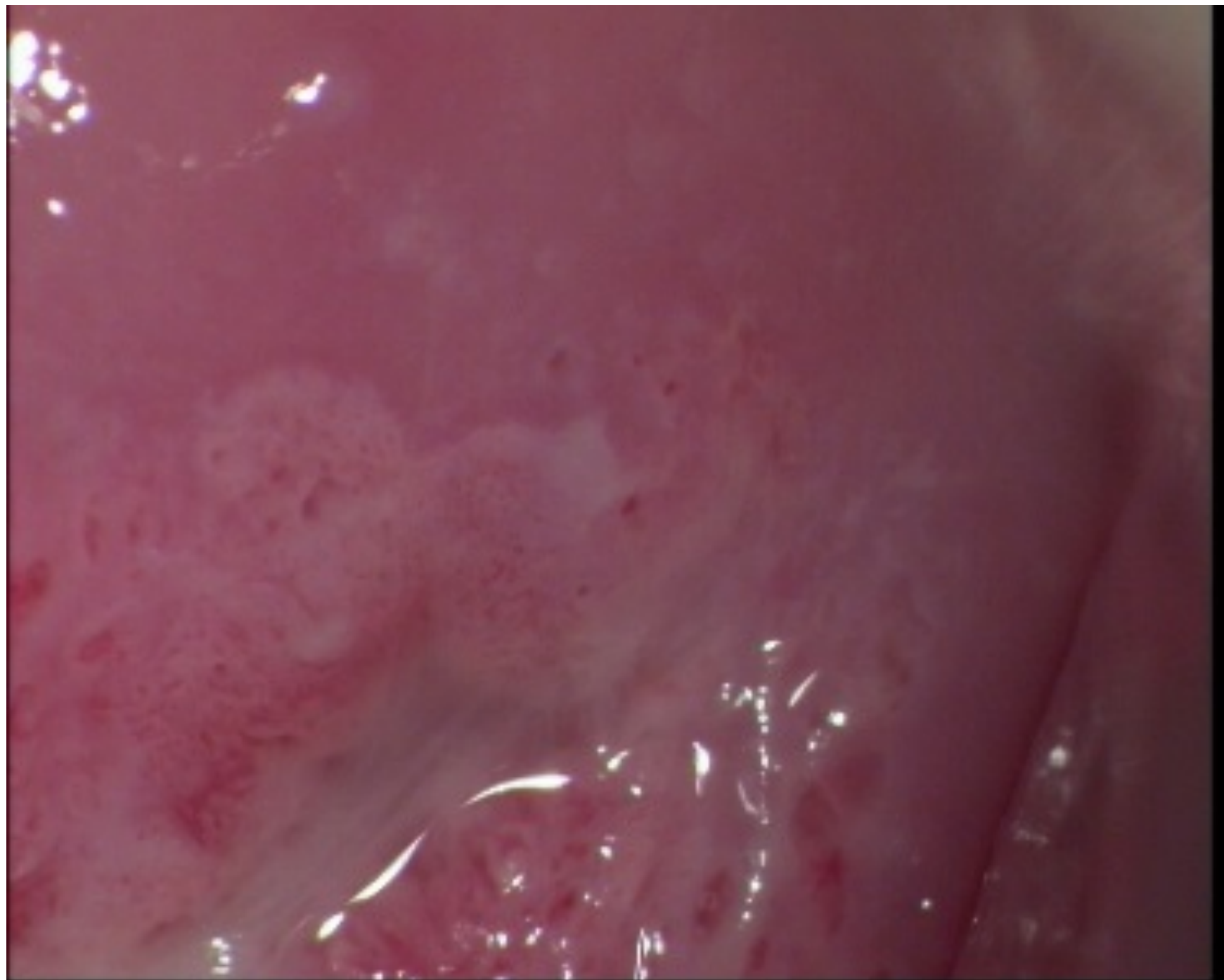










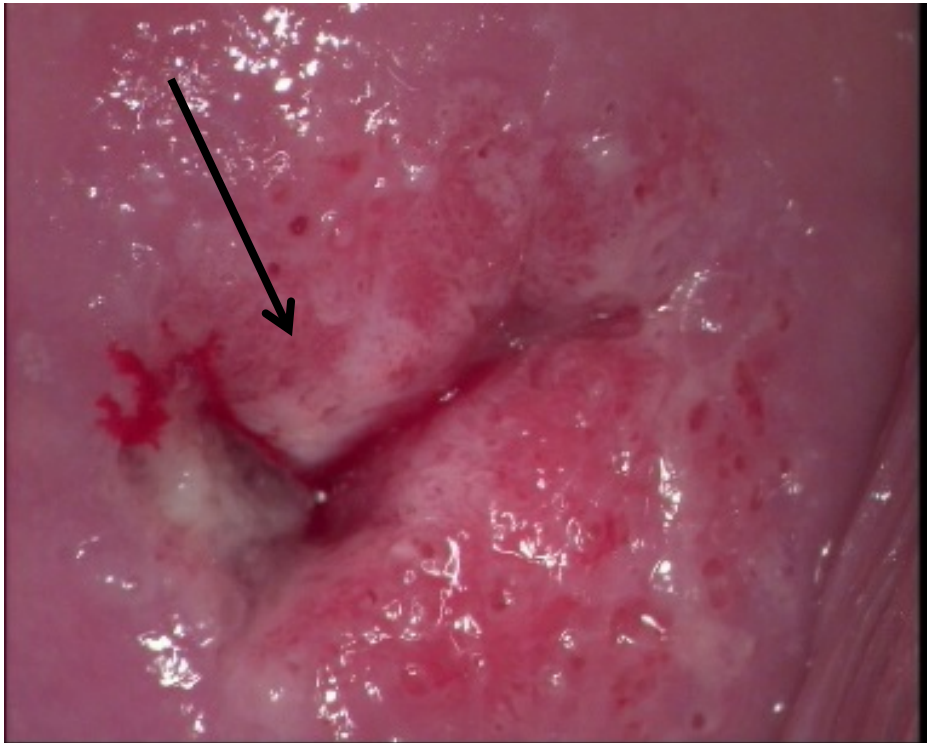


## Case 2: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others



# Case 2



- Biopsies:
  - 1 oclock: condyloma
  - 10 o'clock: CIN 3
  - 12 o'clock: CIN 2
- LEEP: 11.6.2019

# Case 3

- F/47 Thai, non-smoker
- Para 1, condom for contraception
- Menopausal since 43
- HIV +ve since 2001
- History of LEEP for CIN 3 in 2001
- Yearly Pap smear normal
- Referred from Special Medical Clinic for LSIL taken on 26.2.2019
- On Combination Antiretroviral Therapy (cART)
- Latest viral load undetectable, CD4 904 cell/ul
- Colposcopy on 31.5.2019

Before acetic acid



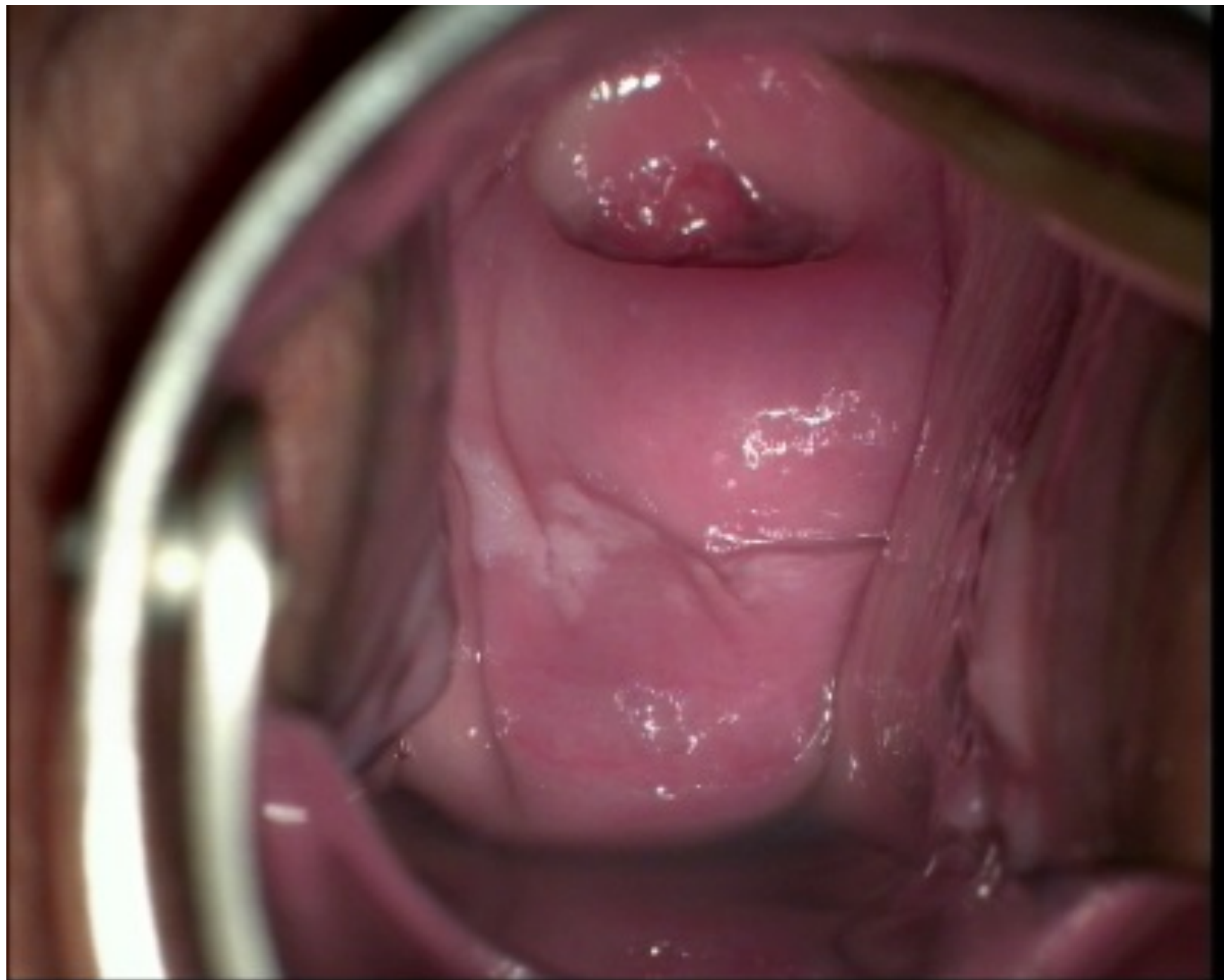
After acetic acid



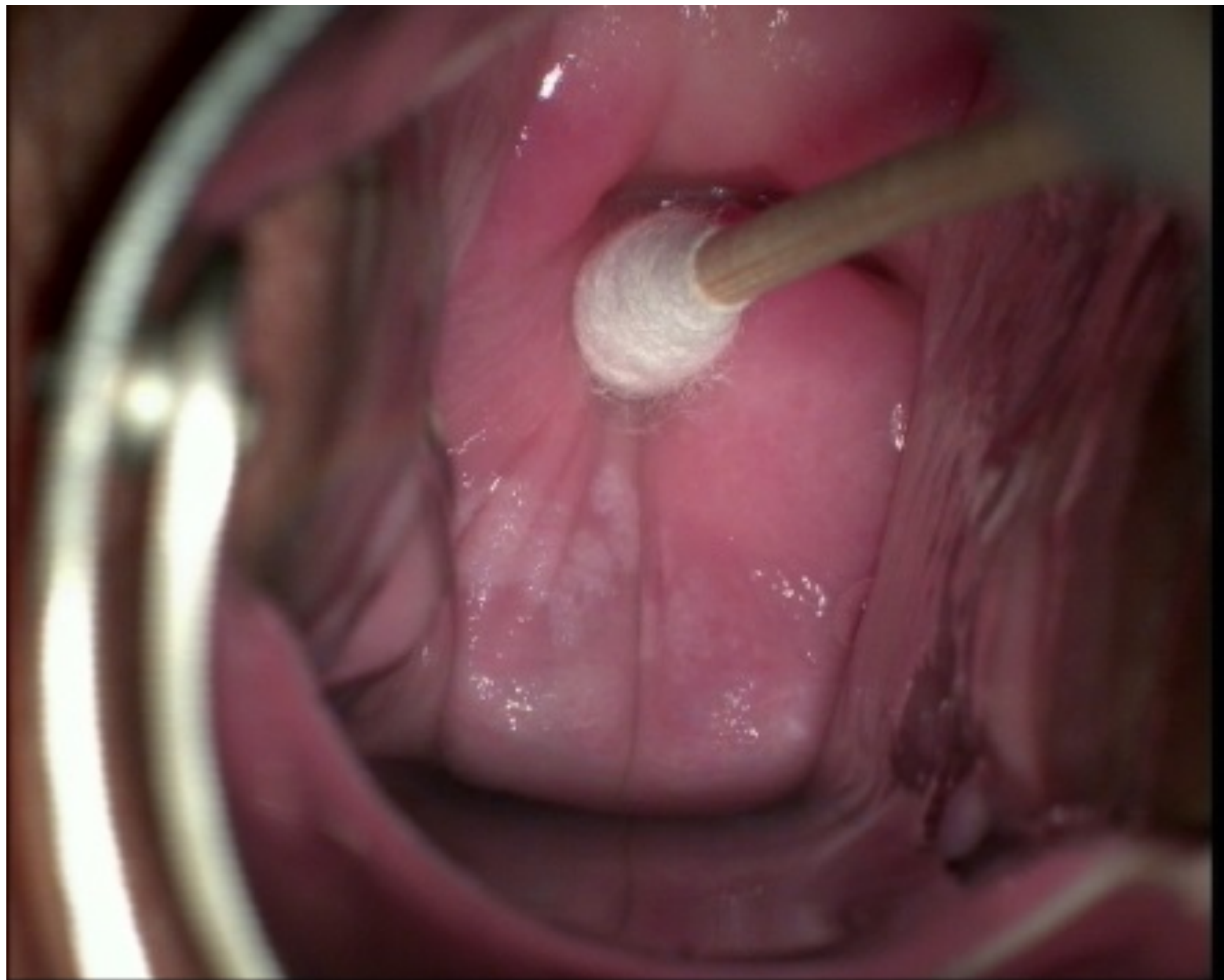








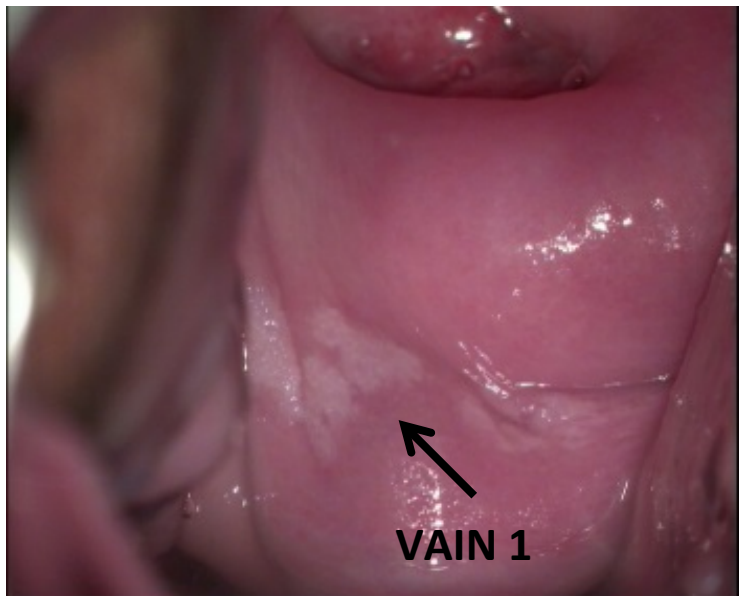
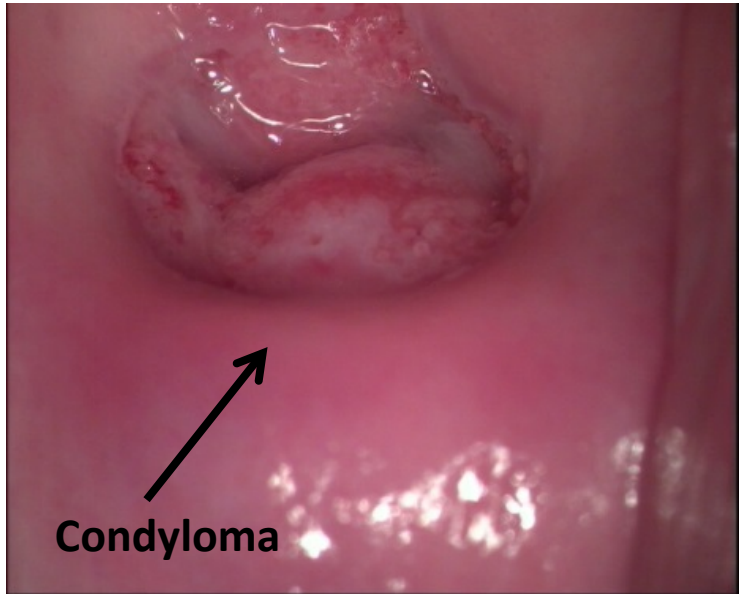








# Case 3



- Biopsies:
  - Cervix 6 o'clock:
    - Condyloma
  - Posterior vagina:
    - VAIN 1, condyloma

# Case 3: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 / VAIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 / VAIN 2-3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

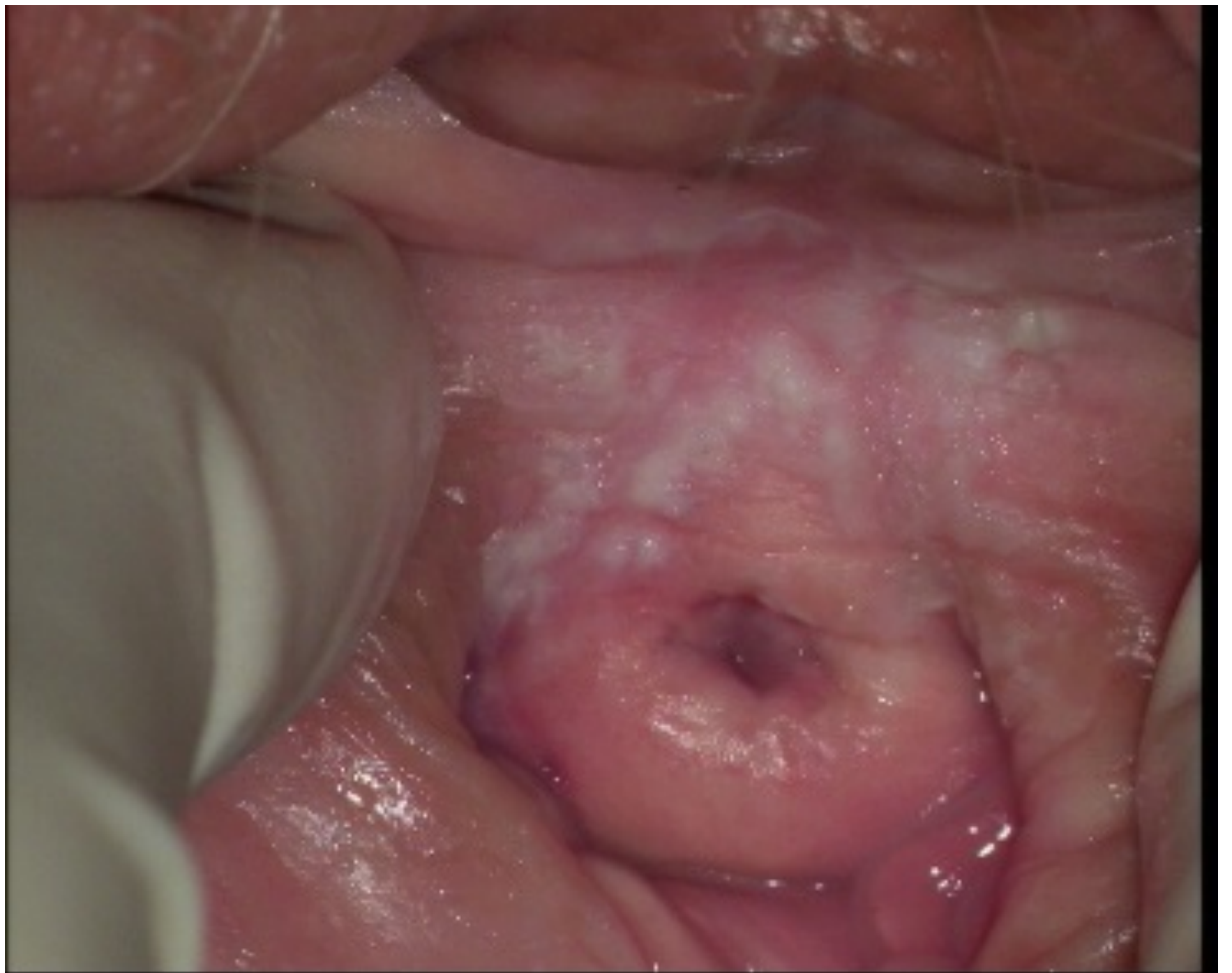
# Case 4

- F71
- Para 3
- History of TAHBSO done in private in 1997 for fibroid
- No PMB all along
- Noted pruritus vulvae and ani for few year, increase vulval itchiness
- Colposcopy on 6.3.2019









An intraoperative photograph showing a surgical procedure on the female perineum. A large, white, cylindrical surgical retractor is positioned on the left side of the frame. The surgical field is exposed, revealing the perineal skin and underlying tissue. A small, white, circular surgical site is visible on the right side of the image, likely the area of the posterior fourchette. The tissue appears moist and pinkish-red. The text "Posterior fourchette" is overlaid in white at the bottom left of the image.

Posterior fourchette

A clinical photograph showing the posterior fourchette of the penis. The skin is pink and moist, with some white, irregular patches visible on the lower part of the foreskin. The text "Posterior fourchette" is overlaid in white at the bottom left.

Posterior fourchette



Left labia

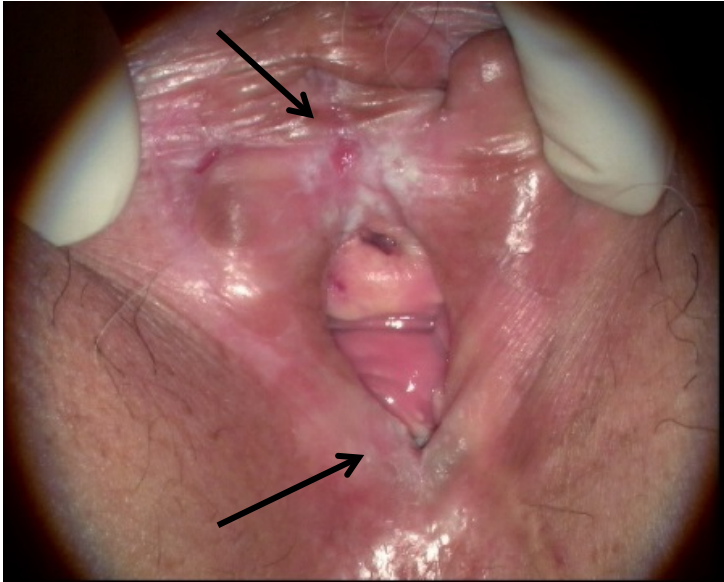


# Case 4: Impression ?

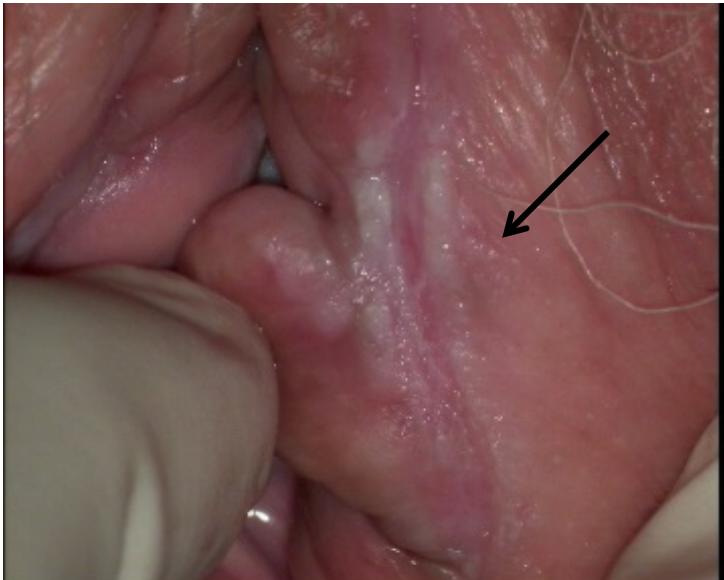
- a) Warts / HPV
- b) Low-grade VIN
- c) High-grade VIN
- d) Squamous Cell Carcinoma
- e) Extra-mammary Paget's disease
- f) Basal Cell Carcinoma
- g) Malignant Melanoma
- h) Squamous hyperplasia
- i) Lichen sclerosis
- j) Other Dermatoses
- k) Others



# Case 4



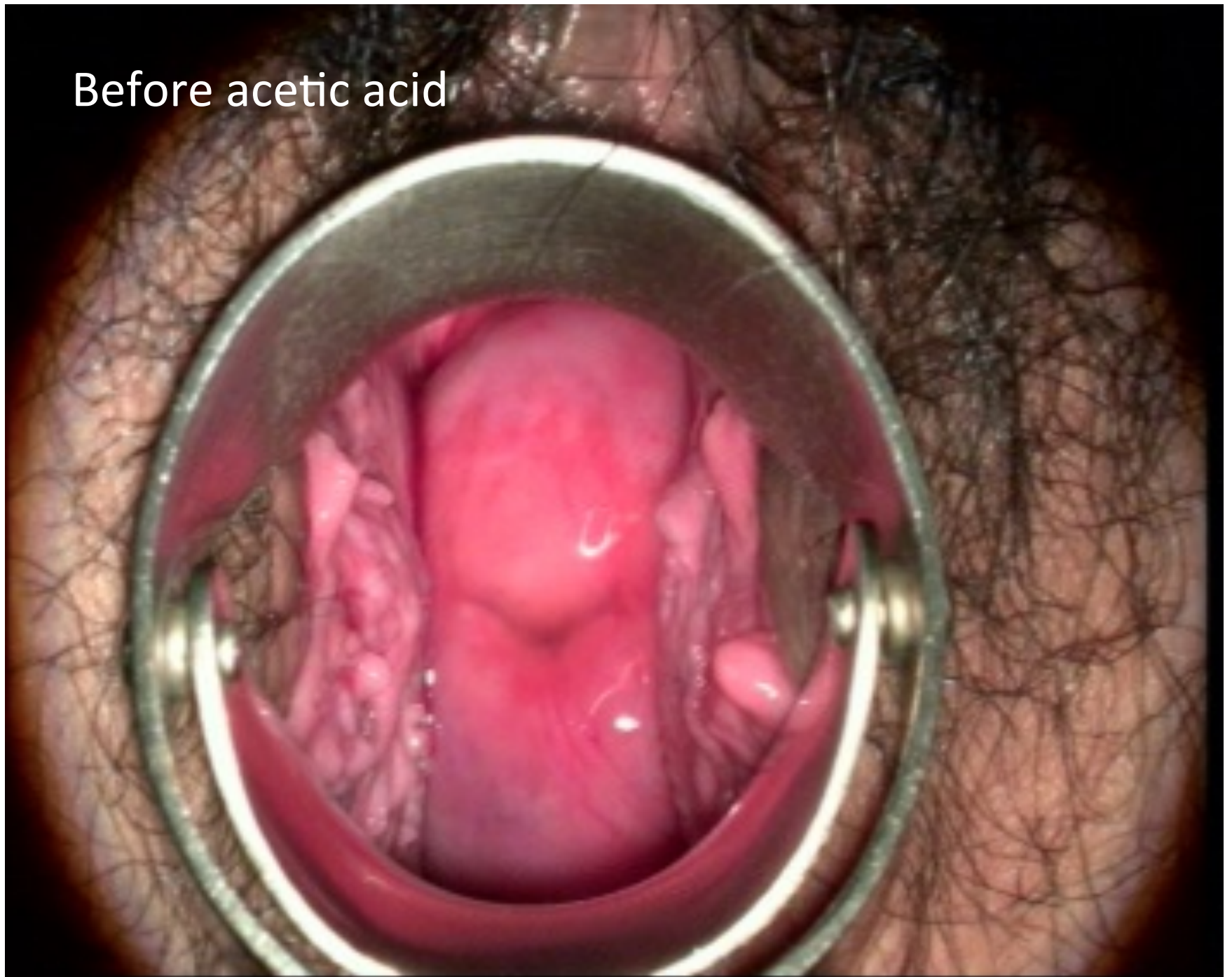
- Biopsies at:
  - Periurethral region
  - Posterior fourchette
  - Left labia minora
- Lichen Sclerososis
- Given Clobetasol cream



# Case 5

- F29
- Para 2 condom
- Refer from FPA for ASCUS x 2 taken on 1.9.2018 and 11.1.2019
- Colposcopy on 29.4.2019

Before acetic acid





After acetic acid

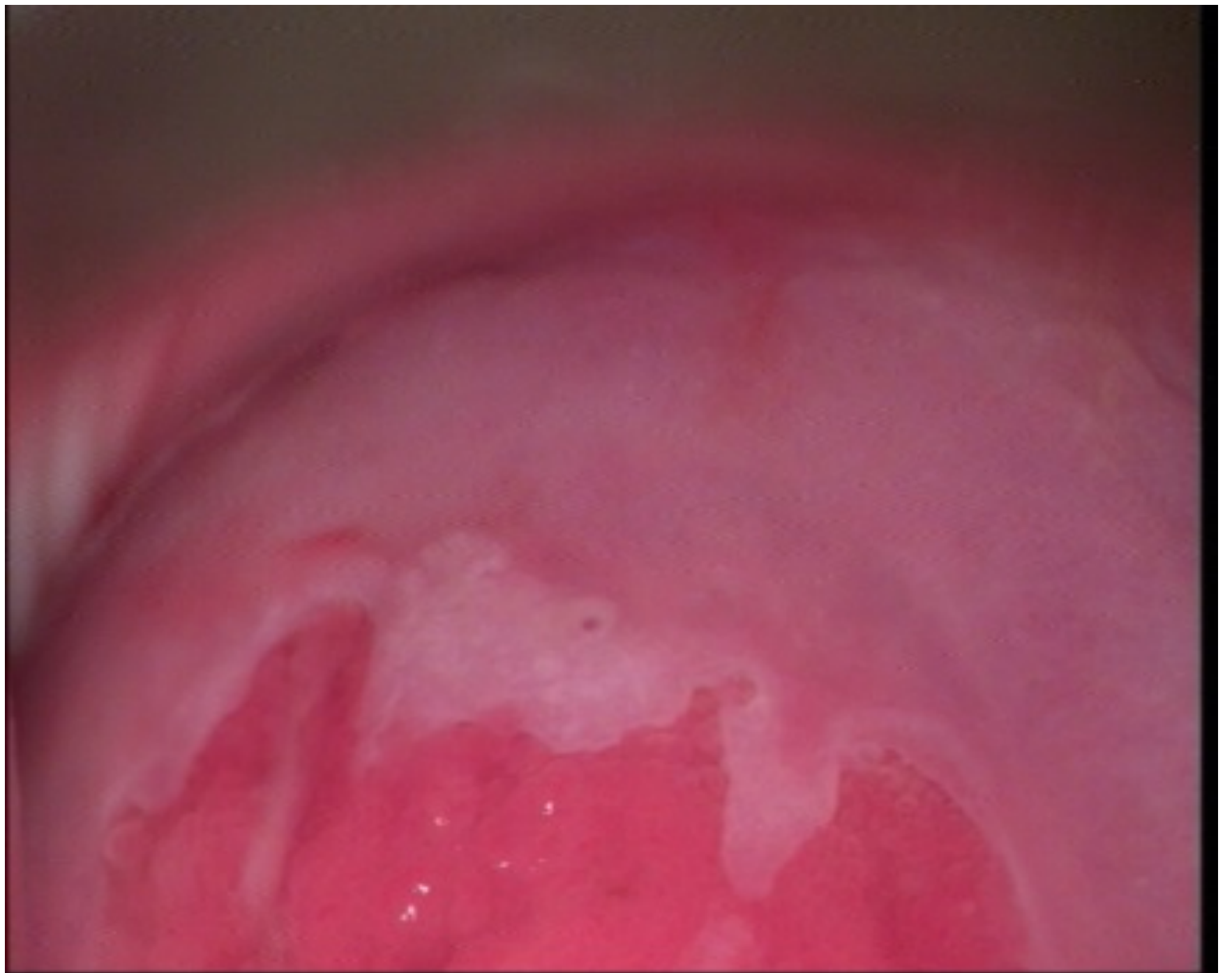
















Posterior cervix

# Case 5: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 5



- Biopsies:
  - 8 o'clock: CIN 1, condyloma
  - 12 o'clock: CIN 1, condyloma

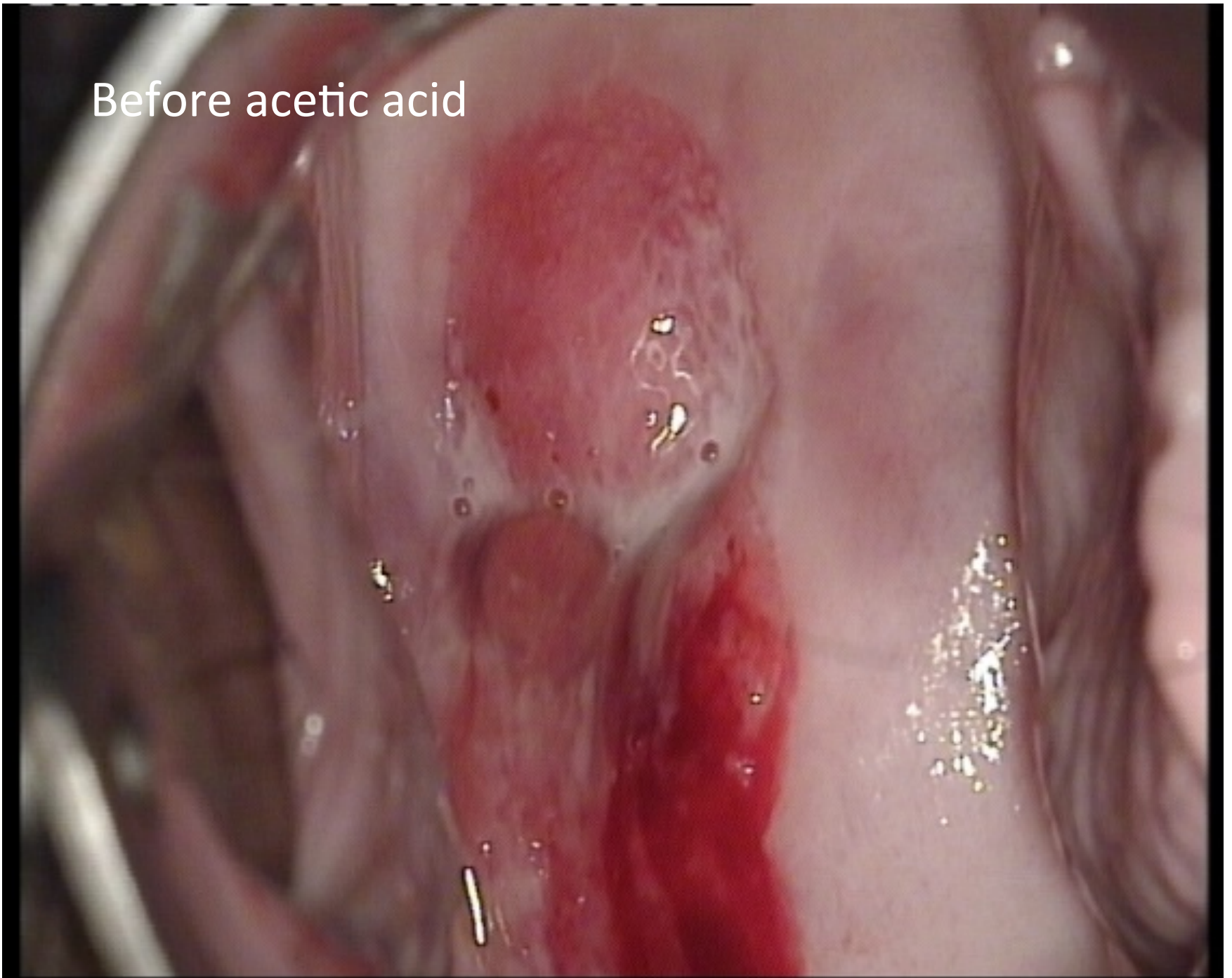




# Case 6

- F/49, non smoker
- Para 2 on IUCD
- Referred from FPA for ASC-H, AGC-NOS on 11.9.2017
- Colposcopy on 7.11.2017

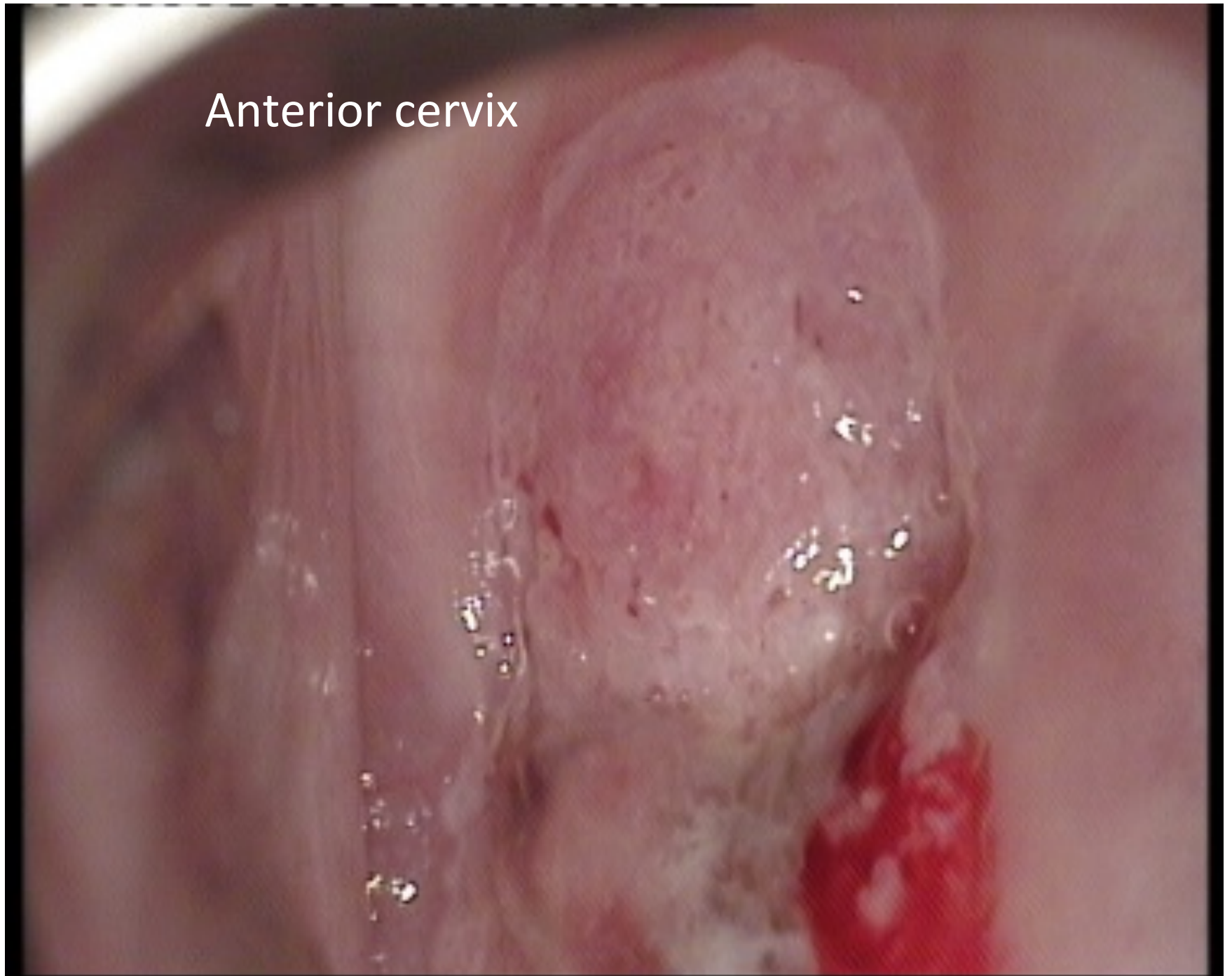
Before acetic acid



After acetic acid

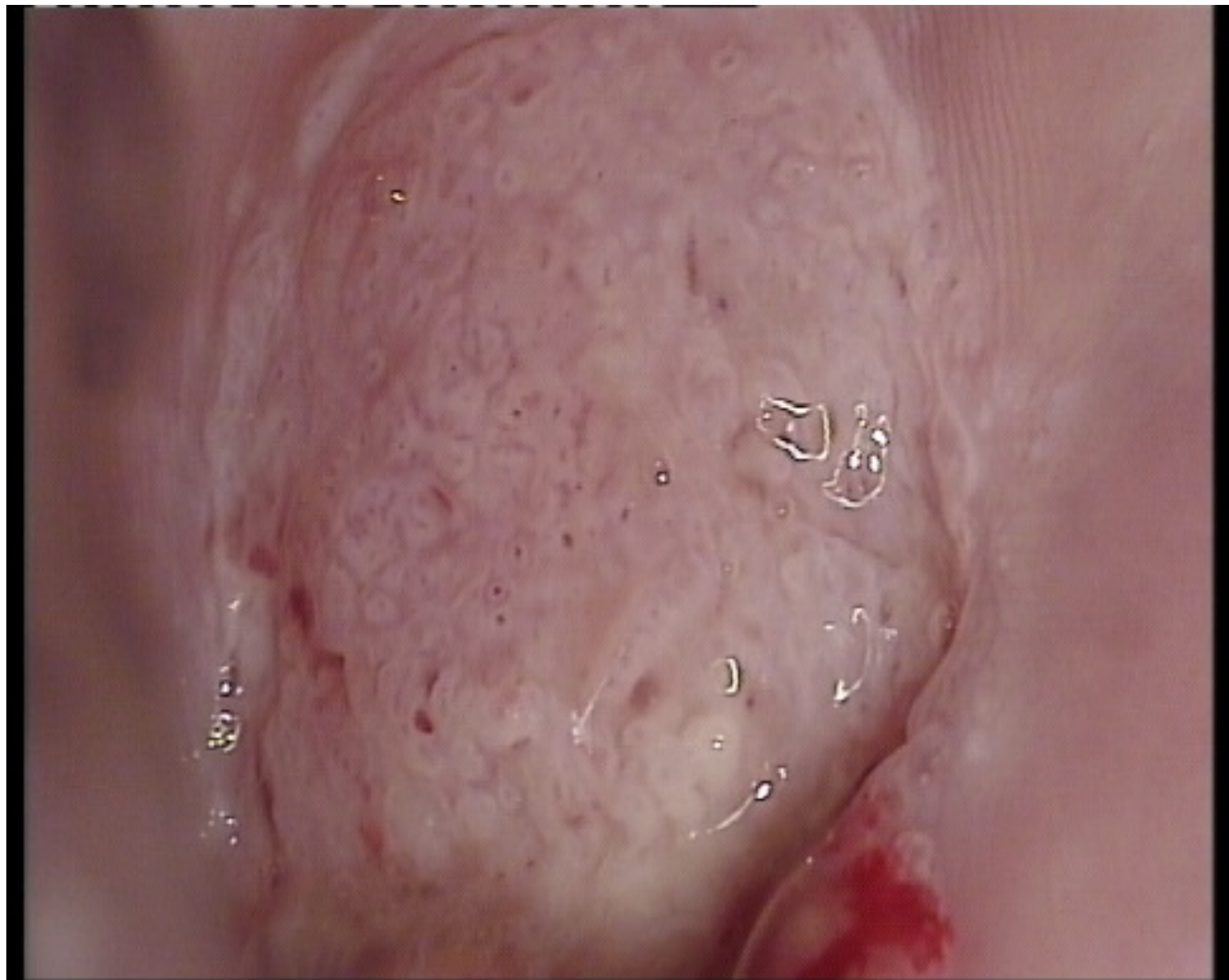


Anterior cervix











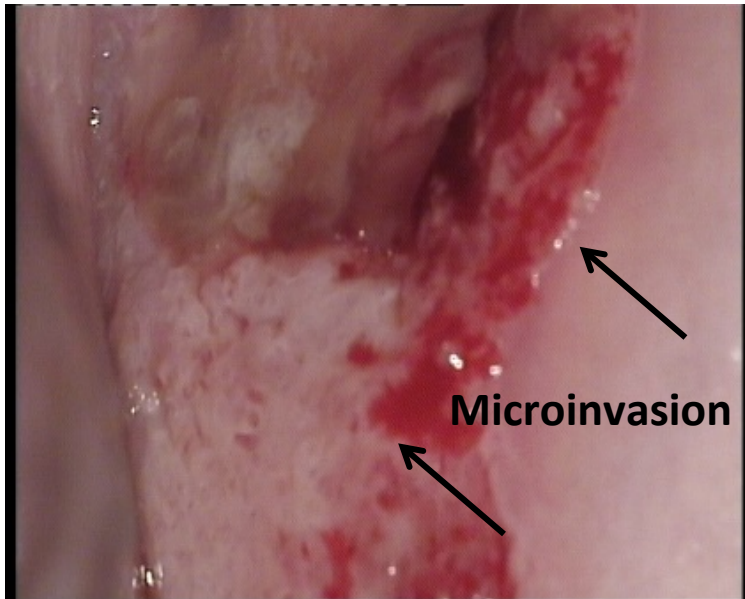
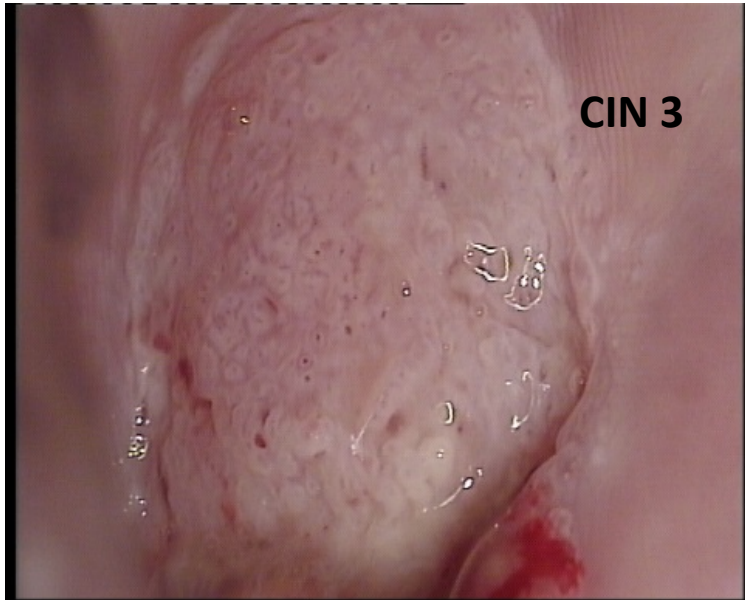
Posterior cervix



# Case 6: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 6

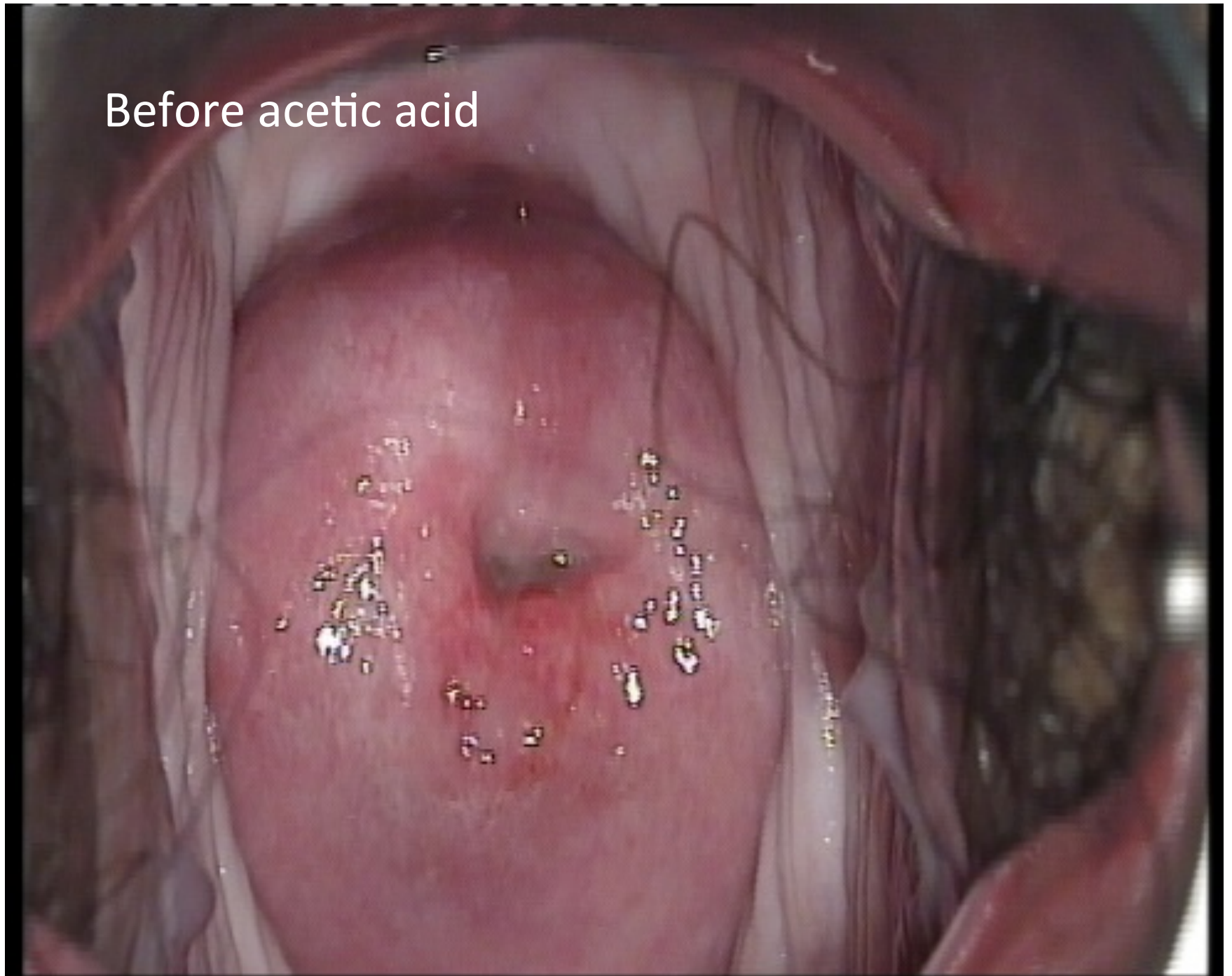


- Biopsies:
  - ECC : CIN 3
  - EB: Interval endometrium; CIN 3
  - Cervical biopsies
    - 2 and 12 o'clock: CIN 3
    - 4,6 and 7 o'clock: CIN 3, with suspicious of stromal invasion
- Cone biopsy 8.1.2018:
  - SCC with early stromal invasion at 2,5,8 O'clock
  - No LVSI
  - Background of CIN 2/3
  - Margins clear
- TLH 26.3.2018 – no residual tumour
- FU vault smears negative

# Case 7

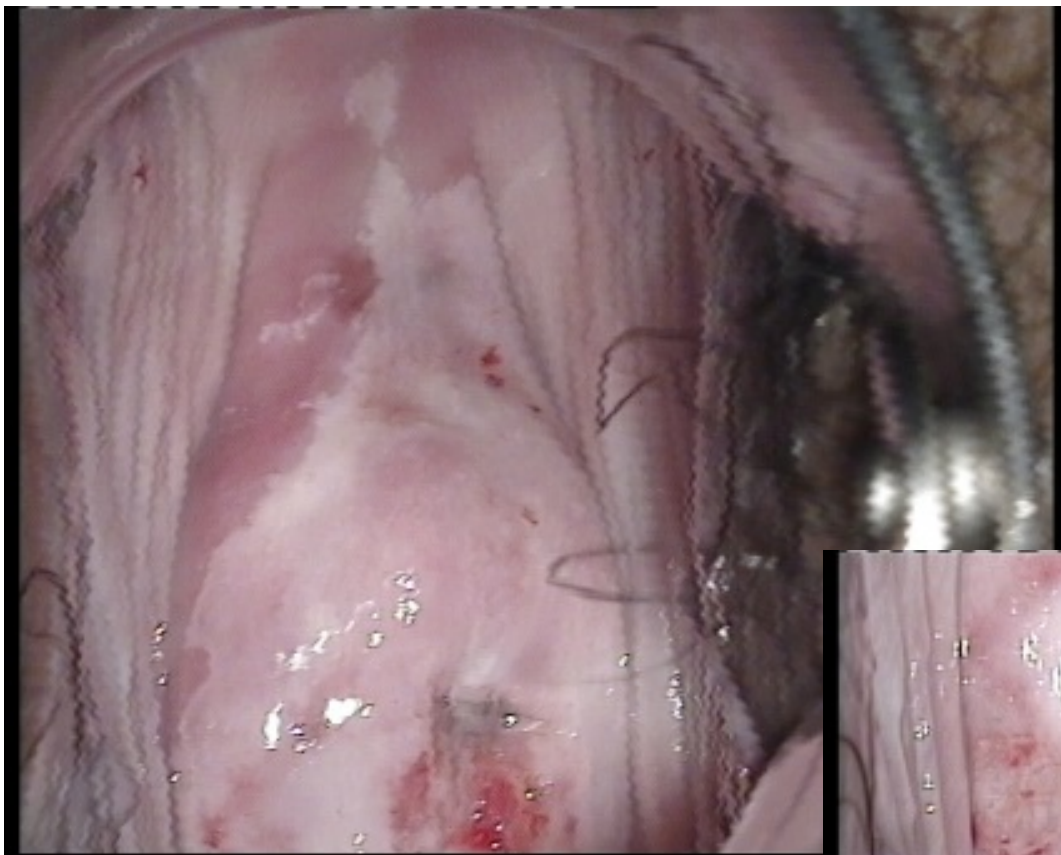
- F/30
- Par 0, 4 TOPs, on depoprovera for contraception
- Normal pap smear in private many years ago
- Pap smear in FPA for ASCUS and HPV+ve on 19.3.2017
- Colposcopy on 9.5.2017

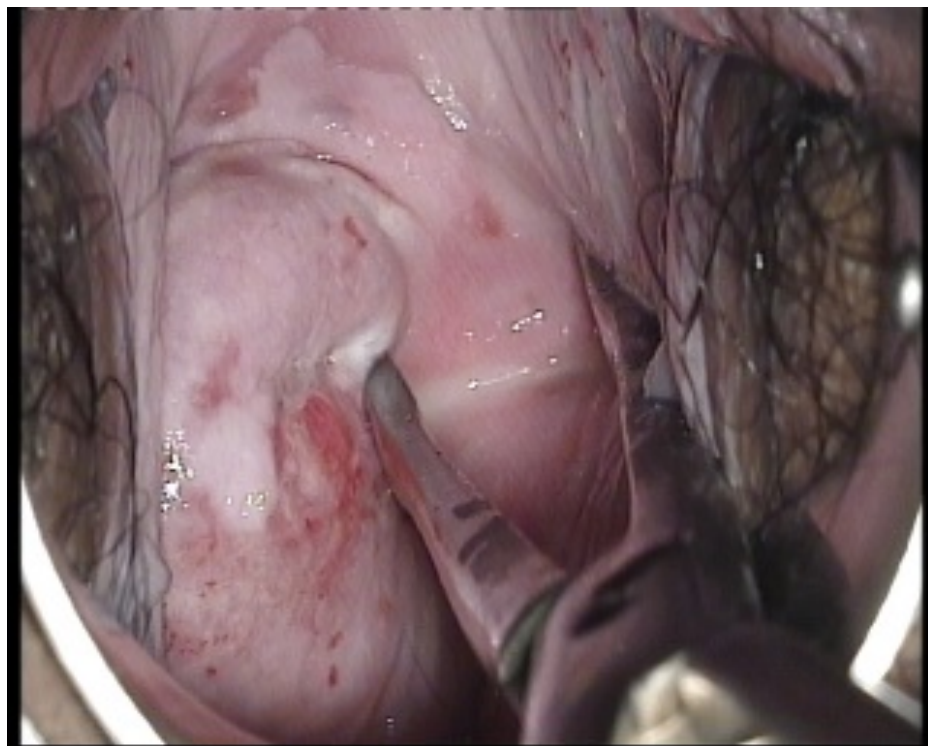
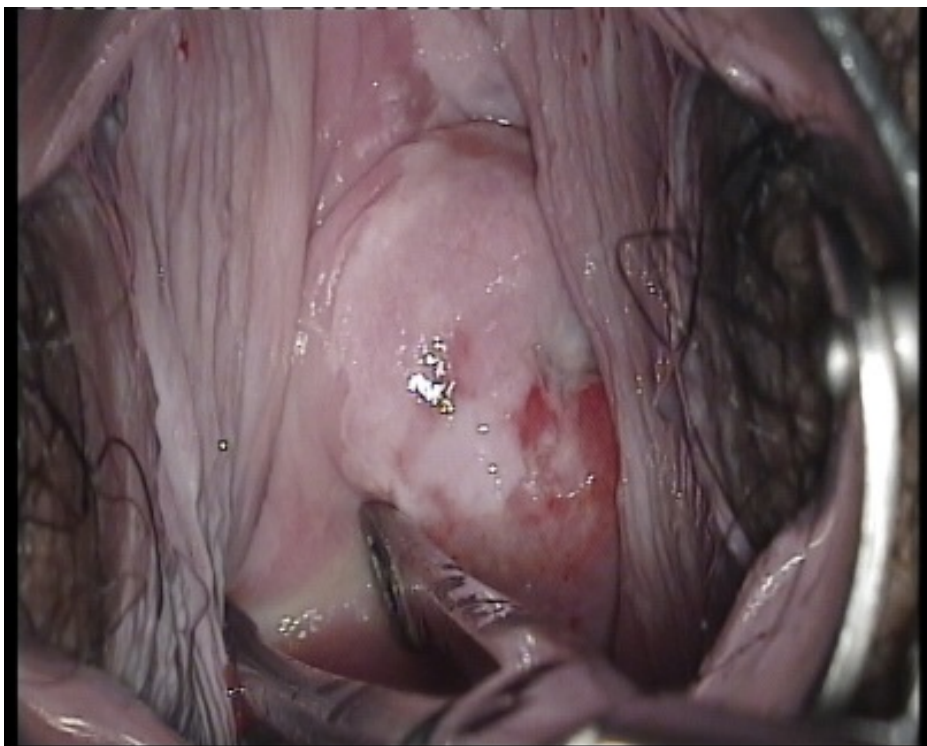
Before acetic acid





After acetic acid





Anterior





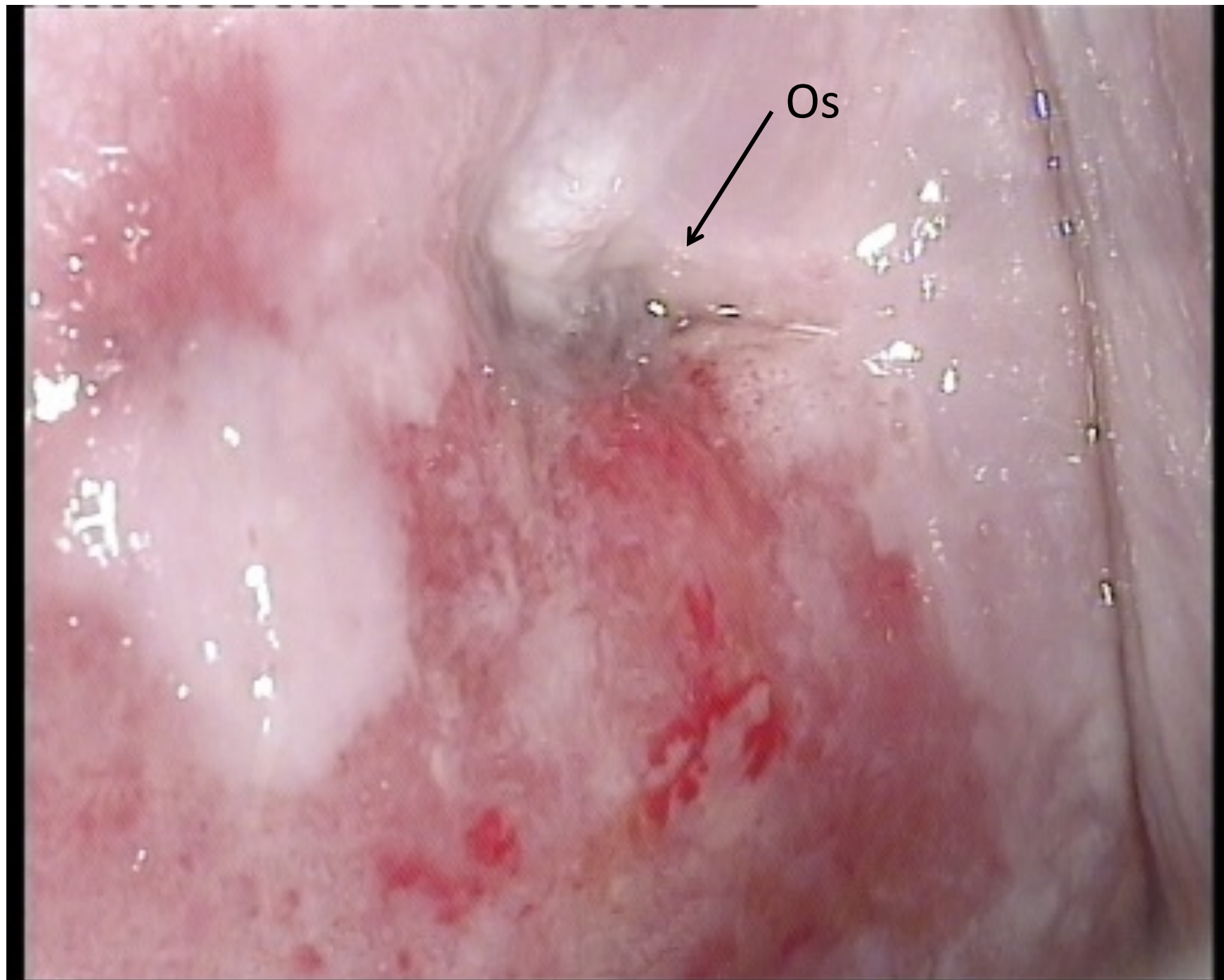
Anterior











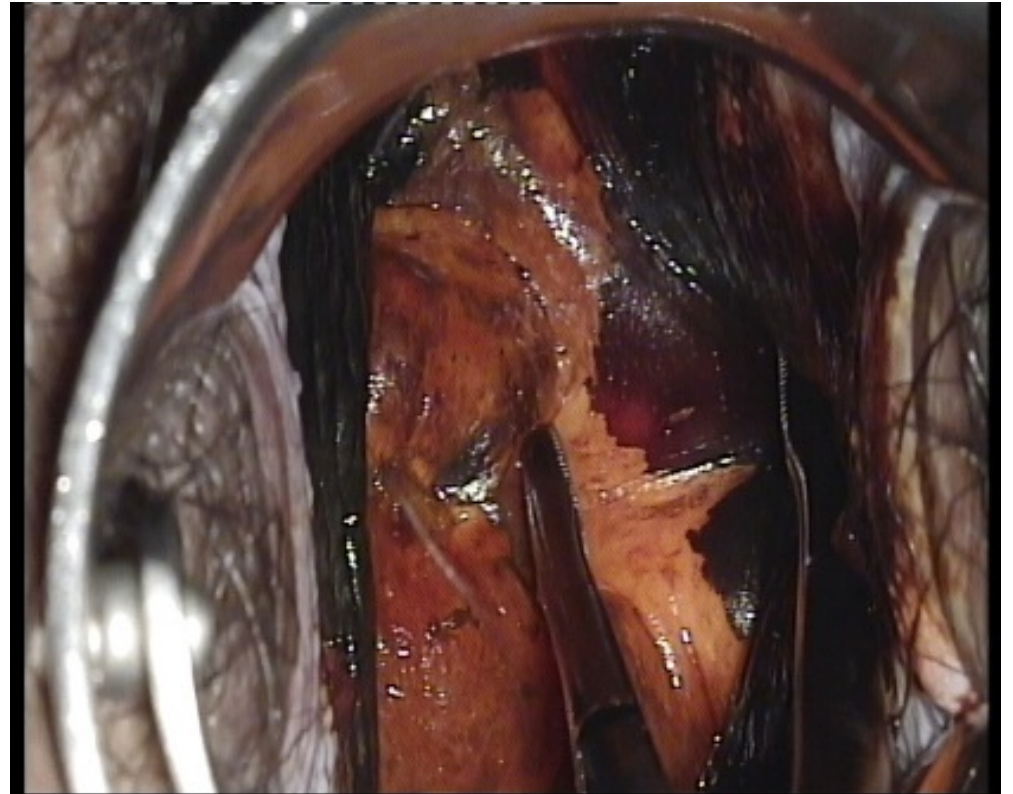
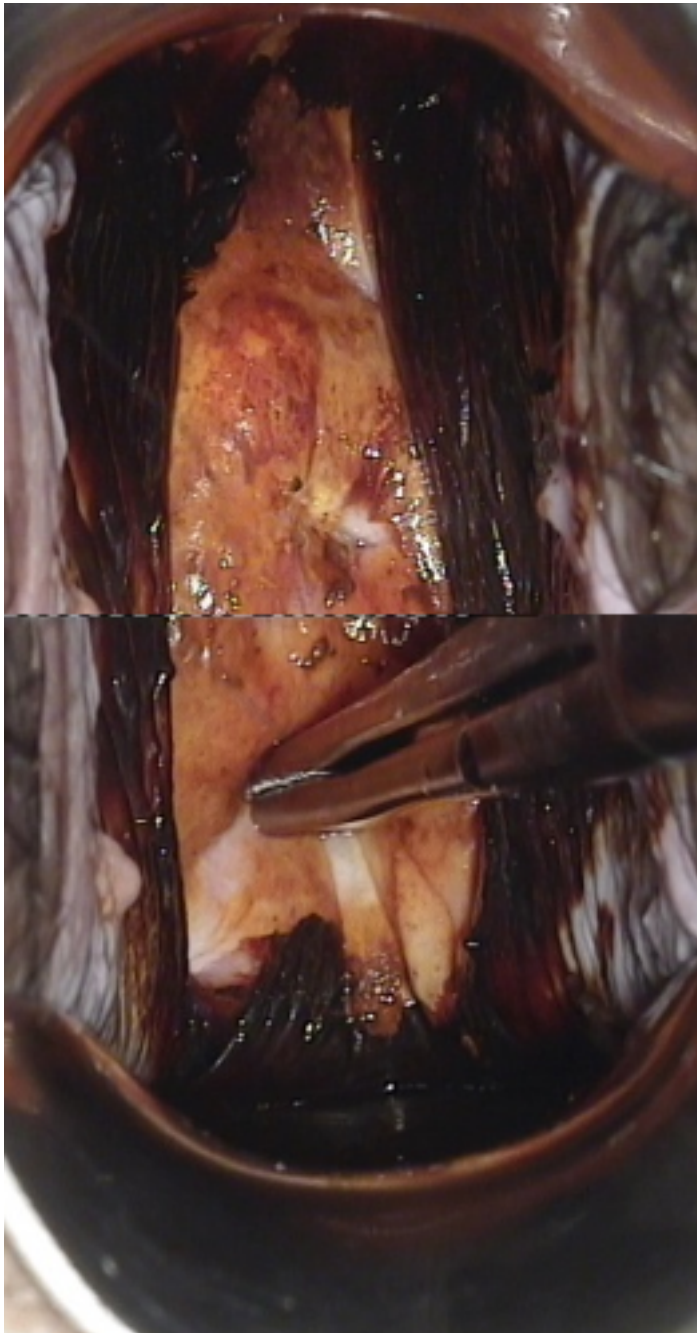




Left vagina



## Lugol's Iodine

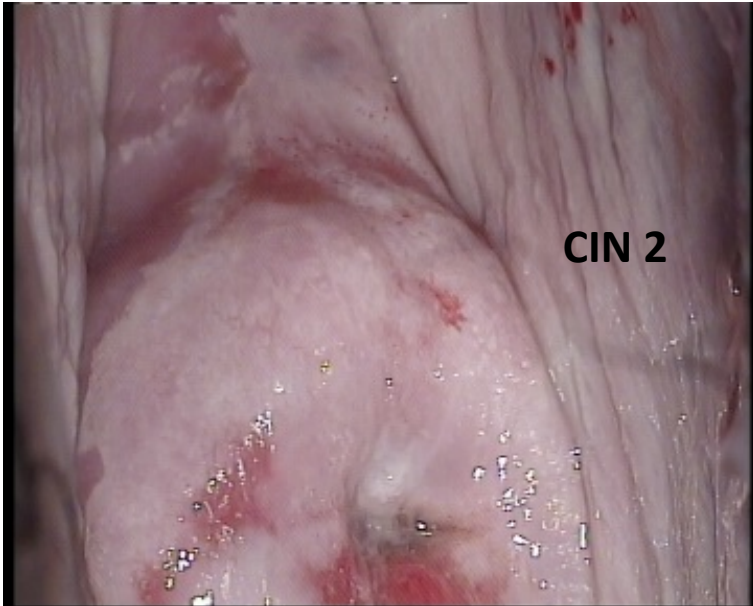




# Case 7: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 / VAIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 / VAIN 2-3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 7



- **Cervical Biopsies:**
  - 12 o'clock: CIN 2 and condyloma
  - 3 o'clock: cervicitis
  - 6 and 7 o'clock: atypical squamous cells
- **Vaginal biopsies:**
  - Left upper vagina - negative
  - Anterior vaginal fornix – vaginitis
  - Right vaginal fornix - VAIN 1, condyloma
- **LEEP 17.6.2017:**
  - CIN 2 at 10 and 12 o'clock
  - Other areas condyloma
  - Margins clear
- **FU smears on 8.2.2019, 21.8.2018 and 6.3.2018 all negative**

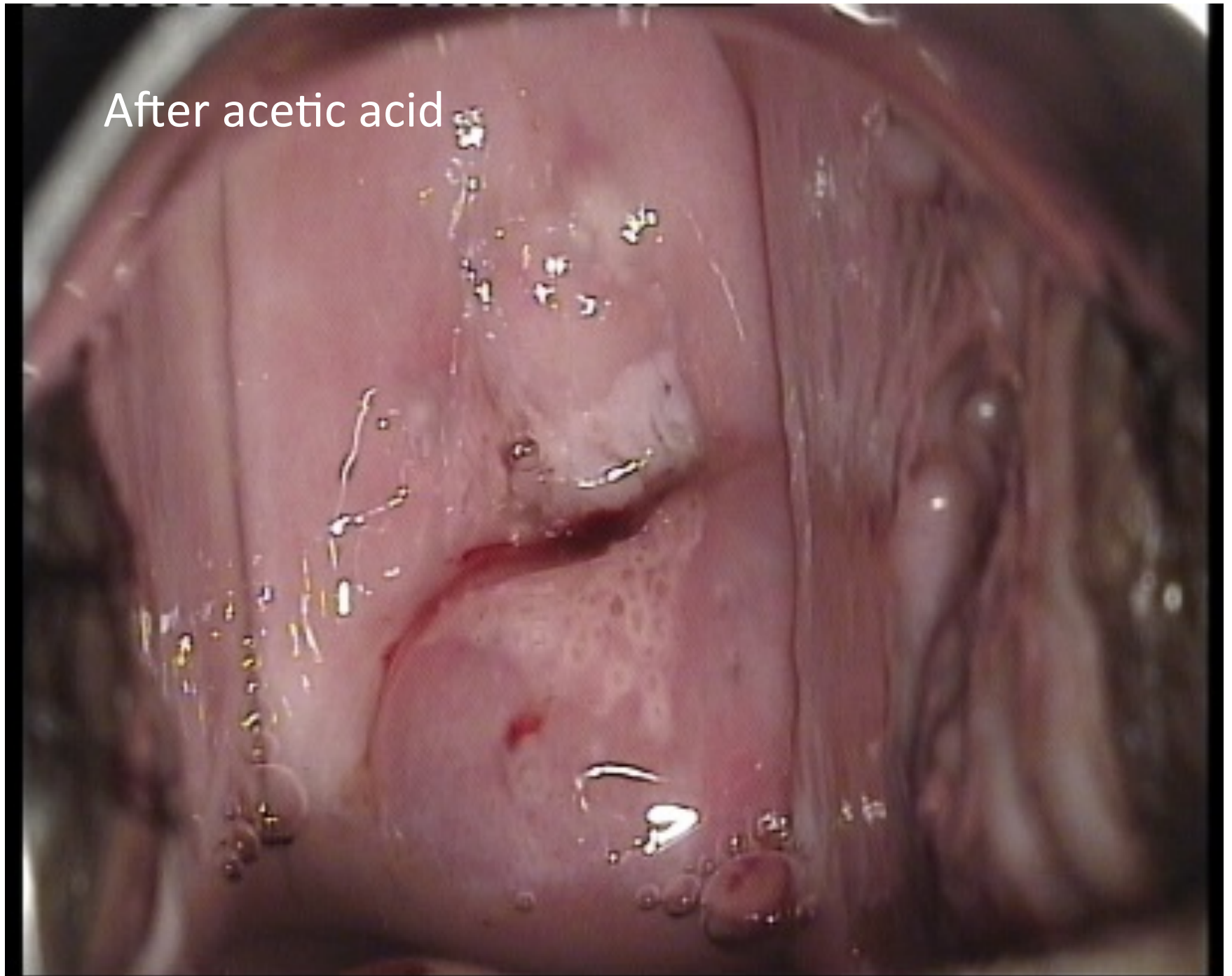
# Case 8

- F/42, non-smoker
- Para 1+3 (STOP x 2, miscarriage x 1)
- Referred from private for abnormal pap smear  
4.2.2016 - malignant cells from a squamous cell carcinoma are present
- Slide reviewed in QEH: At least HSIL, invasive squamous cell carcinoma cannot be excluded
- PV: no gross tumour
- Colposcopy on 19.2.2016

Before acetic acid



After acetic acid













# Case 8: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others



# Case 8



- Cervical Biopsies:
  - 11 o'clock: CIN 3; condyloma
  - 1 o'clock: CIN 3; suspicious of AIS / Stratified Mucin-producing Intraepithelial Lesion (SMILE); condyloma
- Cone biopsy on 6.6.2019:
  - CIN 3 at 2,3,6,12 o'clock
  - Very focal SMILE at 2 o'clock
- TLH 26.9.2016
  - No residual

# Stratified Mucin-producing Intraepithelial Lesion (SMILE)



- A form of high-grade reserve cell dysplasia, probably arising from reserve or stem cells with the capacity for multidirectional differentiation
- Morphological overlap with CIN and AIS
- Coexisted with high-grade CIN in 93% of cases, AIS in 42%, and a carcinoma in 10%
- Management as for AIS

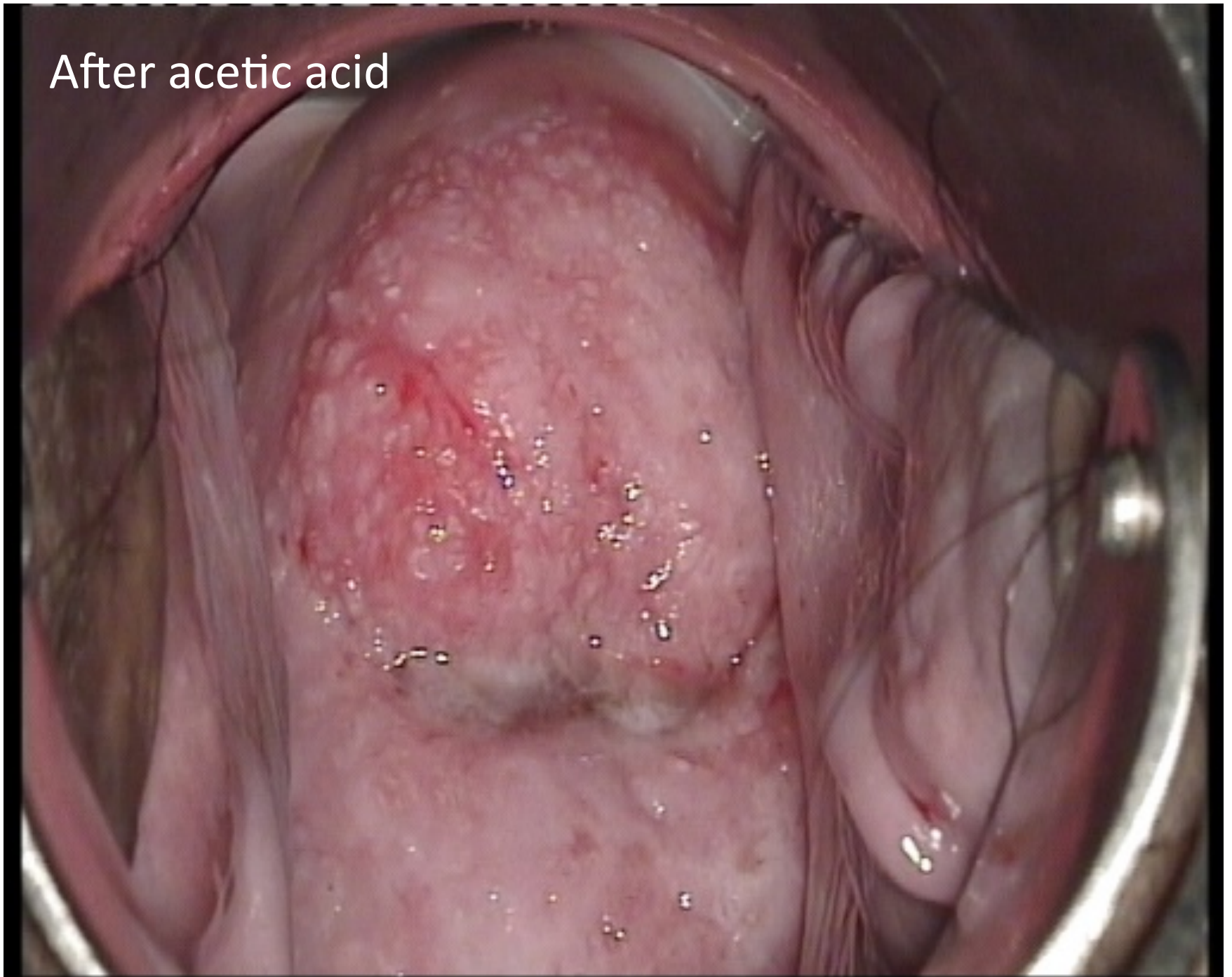
# Case 9

- F/44
- Para 2 sterilization done
- Referred from MCH for HSIL with features suspicious of invasion on 17.7.2015
- Colposcopy on 4.8.2015

Before acetic acid

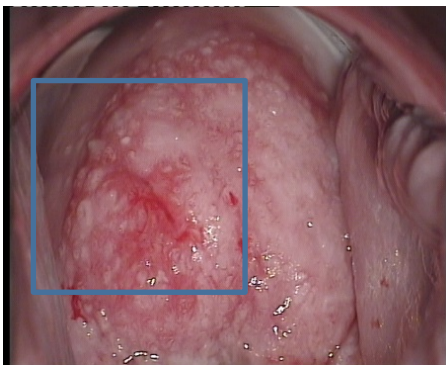


After acetic acid

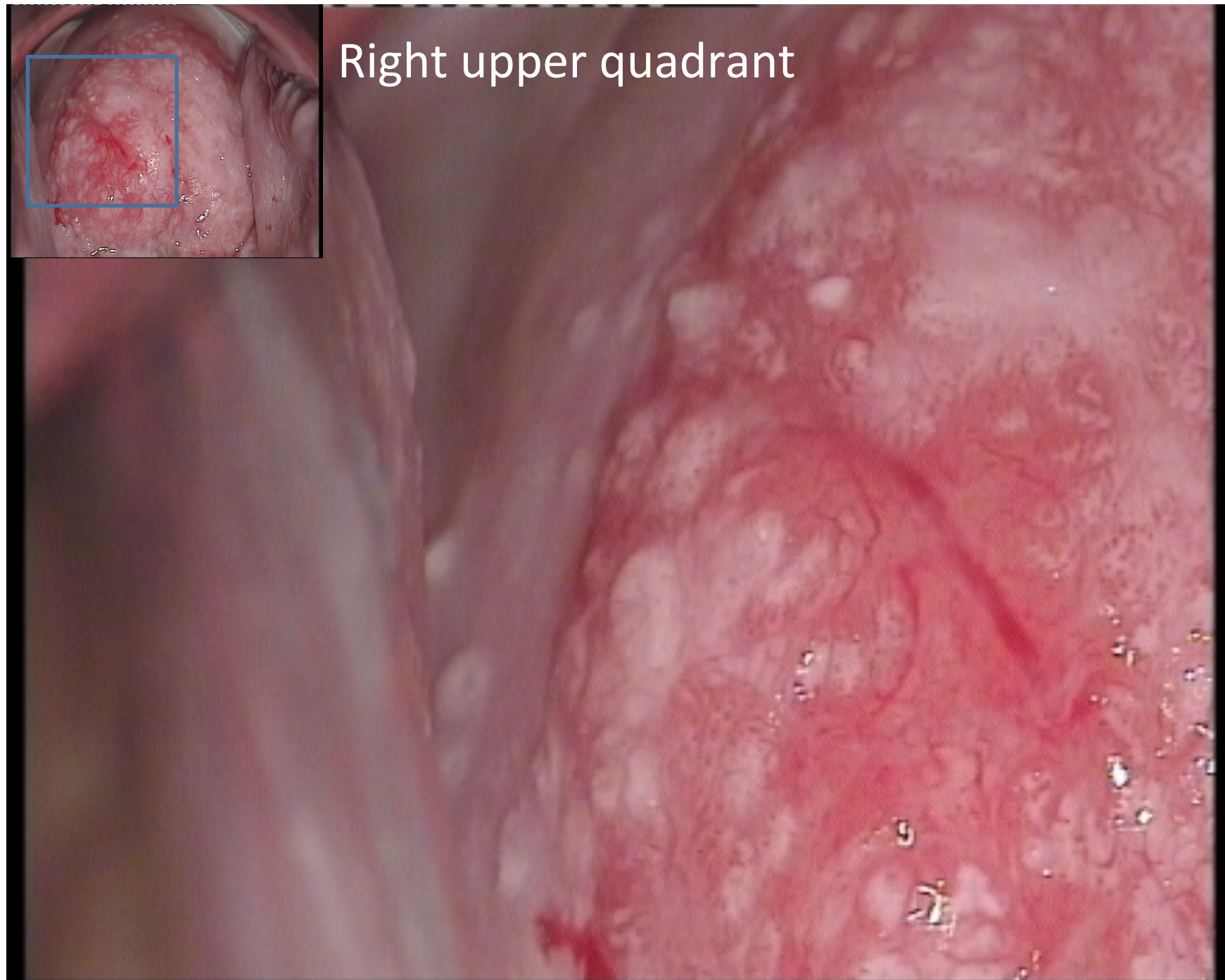




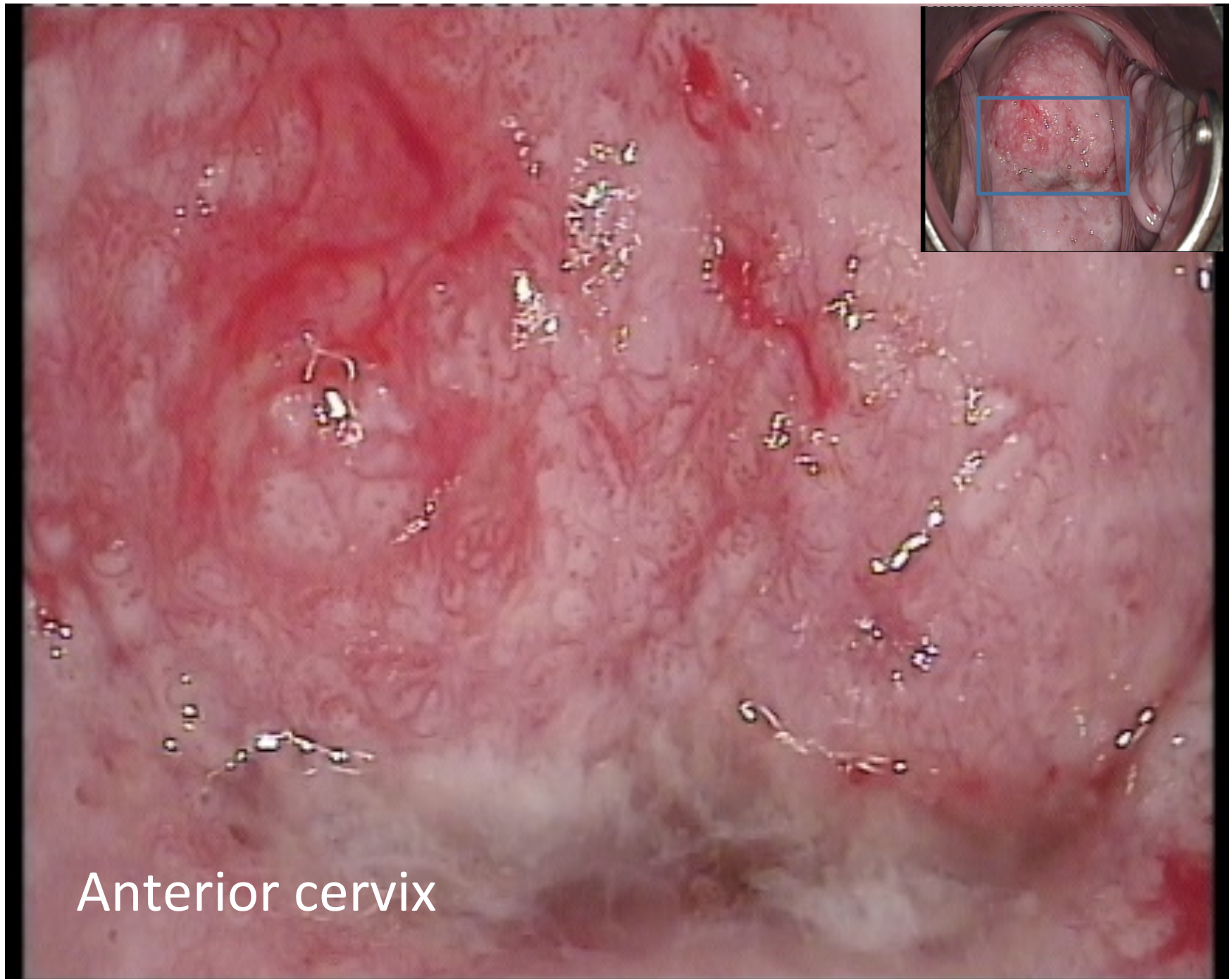




Right upper quadrant



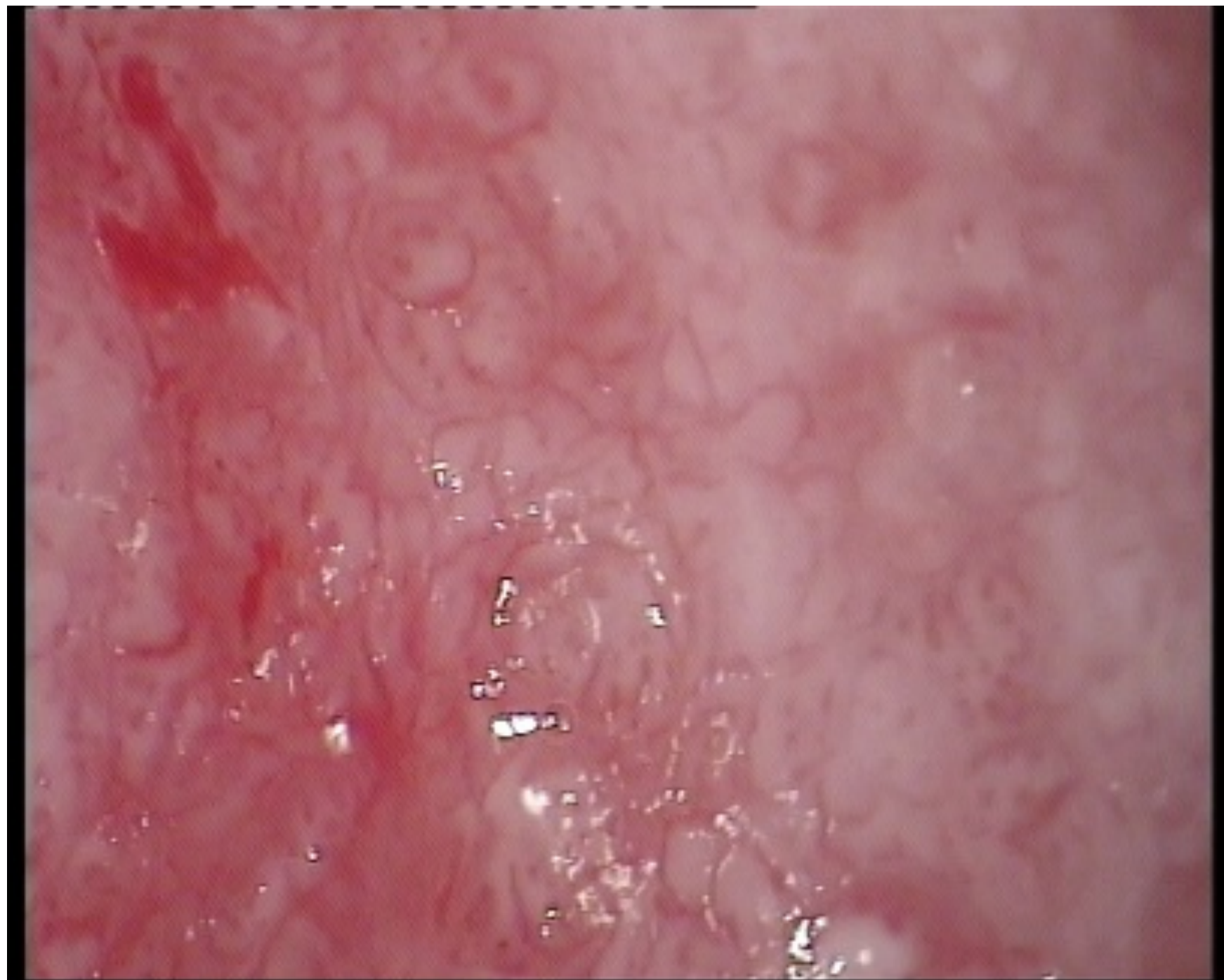




Anterior cervix









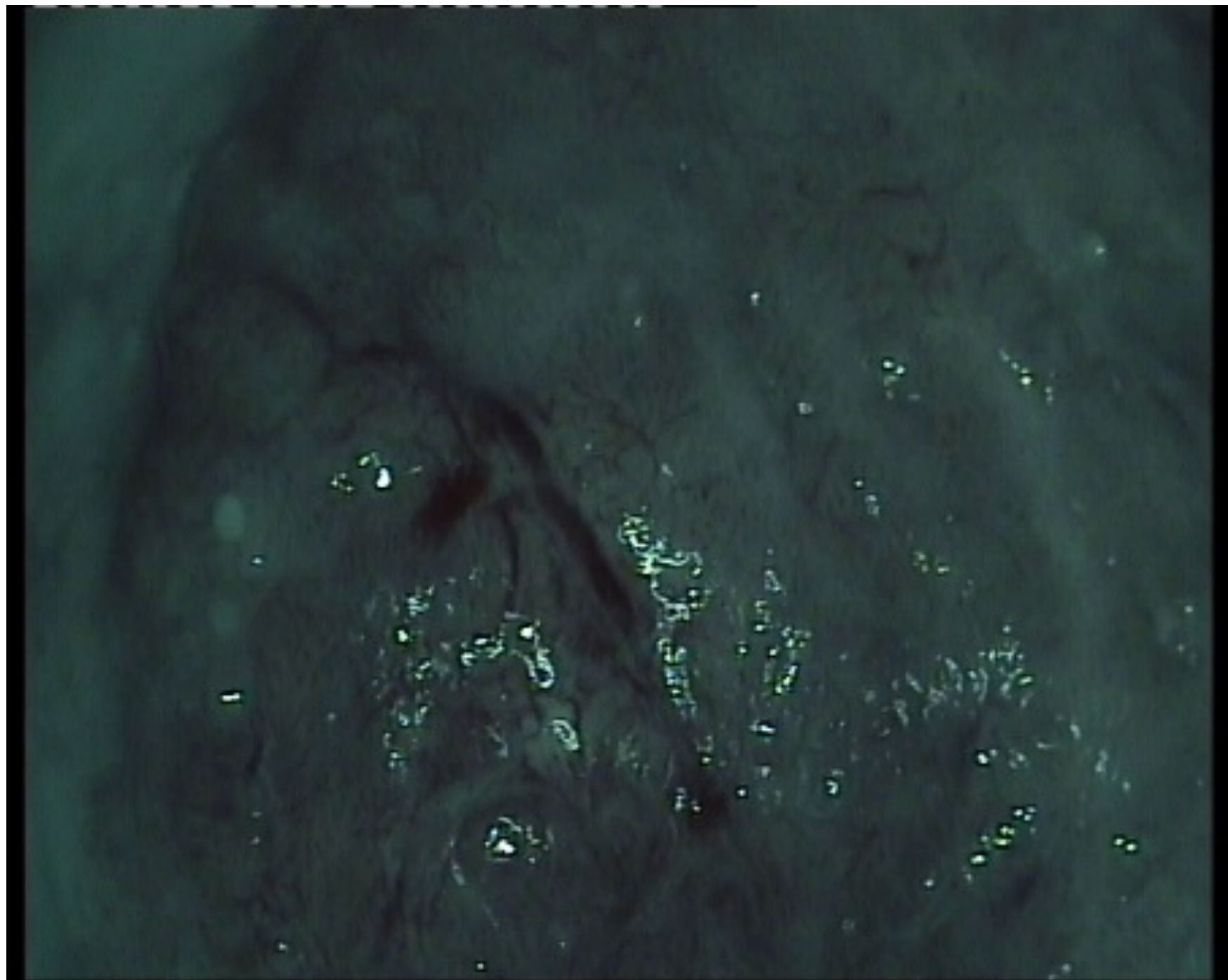


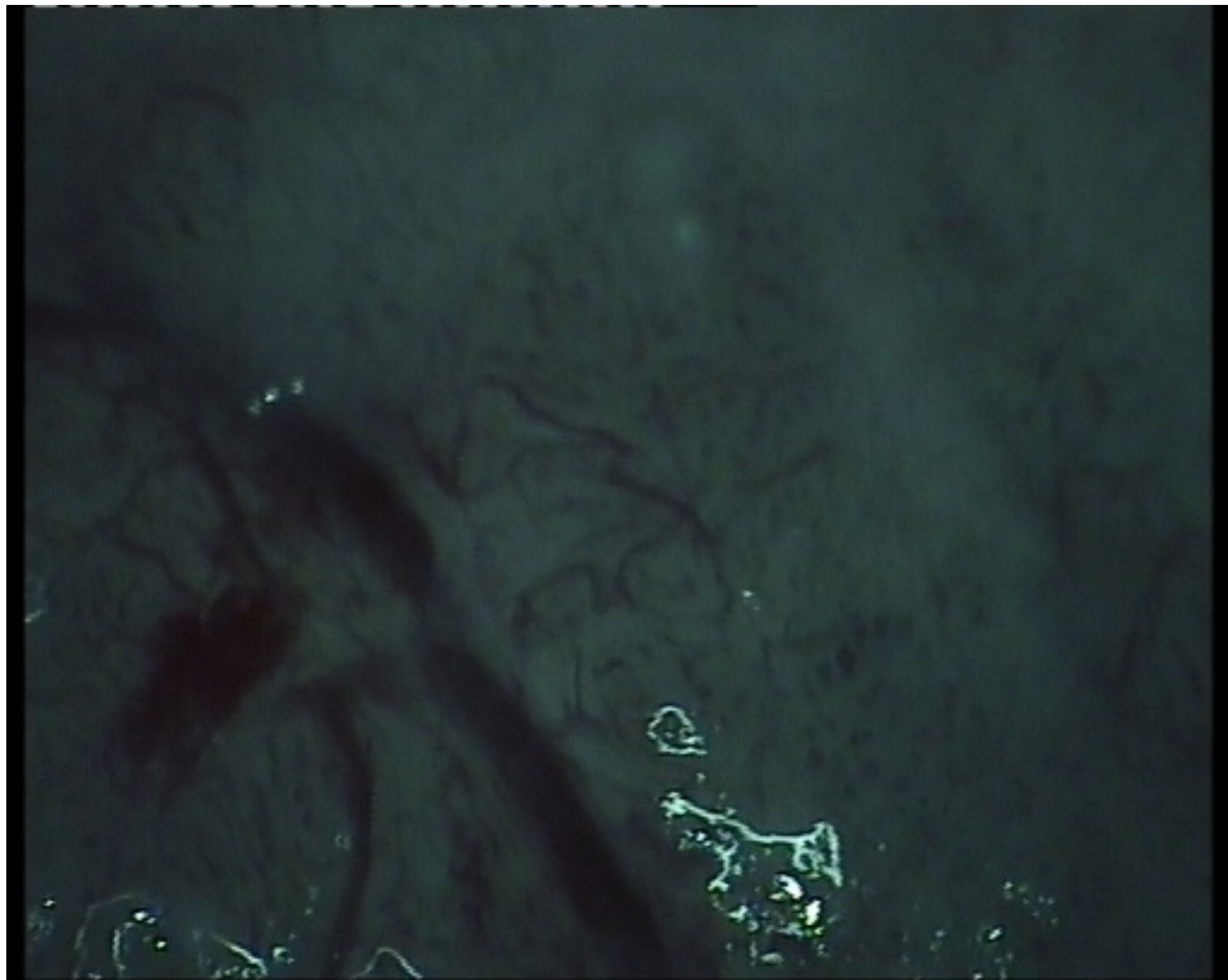


Green Filter

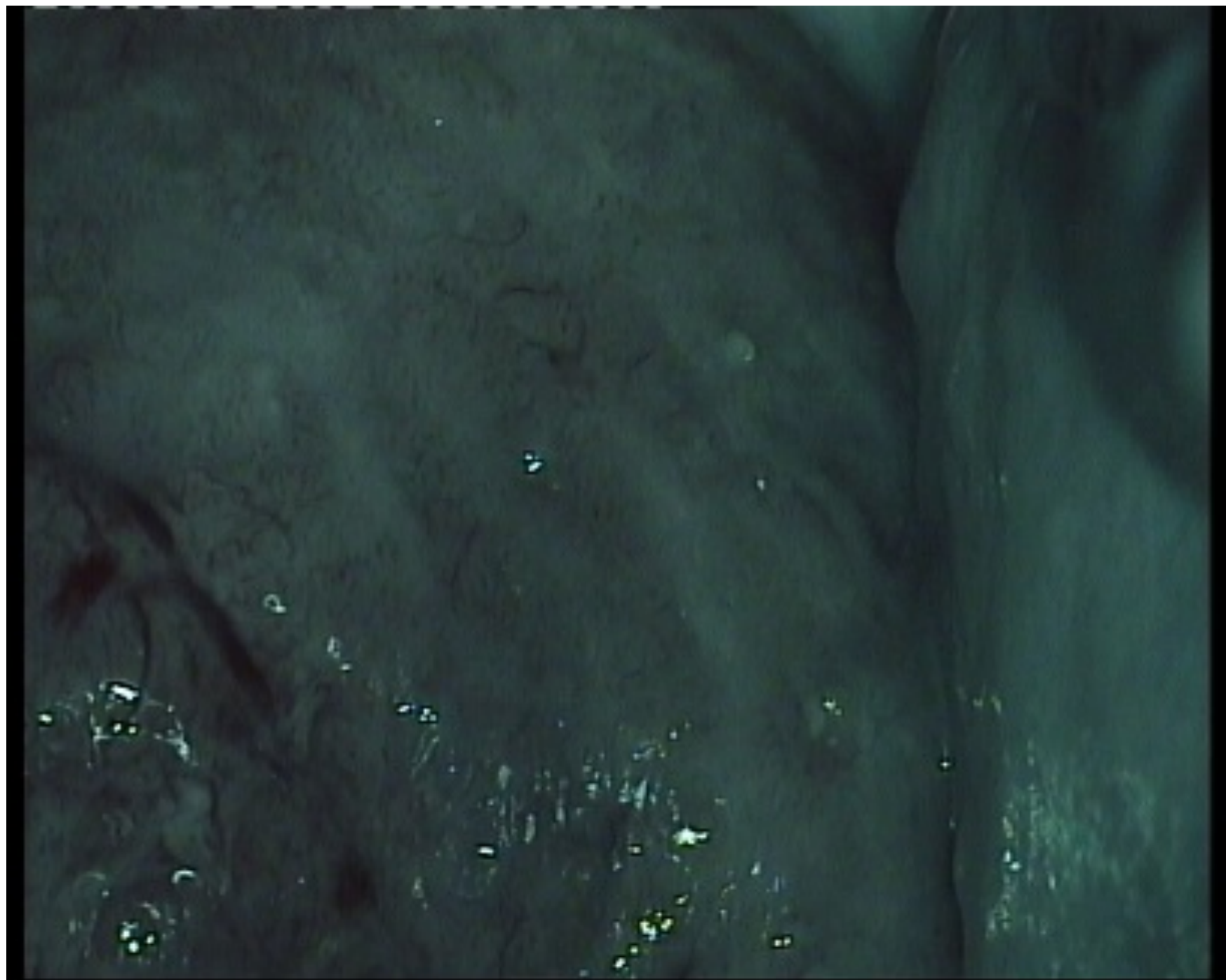










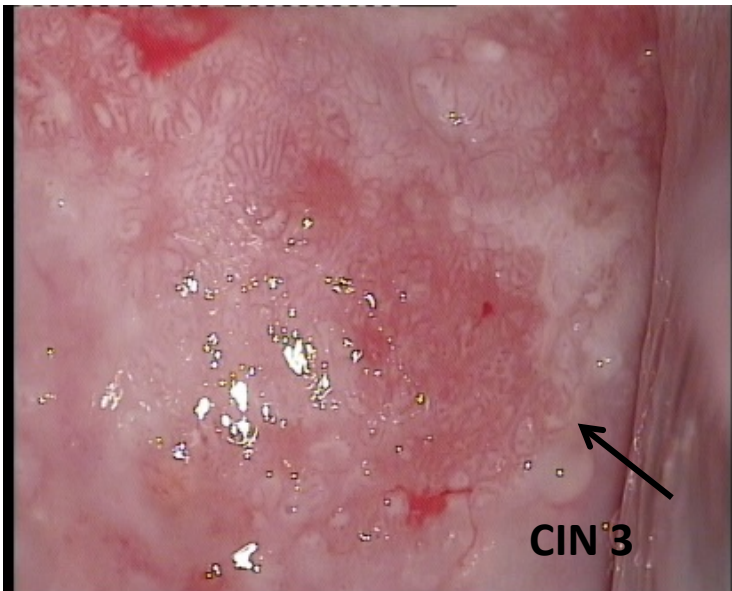
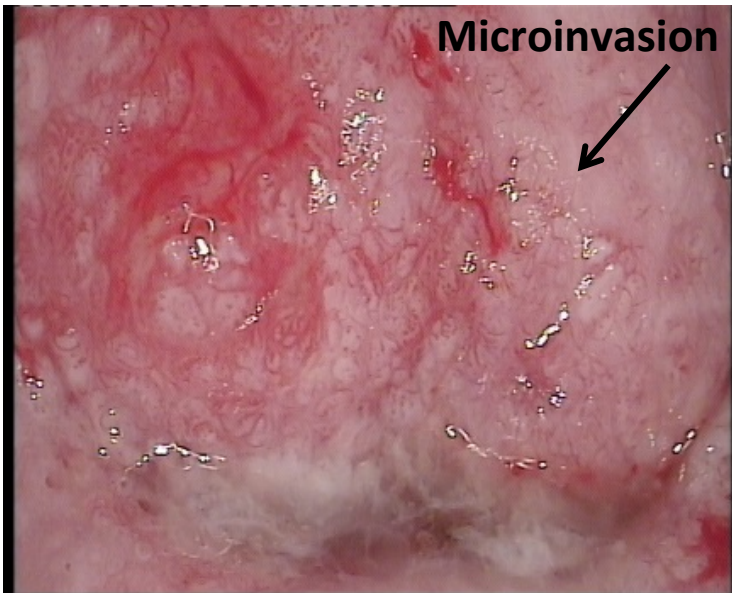




# Case 9: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 9



- Cervical biopsies:
  - 6, 11 and 12 o'clock : CIN 3
- LEEP 12.8.2015:
  - Extensive CIN 3
  - A tiny focus of stromal invasion at 2 o'clock and 5 o'clock
  - 0.2 mm across and less than 0.1 mm in depth
  - Margins clear of invasive tumour
  - Endocervix involved by CIN 3
- TLH 7.12.2015
  - CIN 3, no stromal invasion
- Defaulted FU afterwards

# Case 10

- F/33
- Para 2 on IUCD
- Referral from MCHC for LSIL in 23/9/2015 during routine screening
- Colposcopy on 20.11.2015



Before acetic acid



After acetic acid







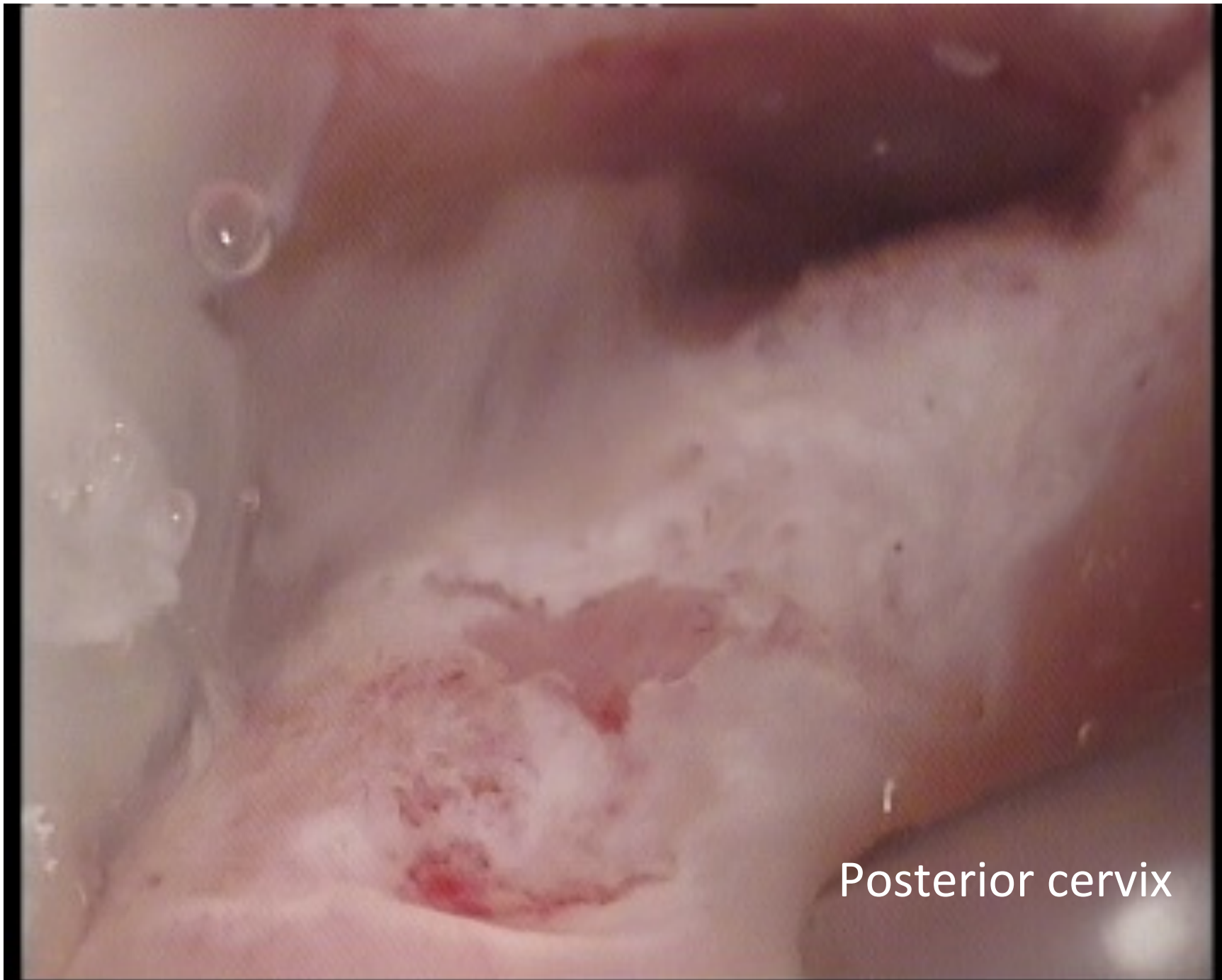








Posterior cervix

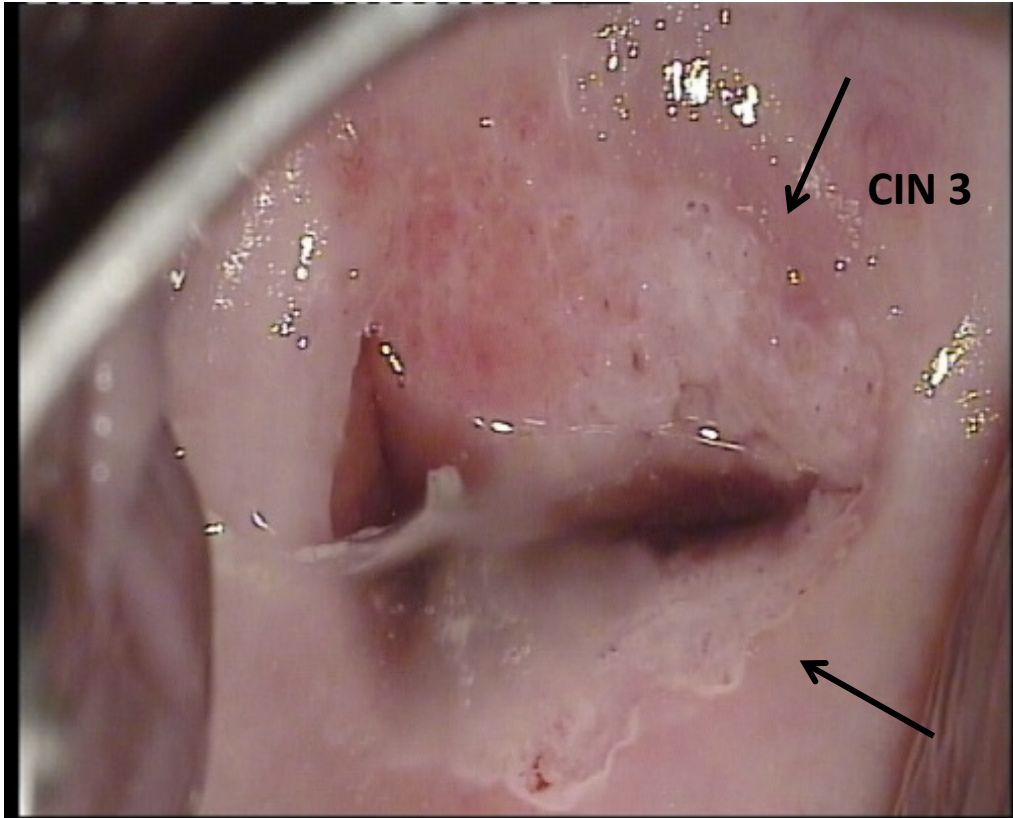


Posterior cervix

# Case 10: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 10

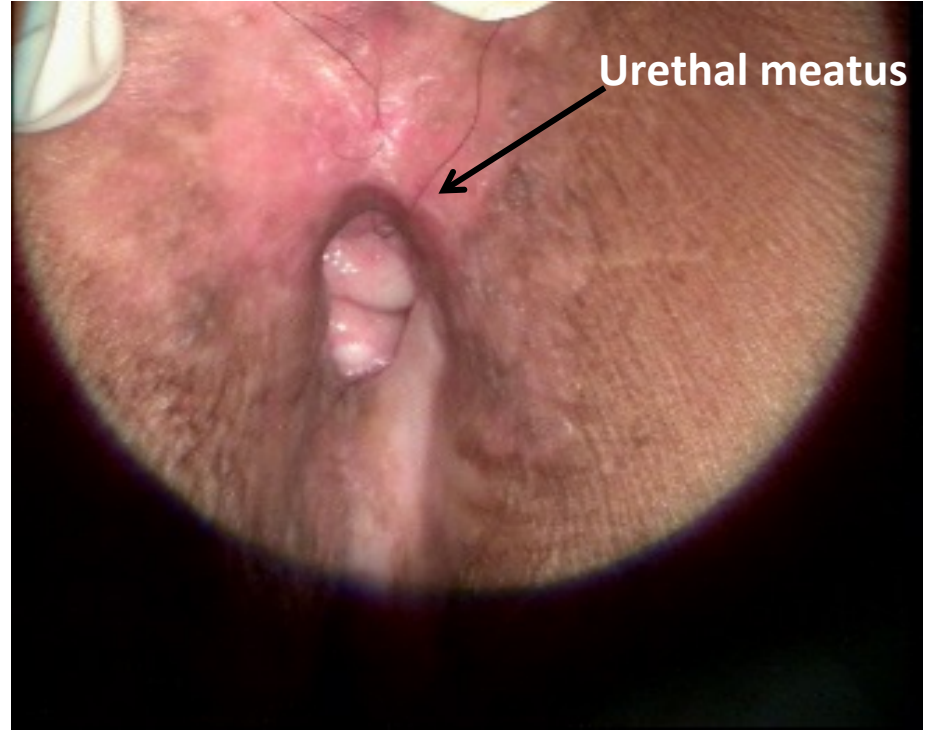


- Cervical biopsies:
  - 1,2, 5 o'clock - CIN 3; condyloma
- LEEP 30.12.2015:
  - CIN 3 at 1 to 9 and 11 to 12 o'clock, with extensive glandular extension
  - All margins clear

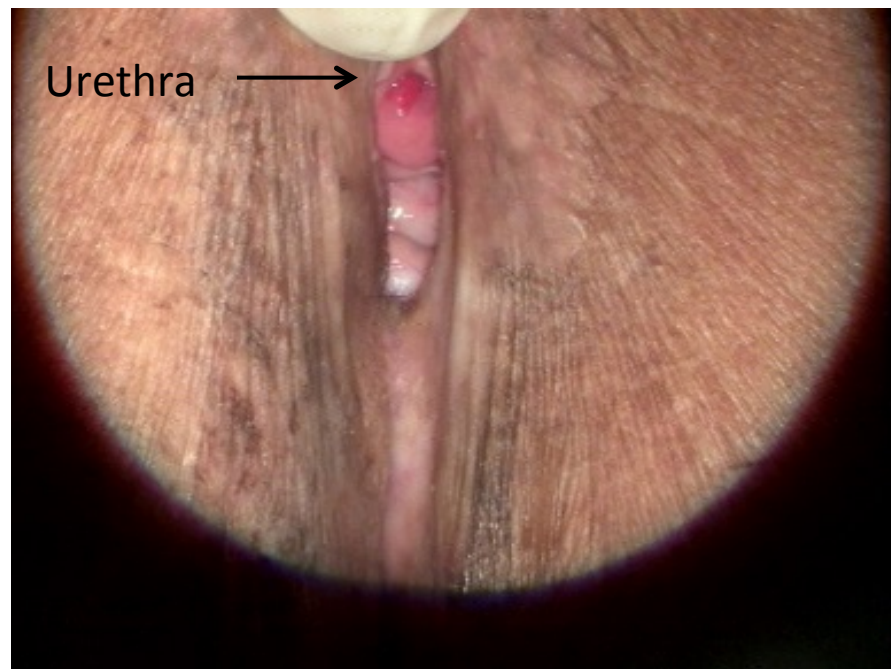
# Case 11

- F/69
- History of Ca cervix with radiotherapy given in 1988
- Vulval condition with local excision in 2009 complicated by anal stricture requiring repeated dilatation
- Vulval pain and pruritus on and off
- Colposcopy on 2.5.2019





Anatomy distorted















Right vulva



Right vulva



Right vulva



Anterior







Perianal



Perianal



Perineal

# Case 11: Impression ?

- a) Warts / HPV
- b) Low-grade VIN
- c) High-grade VIN
- d) Squamous Cell Carcinoma
- e) Extra-mammary Paget's disease
- f) Basal Cell Carcinoma
- g) Malignant Melanoma
- h) Squamous hyperplasia
- i) Lichen sclerosis
- j) Other Dermatoses
- k) Others



# Case 11



- Vulval Biopsies:
  - Upper and lower anterior vulva
  - Left vulval nodules
  - Right vulvovaginal junction
  - Posterior fourchette
- Extramammary Paget's Disease (EMPD)

# Case 12

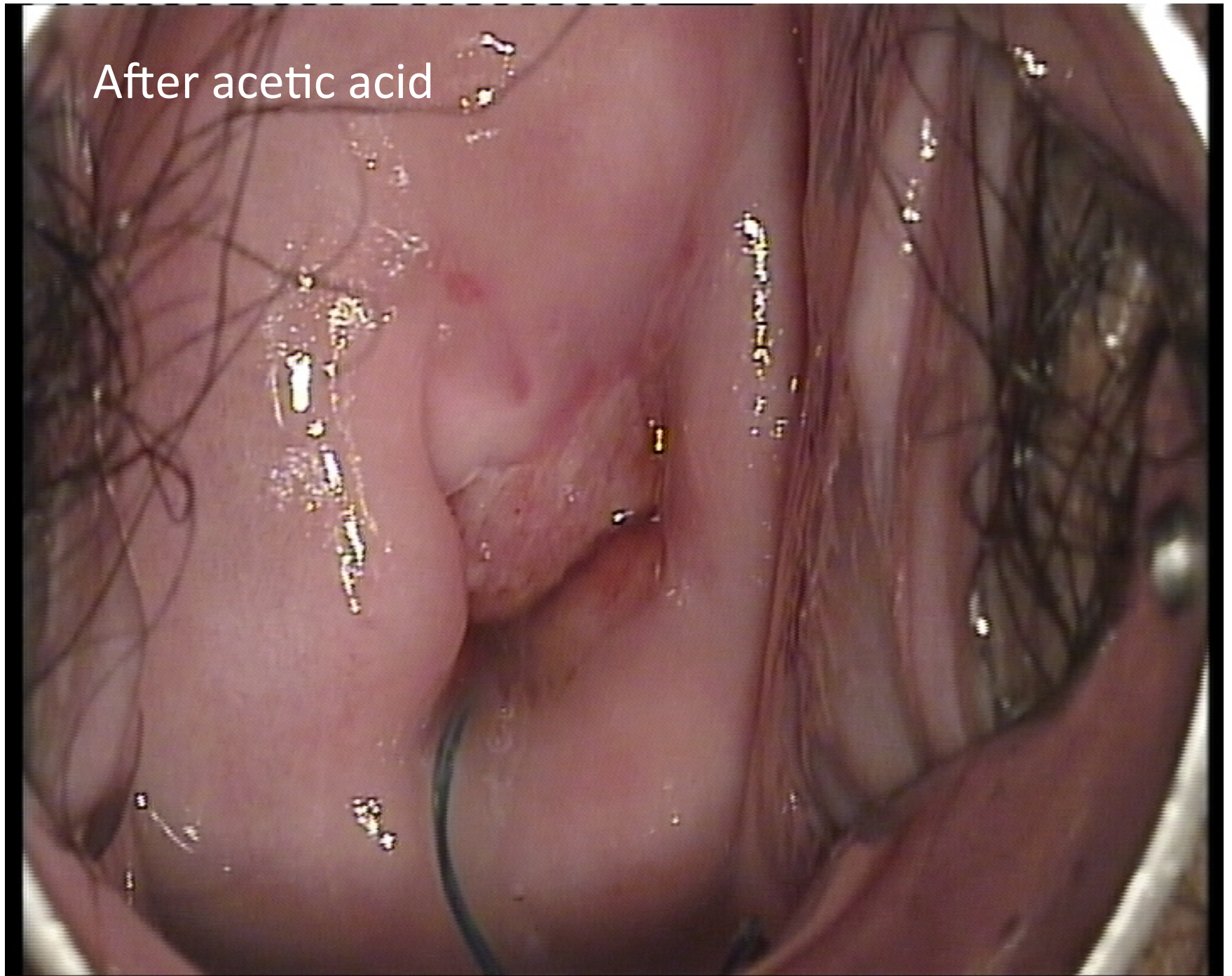
- F/35
- Para 2, on IUCD
- History of LEEP on 30.12.2015: CIN 3, all margins clear
- Follow-up pap smears:
  - 18.5.2016 - negative
  - 11.10.2016 - LSIL
  - 23.5.17 - negative
  - 21.11.17 - LGSIL
- Colposcopy on 15.3.2018

Before acetic acid

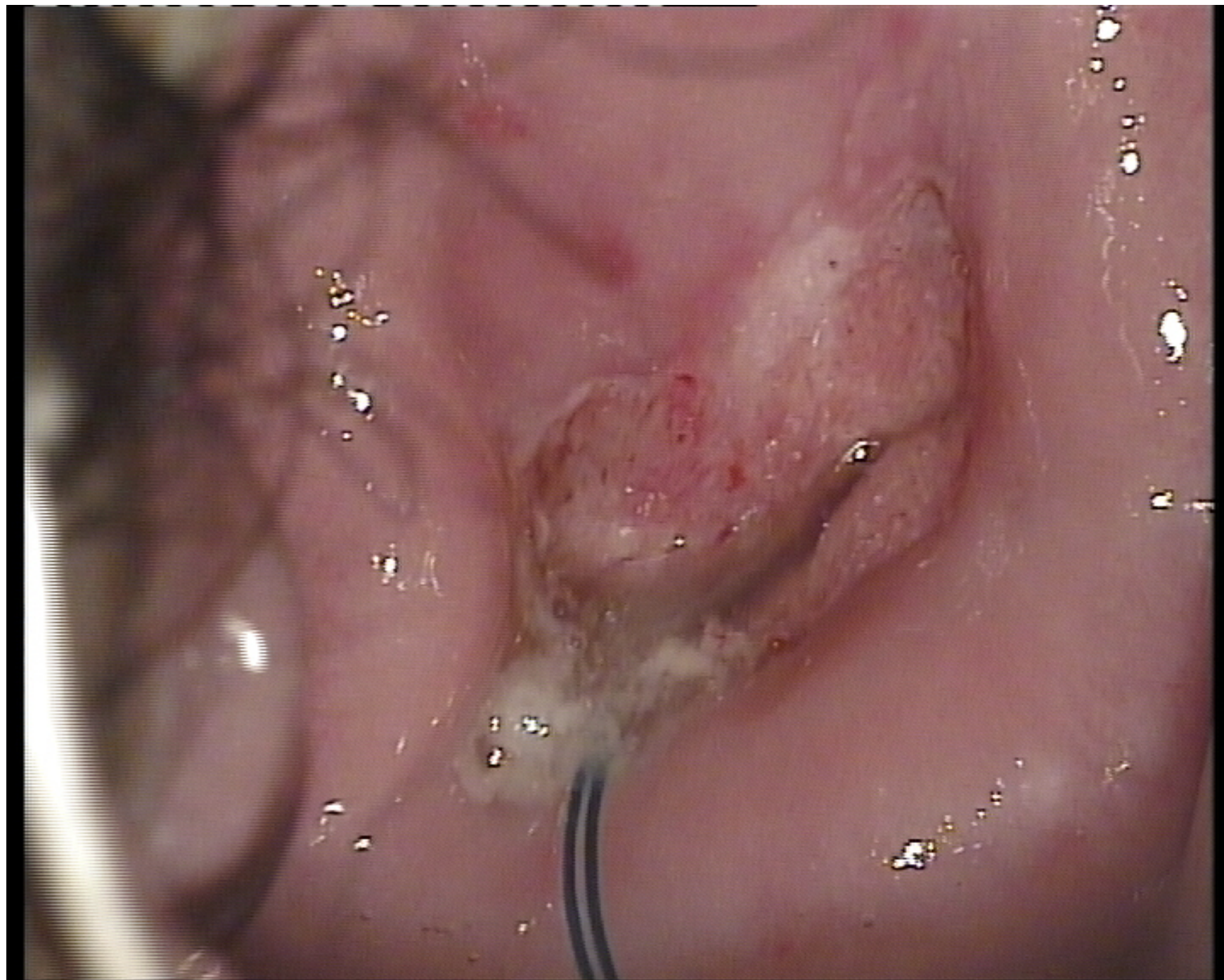




After acetic acid



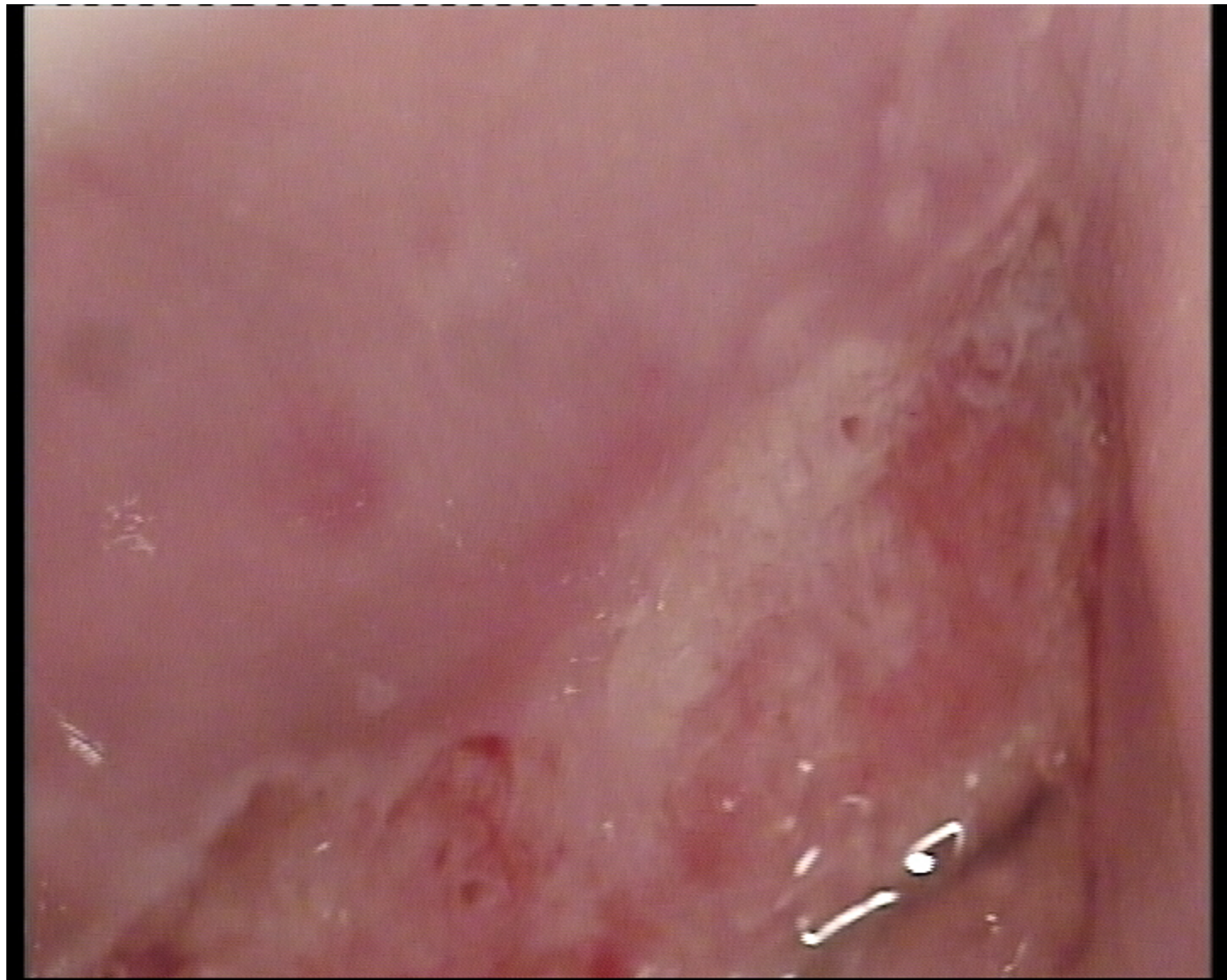




















# Case 12: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 12



- Cervical Biopsies:
  - 10 and 12 o'clock: condyloma

# Case 13

- F/53, non-smoker
- Para 3
- Postmenopausal bleeding
- Pap smear in MCH in 3/2017
  - Atypical endocervical cells, favour neoplastic
- USG before referred to QEH
  - Heterogenous mass at endocervical canal  
1.7x1.5x1.8cm
- PV in QEH no gross lesion seen
- Colposcopy on 5.5.2017



Before acetic acid



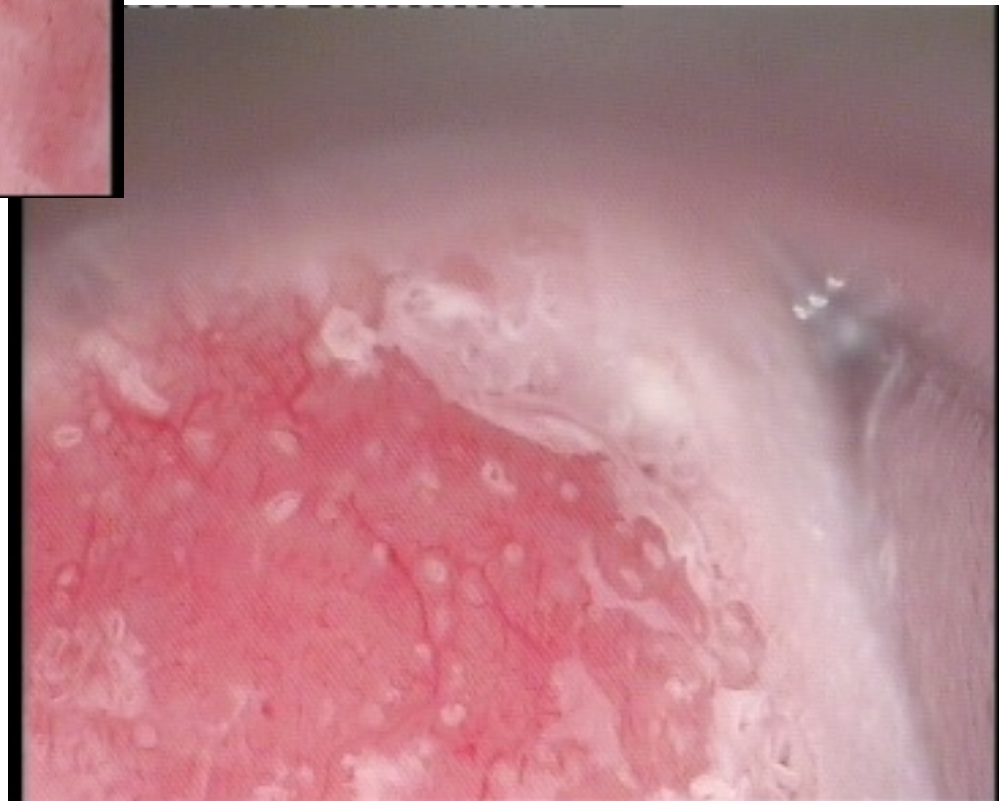
After acetic acid



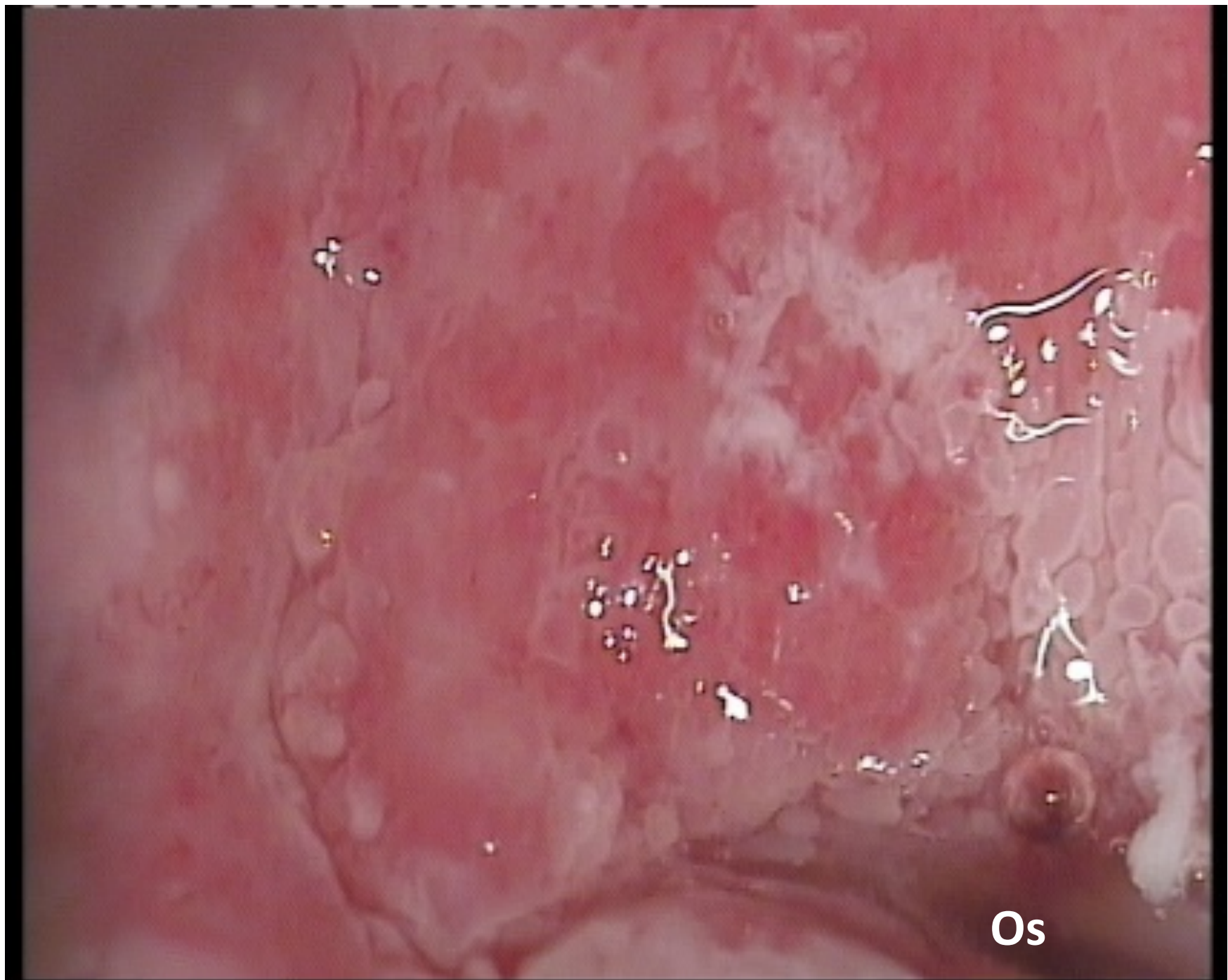




## Anterior cervix







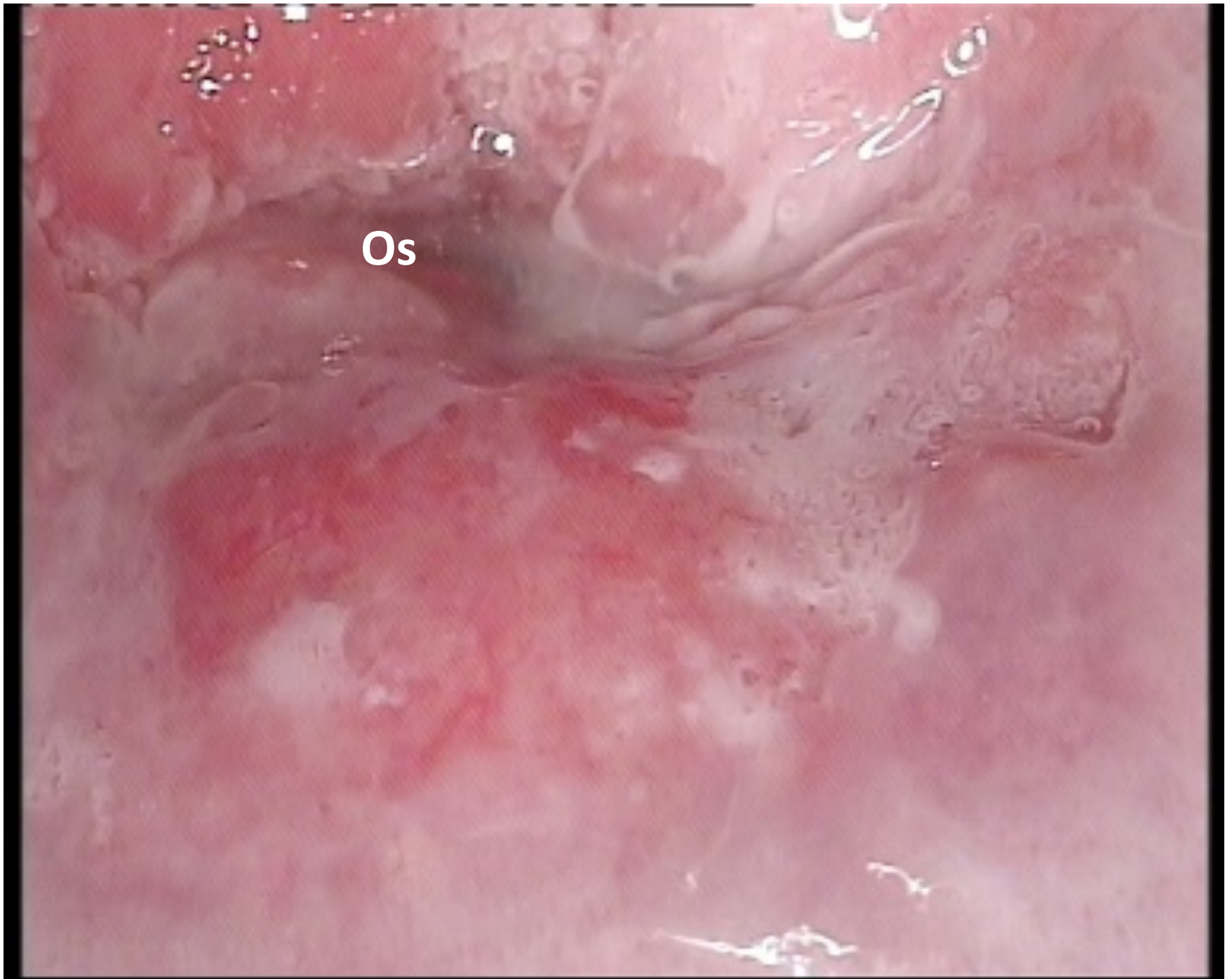
Os



Os

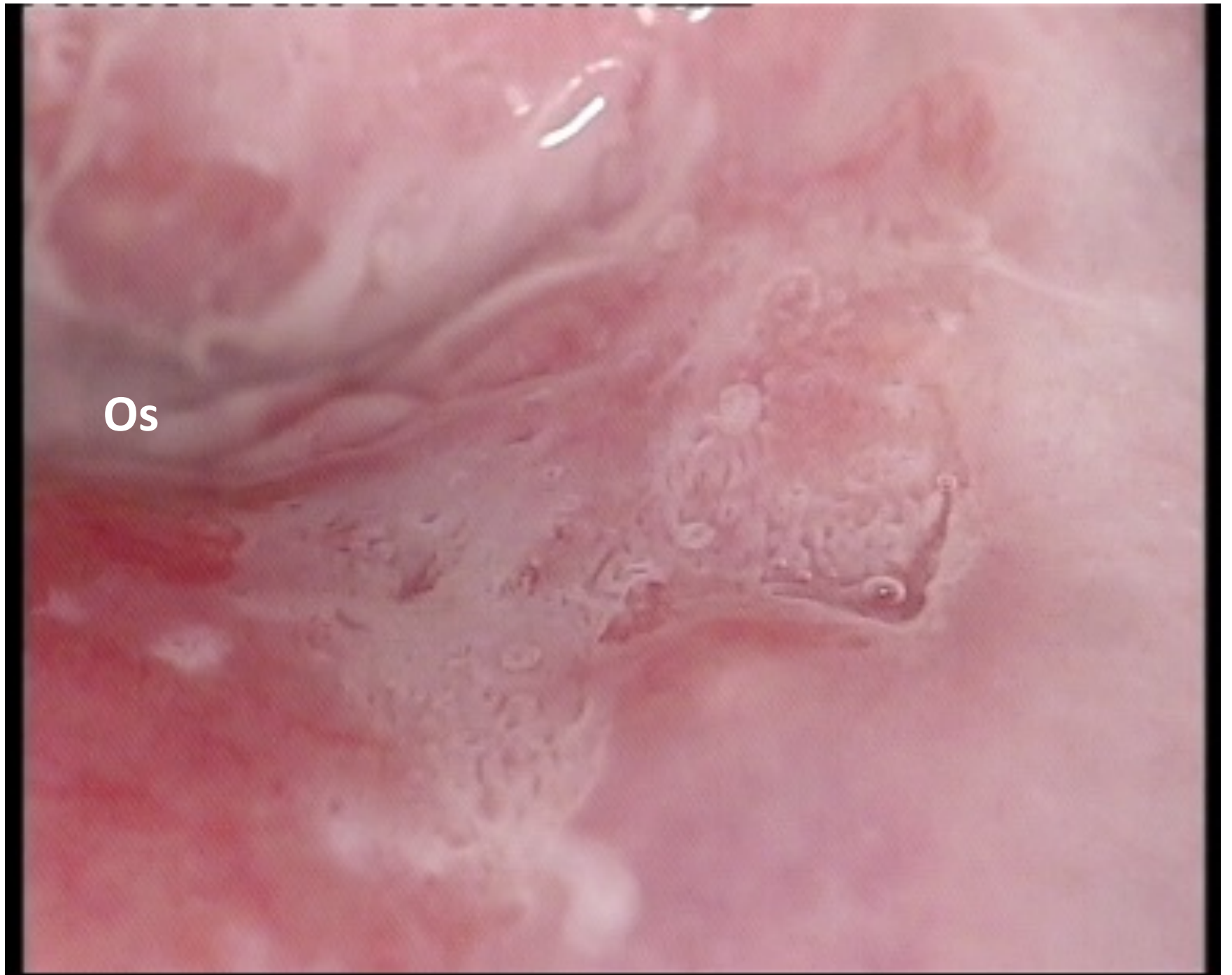
This is a low-magnification photomicrograph of a tissue section, likely stained with hematoxylin and eosin (H&E). The image shows a dense population of cells with prominent nuclei, some of which are darkly stained. There are several small, clear, circular spaces scattered throughout the tissue, which could be artifacts or specific cellular features. The overall color palette is dominated by shades of pink and purple. In the bottom left corner, the letters 'Os' are printed in white.

Os





Os

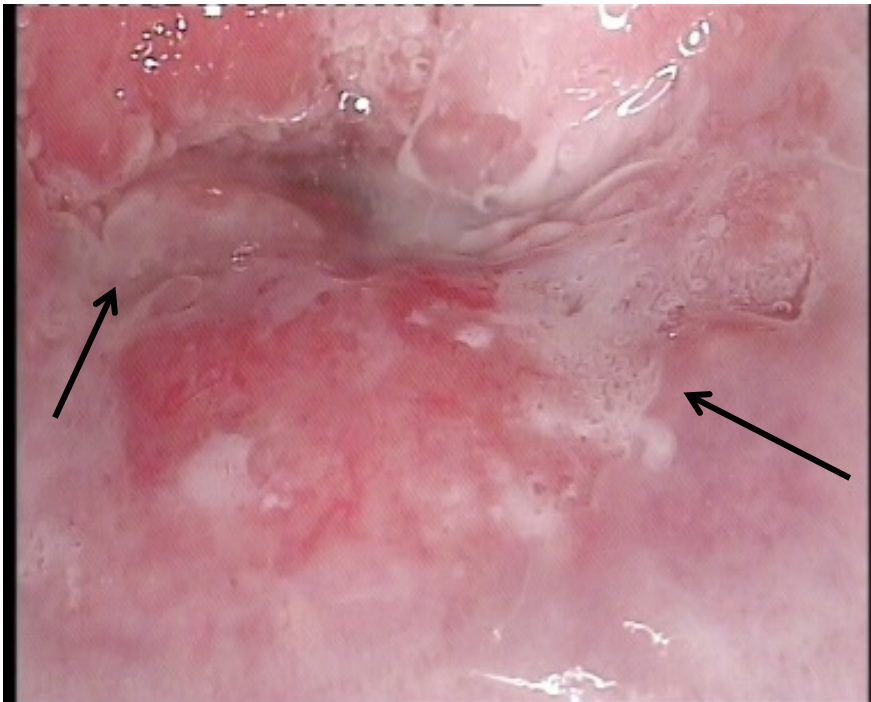




# Case 13: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

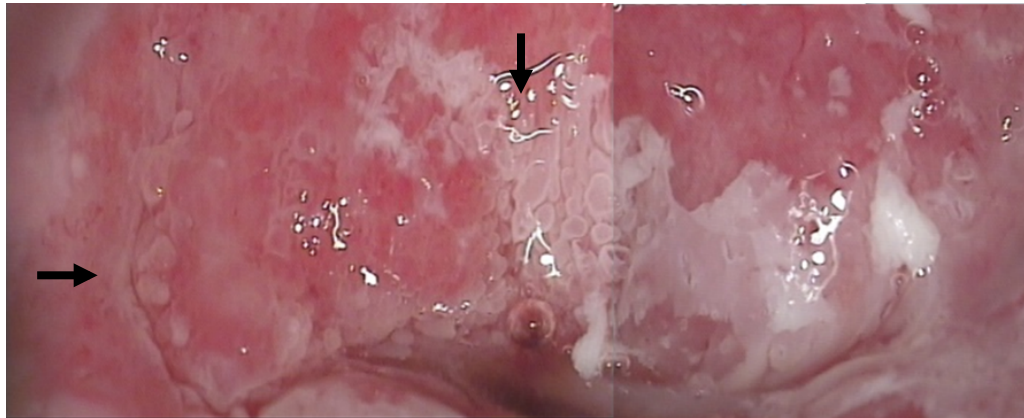
# Case 13



- ECC, Cervical biopsies at 1,4,8,10 o'clock:
  - At least AIS
- Cone biopsy 25.5.2017:
  - AIS at 1, 2, 4, 6-7 and 9 o'clock
  - Largest focus at 1 o'clock (4 mm across)
  - No stromal invasion
  - CIN 1 at 10 o'clock
  - Margins clear
- TLHBSO 13.7.2017
  - No residual disease

# Glandular Lesions

- Features are non-specific
  - Fused papillae in discrete AW patches, varying in size, look like fused villous processes of early, normal metaplasia
  - Flat, variegated red and white area
  - One or more isolated, elevated, individual, densely AW lesions overlying columnar epithelium
- When glandular and squamous lesions co-exist (46-72%), the squamous component (80% high-grade) is more likely to be visible colposcopically

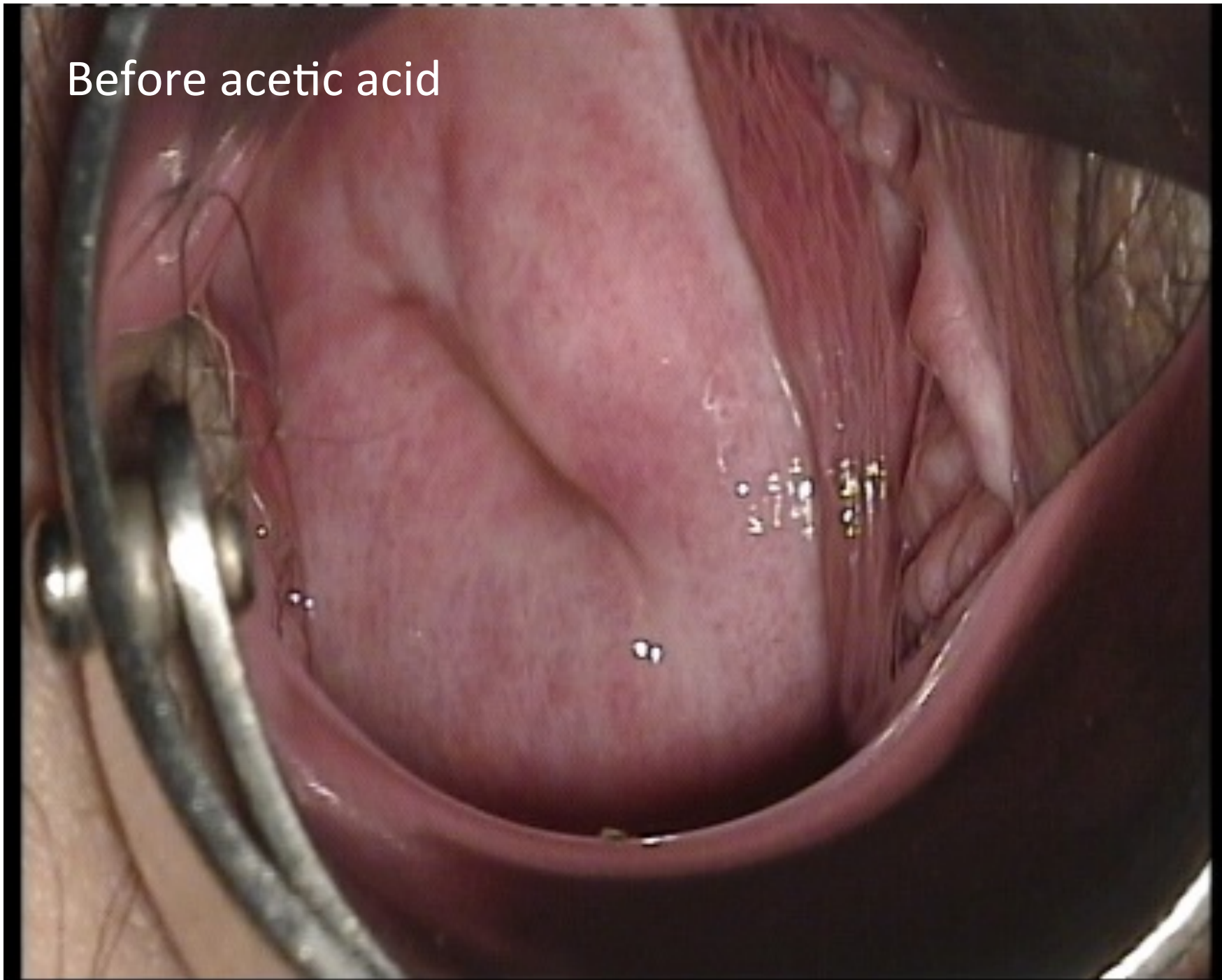


# Case 14

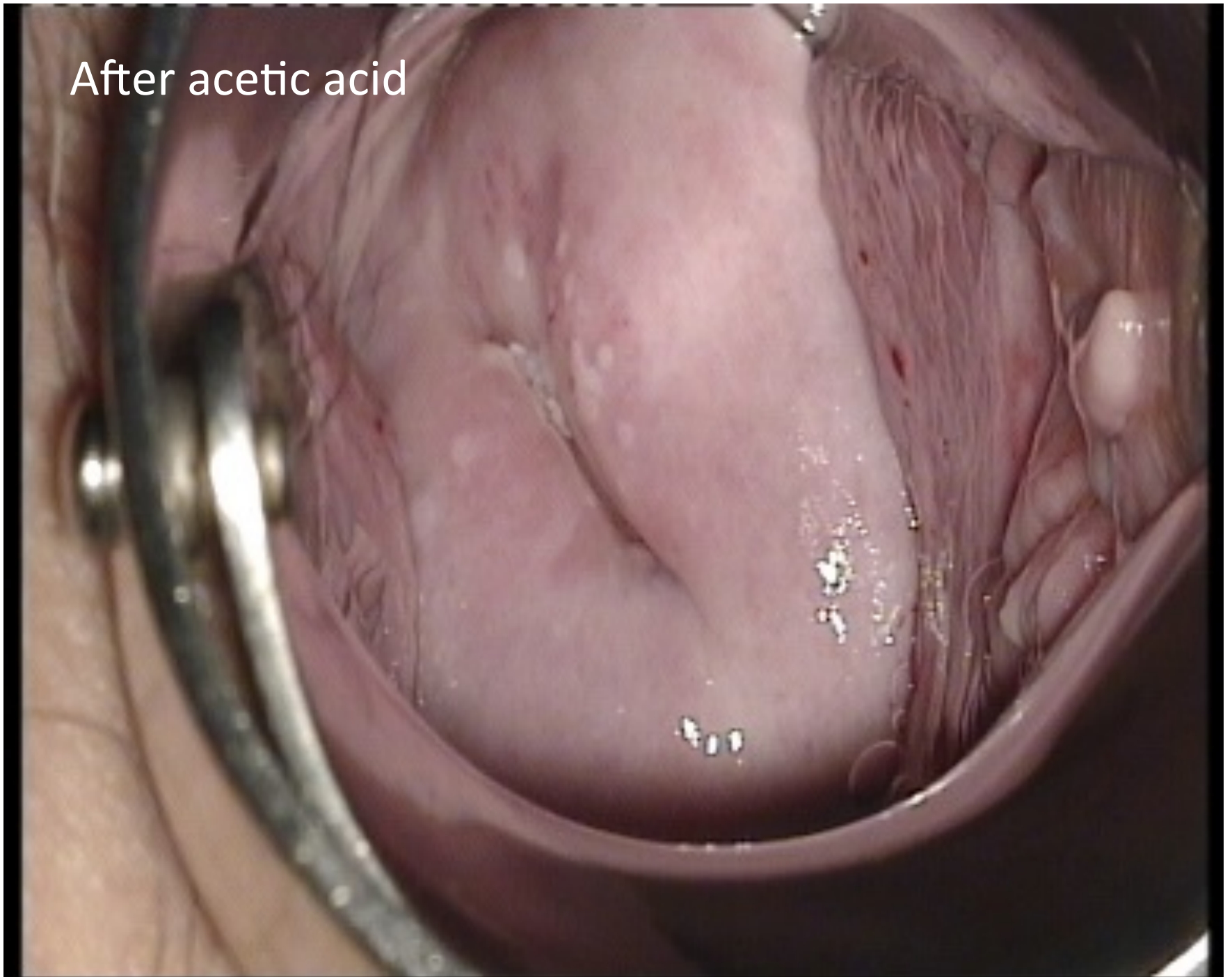
- F/68, non-smoker
- G5P3 (2 TOPs)
- History of invasive ductal carcinoma of right breast with right modified radical mastectomy on 29/3/1998 given chemotherapy and radiotherapy
- History of Ca lung (SCC) with right pneumonectomy given radiotherapy
- Routine Pap smear in private on 10.3.2014
  - Atypical endocervical cells
- Colposcopy on 30.4.2014

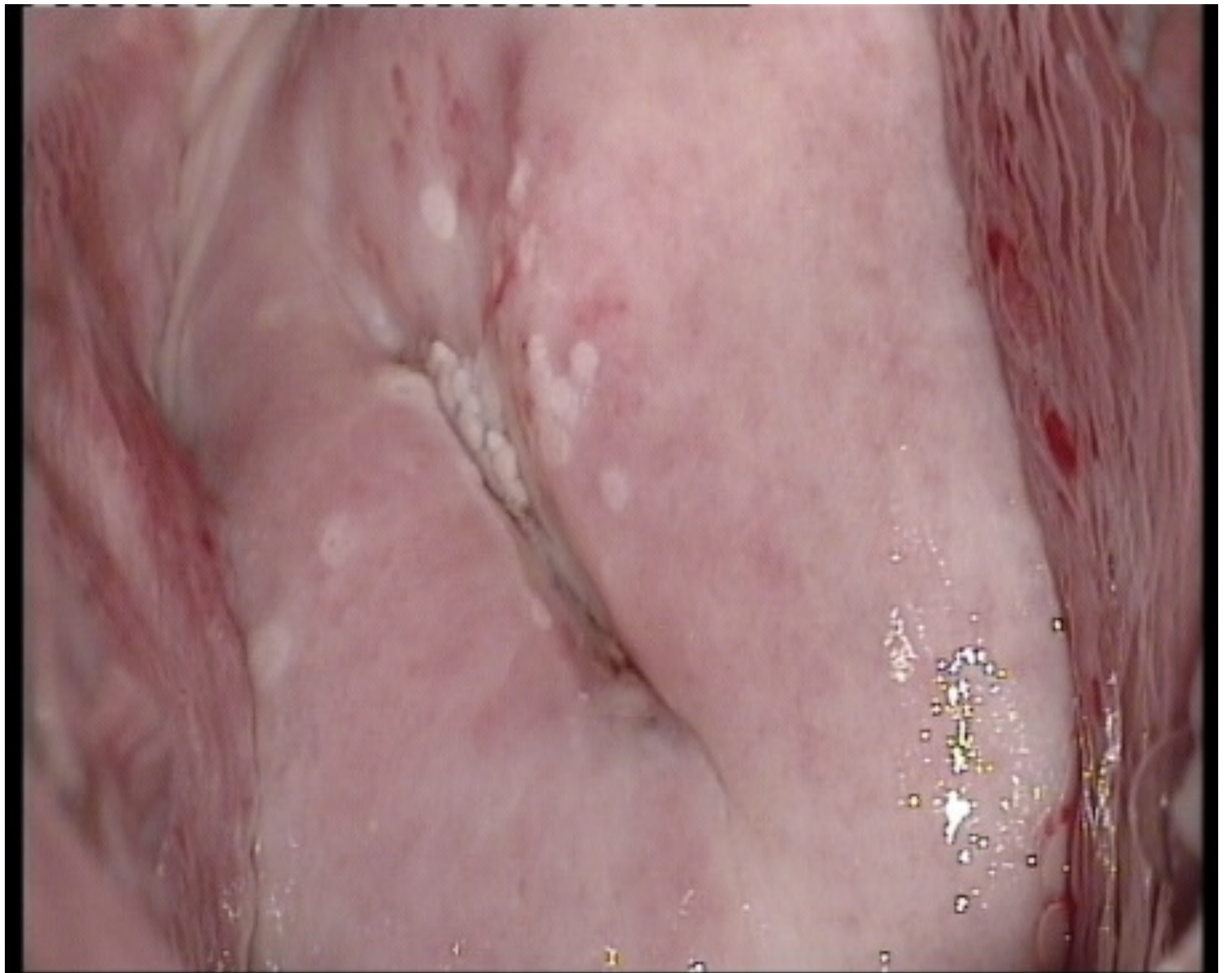


Before acetic acid

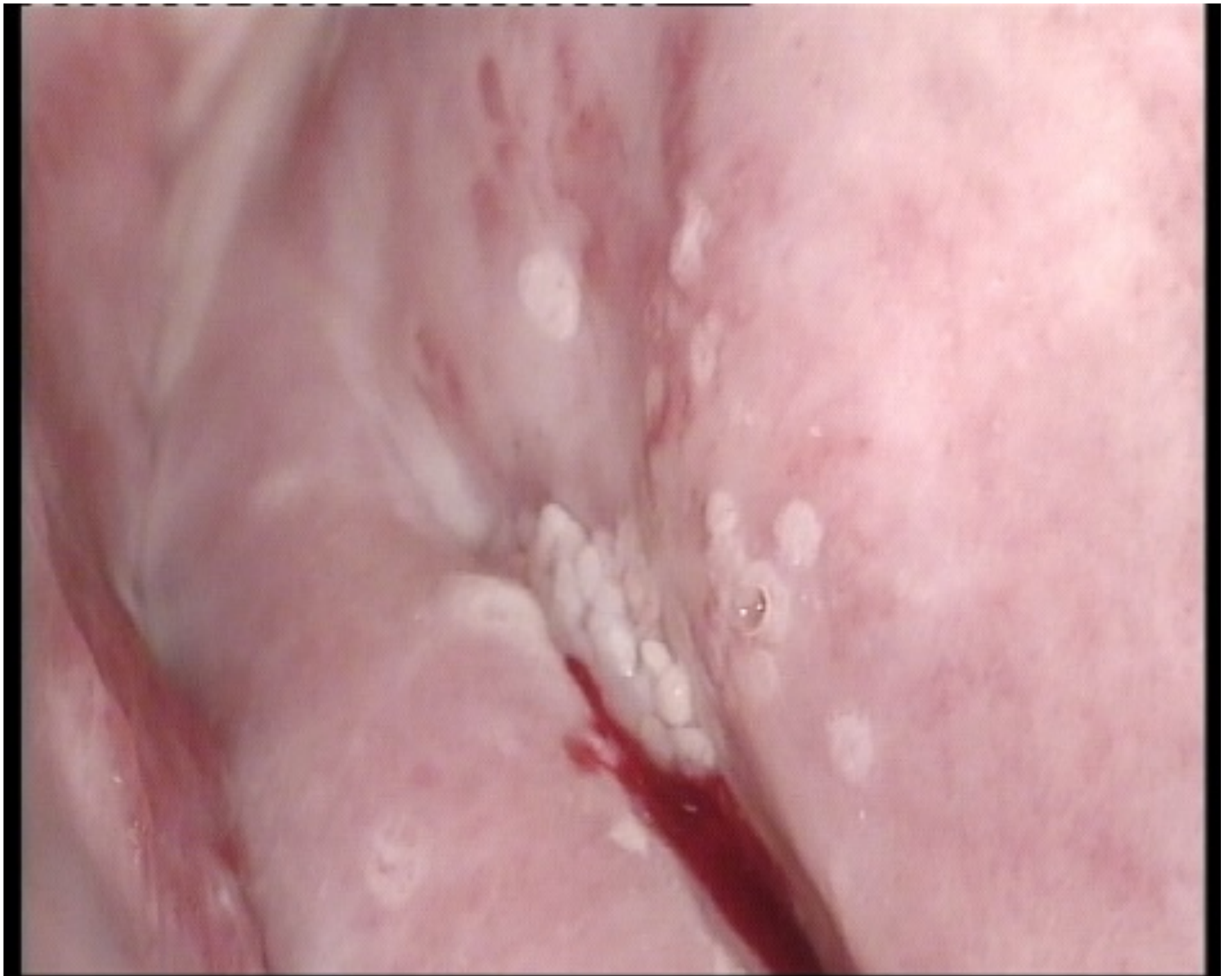


After acetic acid

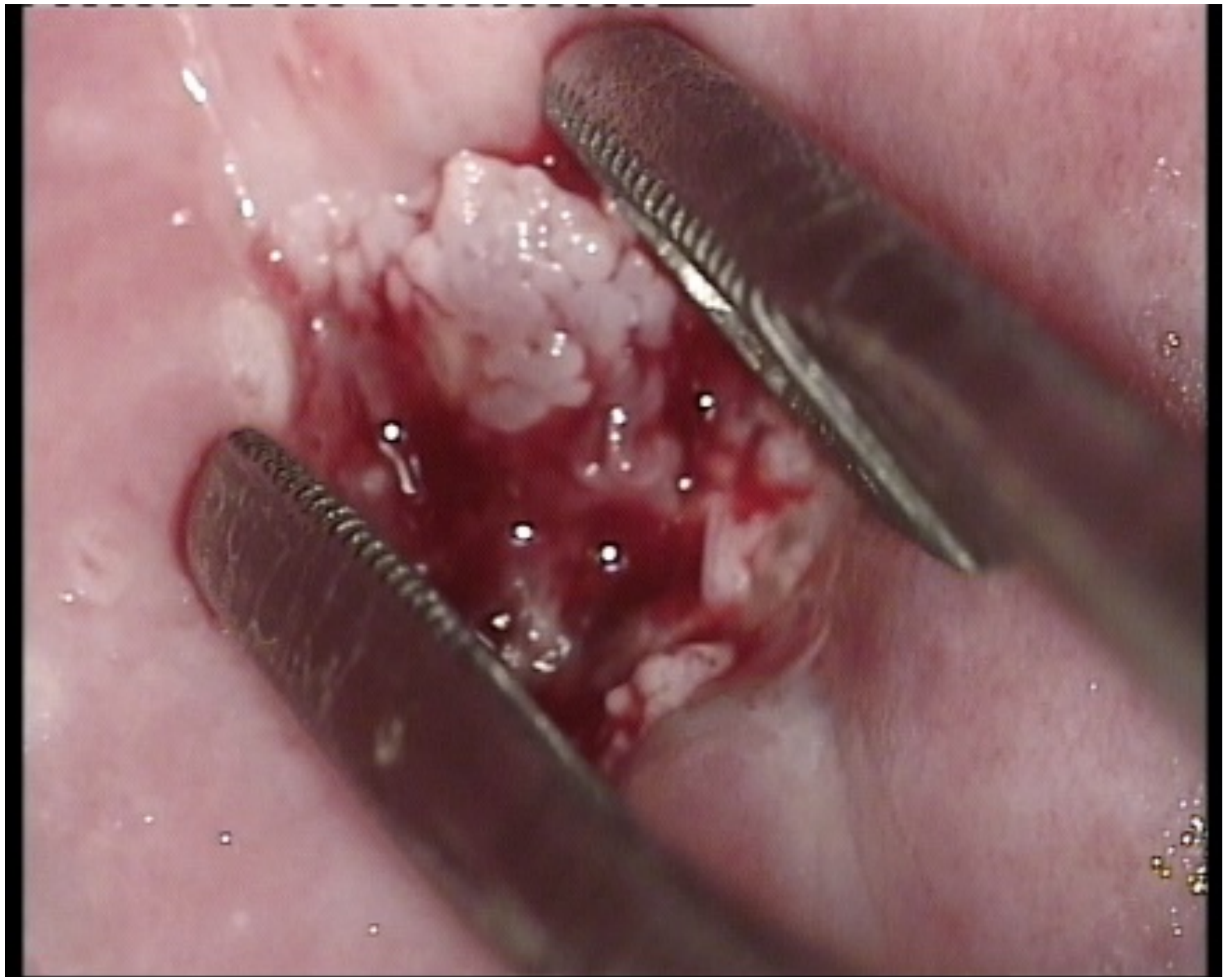


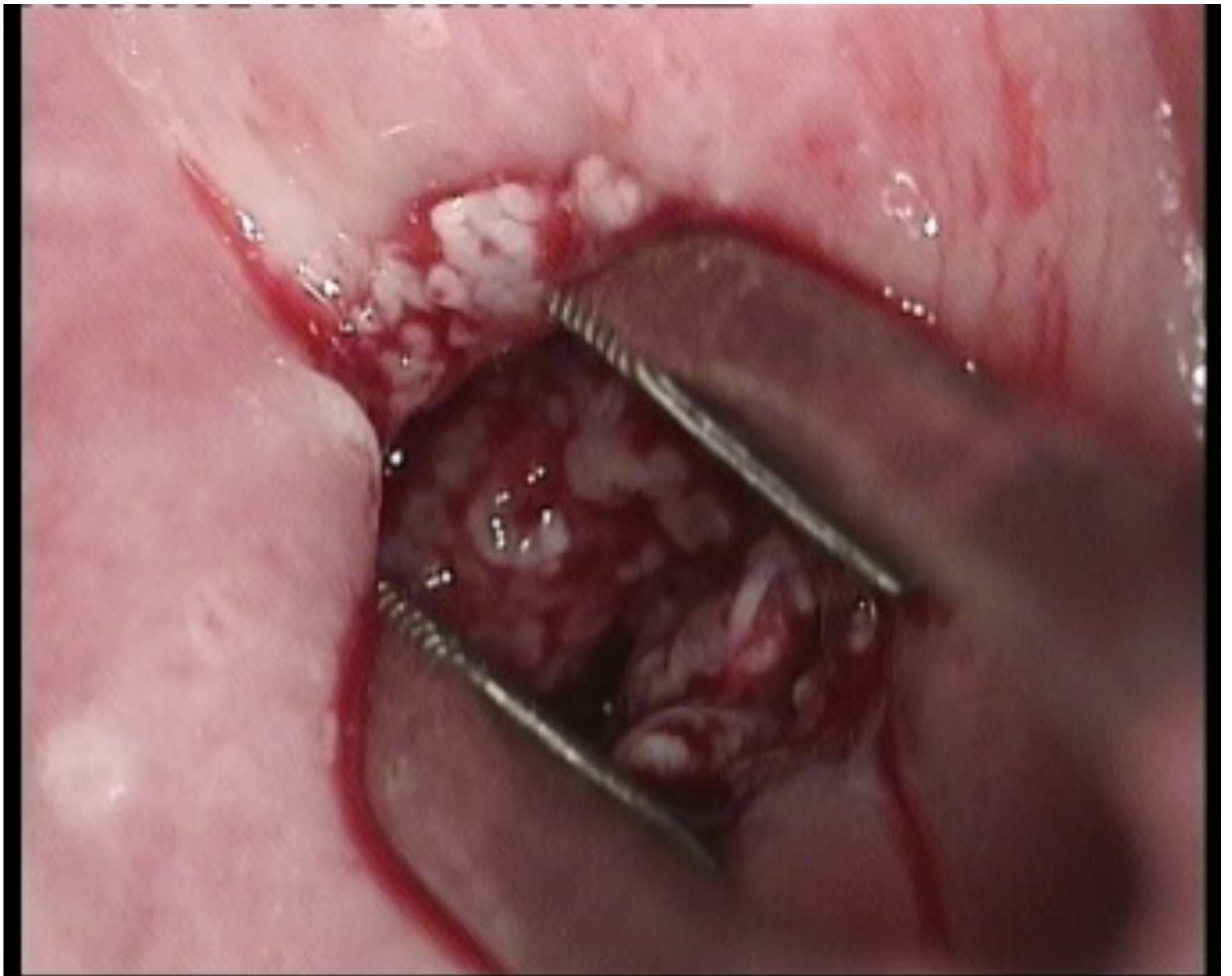








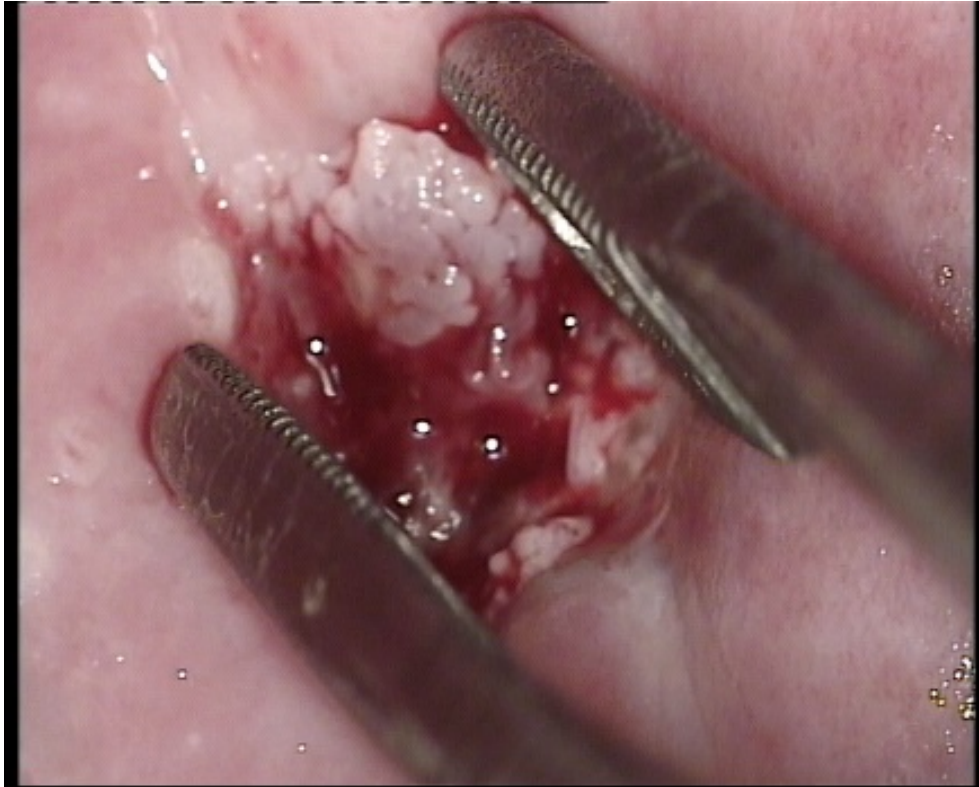




# Case 14: Impression ?

- a) Cervicitis
- b) Genital warts
- c) HPV / CIN 1 (Low-grade Lesions)
- d) CIN 2 / CIN 3 (High-grade Lesions)
- e) Microinvasive Squamous cell Carcinoma
- f) Frankly Invasive Squamous cell Carcinoma
- g) Adenocarcinoma in-situ / Adenocarcinoma
- h) Others

# Case 14



**Fused papillae in aceto-white patches**

- Cervical biopsy at 11 o'clock and ECC:
  - Adenocarcinoma, favour endocervical origin
  - Papillary proliferation with at least high-grade SIL, papillary SCC not excluded
- Endometrial biopsy:
  - Adenocarcinoma, favour endocervical origin
- Radical hysterectomy 5.6.2014:
  - Circumferential CIN 3, AIS
  - Mixed adenocarcinoma and SCC microinvasive carcinoma
  - 2 foci at 5-6 o'clock, 1 mm x 1 mm each
  - No LVSI, LN negative
  - Margins clear



# Case 15

- F/28
- Para 0
- Refer from FPA for ASC-H on 19.5.2018
- Colposcopy on 5.9.2018 during pregnancy at 14 weeks

Before acetic acid  
At 14 weeks



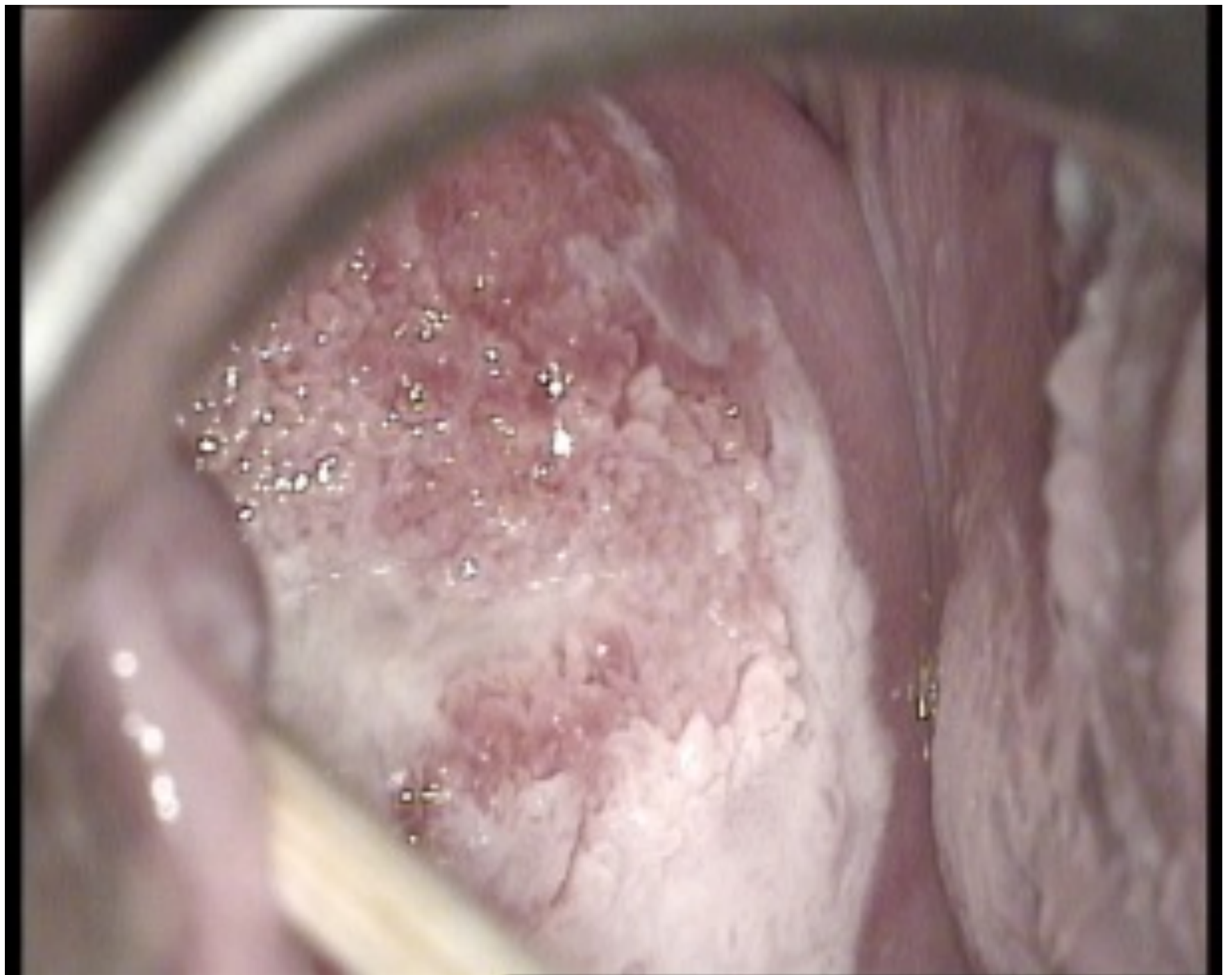
After acetic acid  
At 14 weeks













# Case 15: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others



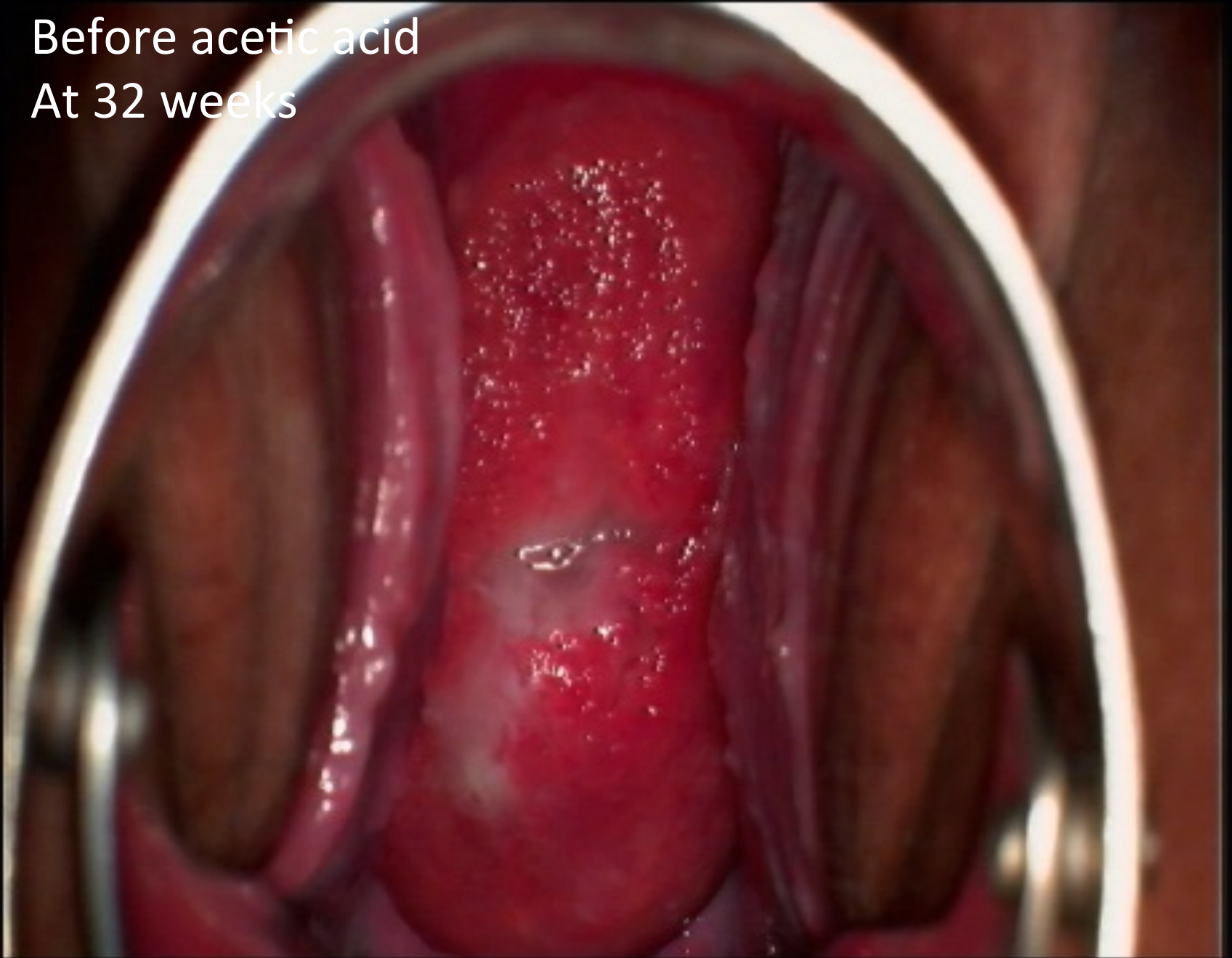
# Case 15



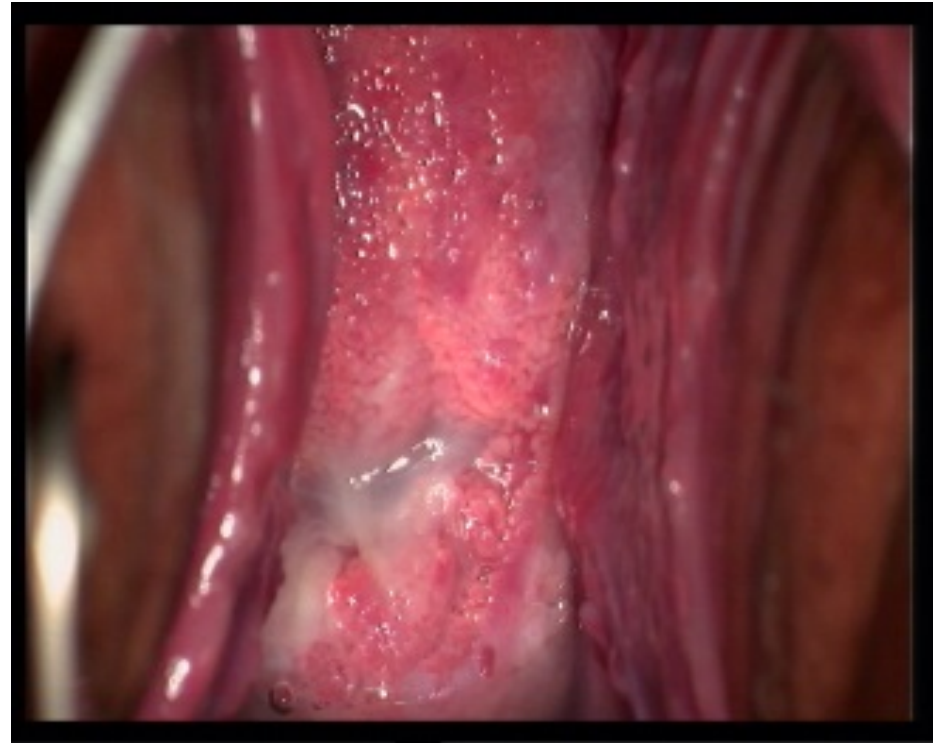
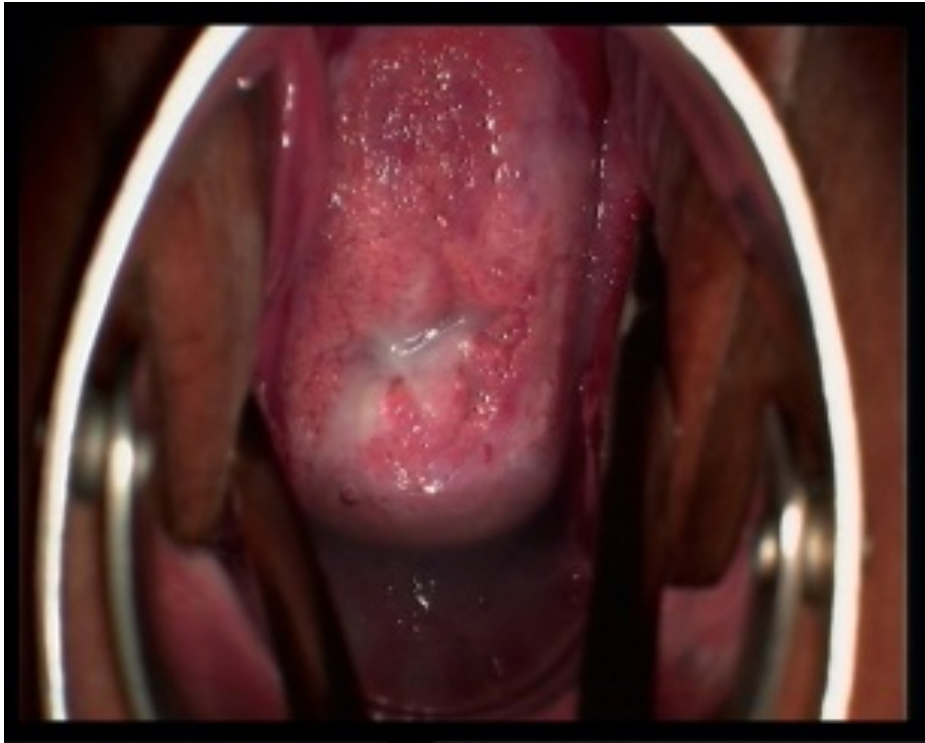
- Colposcopy at 14 weeks gestation
- Impression ....
- Biopsy not taken due to pregnancy

Colposcopy repeated on 28.12.2018  
At 32 weeks

Before acetic acid  
At 32 weeks



After acetic acid  
At 32 weeks





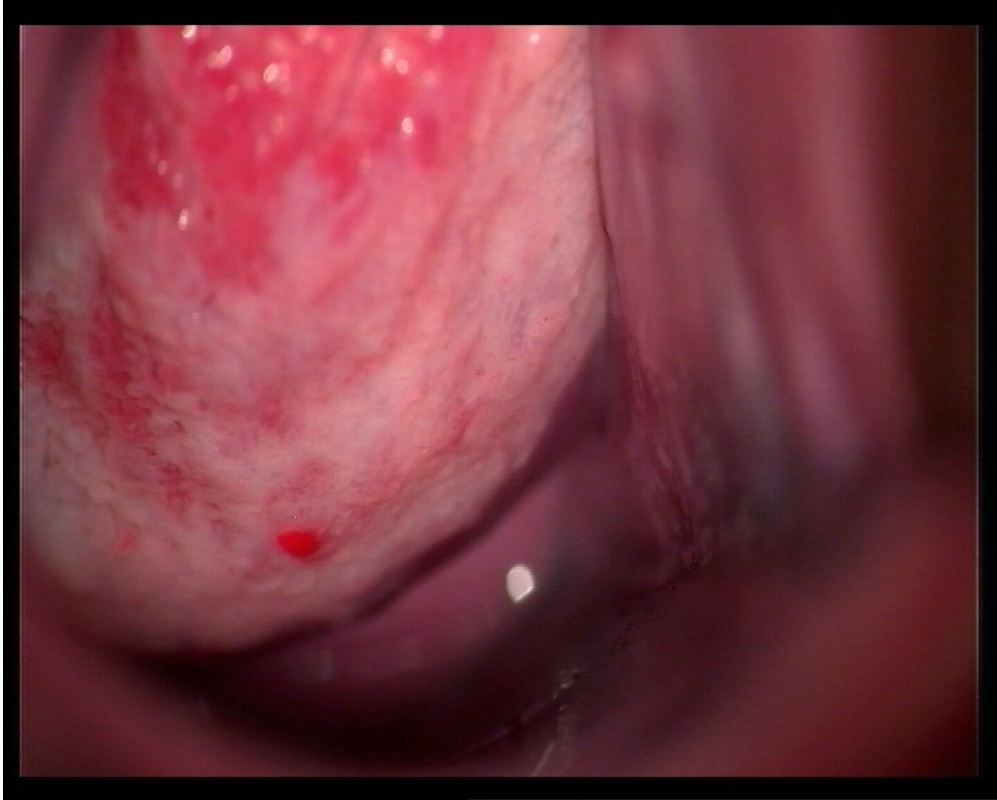
After acetic acid  
At 32 weeks



# Case 15: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 15

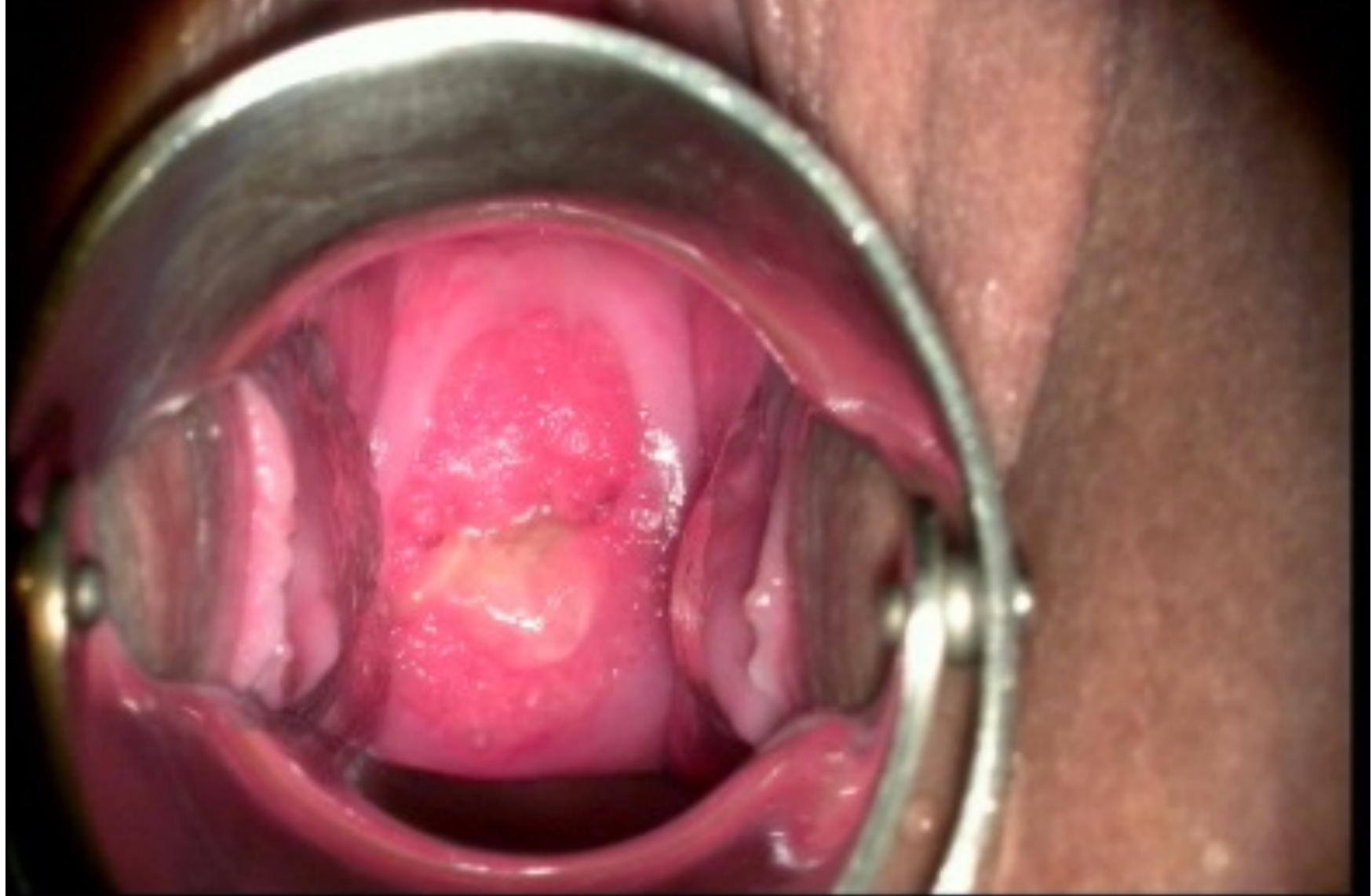


- Colposcopy repeated on 28.12.2018 at 32 weeks:
  - Satisfactory
  - AW + at posterior lip
  - No atypical vessels
  - Impression - CIN 1-2
  - Biopsy not taken
  - Plan to repeat colposcopy after delivery

NSD in February 2019  
Colposcopy on 23.4.2019  
~ 8 weeks after delivery



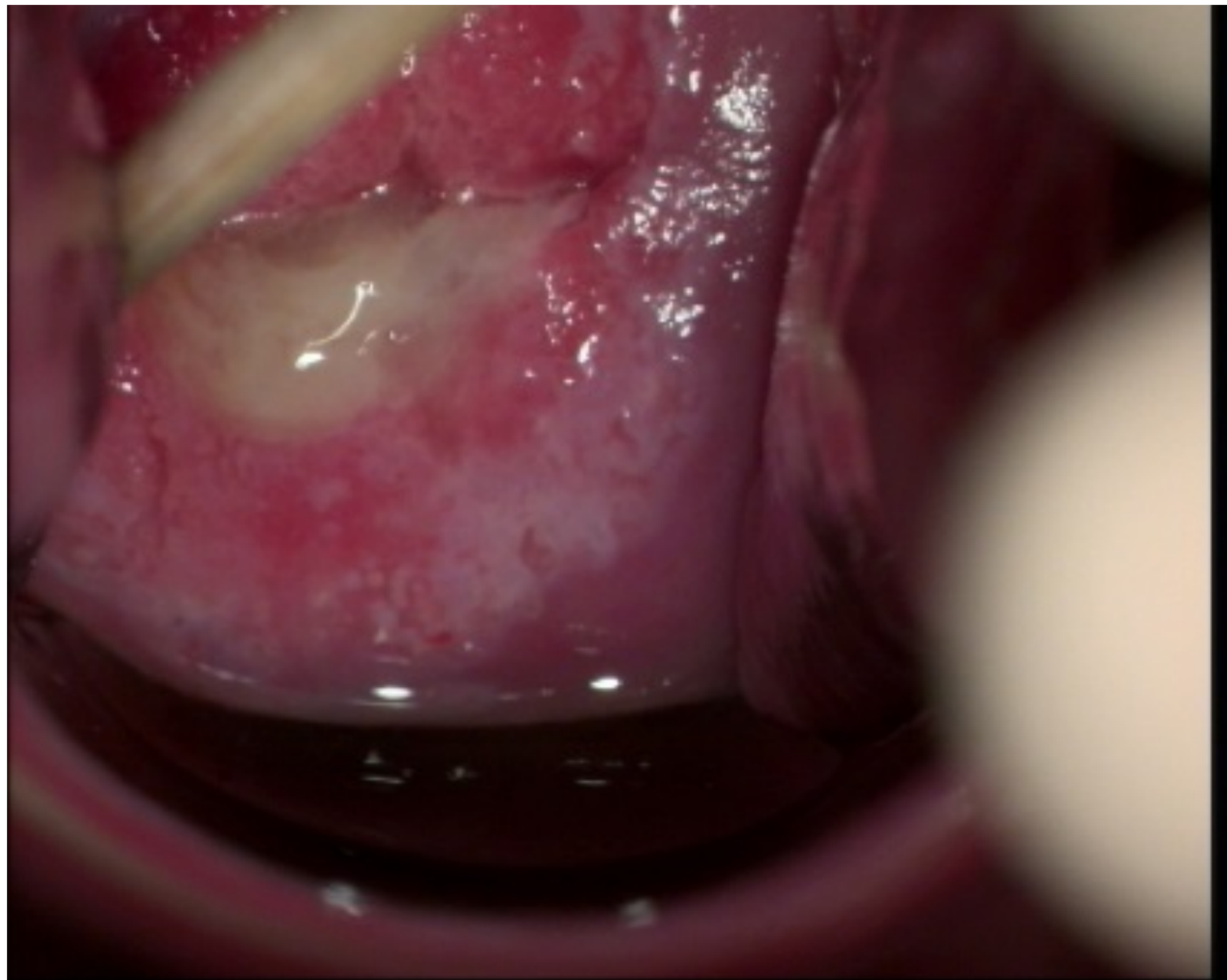
Before acetic acid  
8 weeks after delivery



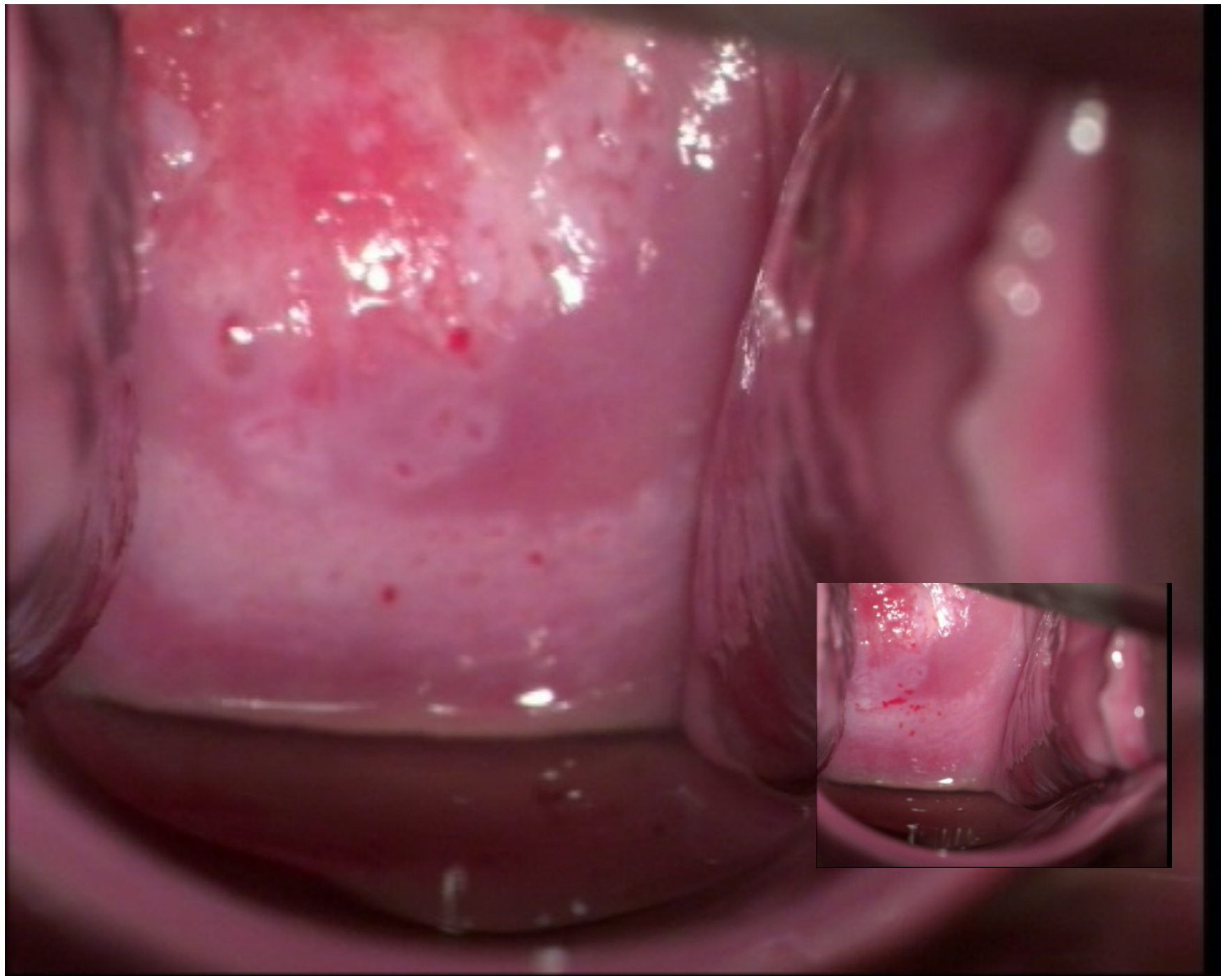
After acetic acid  
8 weeks after delivery







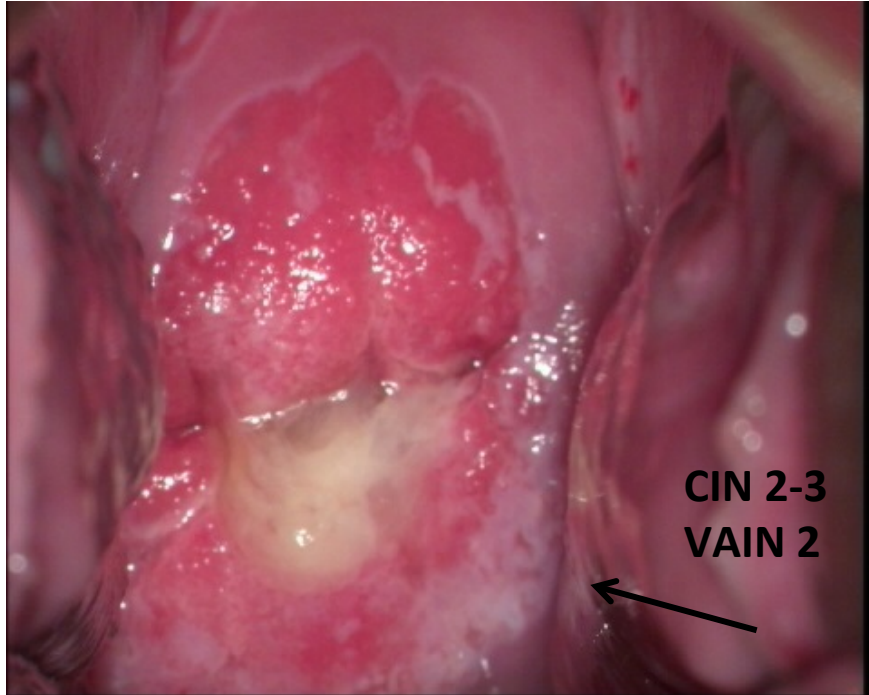




# Case 15: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 15

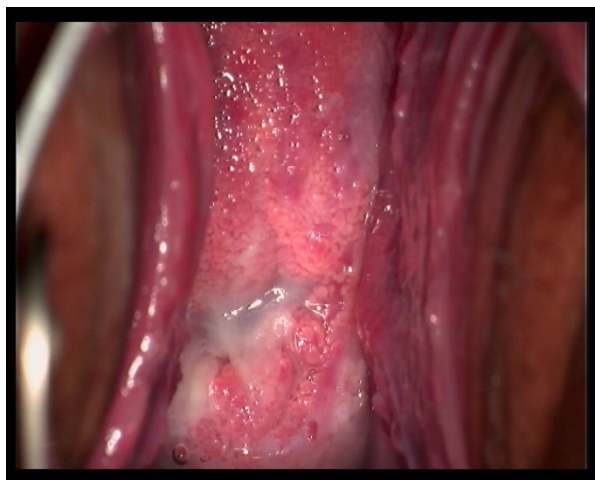


- Cervical biopsies:
  - 5 o'clock: CIN 2-3, focal early invasion cannot be excluded; condyloma
  - 8 o'clock: At least CIN II; condyloma
  - Left upper vagina: At least VAIN II; condyloma
- Cone biopsy + vaginal stripping on 6.6.2019
  - Pathology - pending

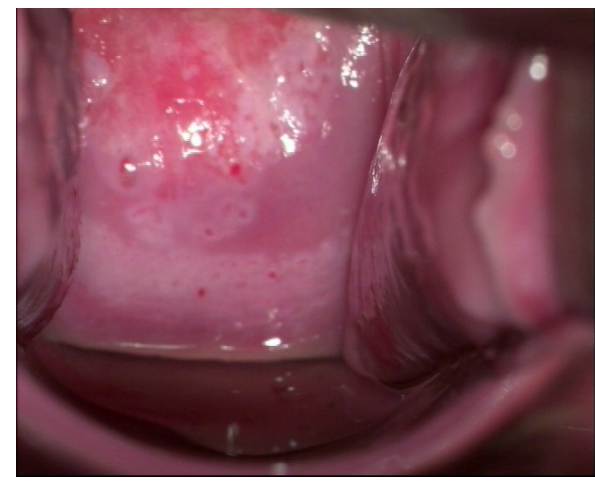
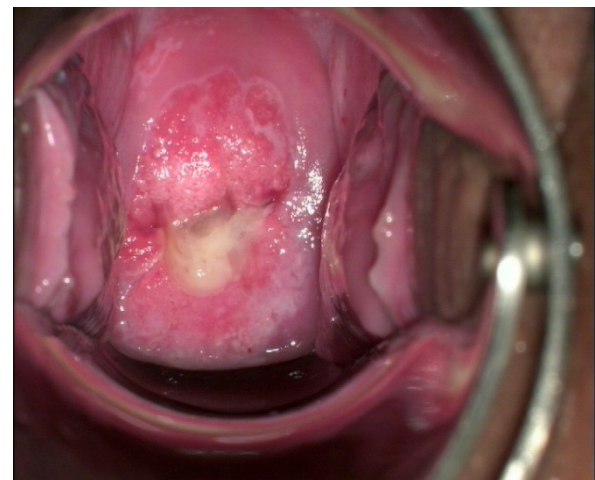
**14-week pregnant**



**32-week pregnant**



**8-week post-partum**

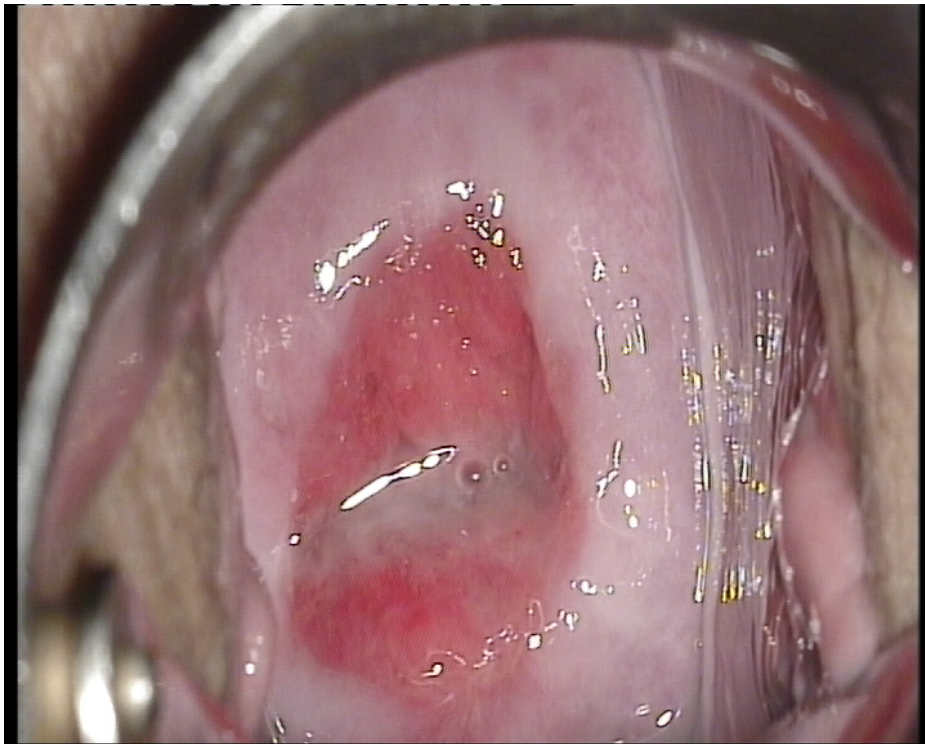




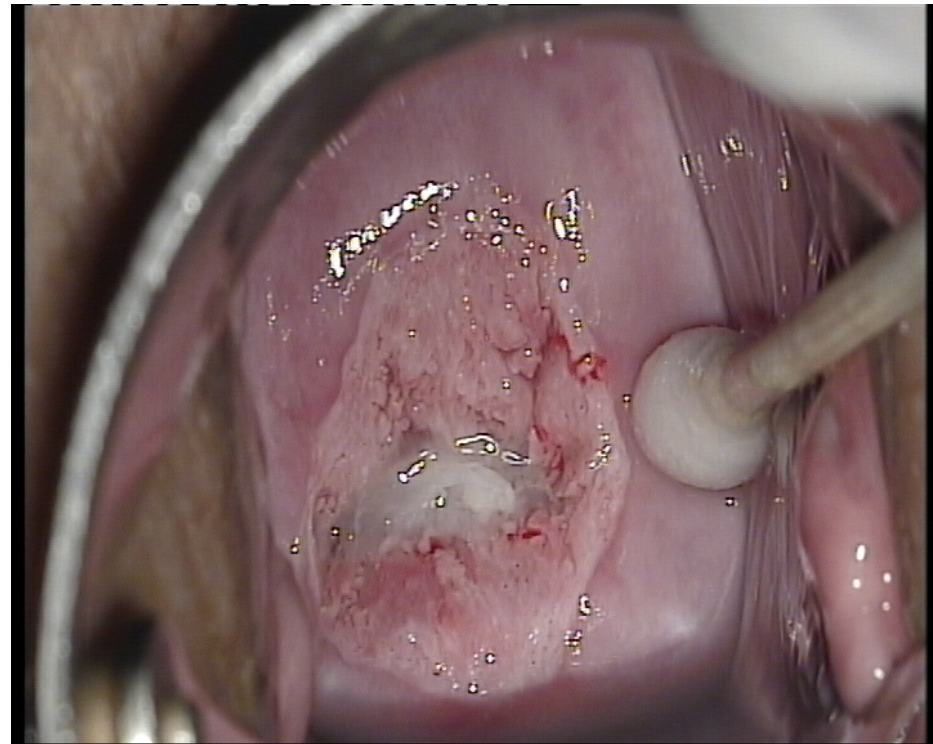
# Case 16

- F/31
- Para 4, on OC pills
- STOP x 1, miscarriage x 1
- History of ectopic pregnancy with left salpingectomy
- Completed HPV vaccine in private 4 years ago
- Routine screening in FPA showed ASC-US and high risk HPV 18+ve on 30.3.2017
- Colposcopy on 4.8.2017

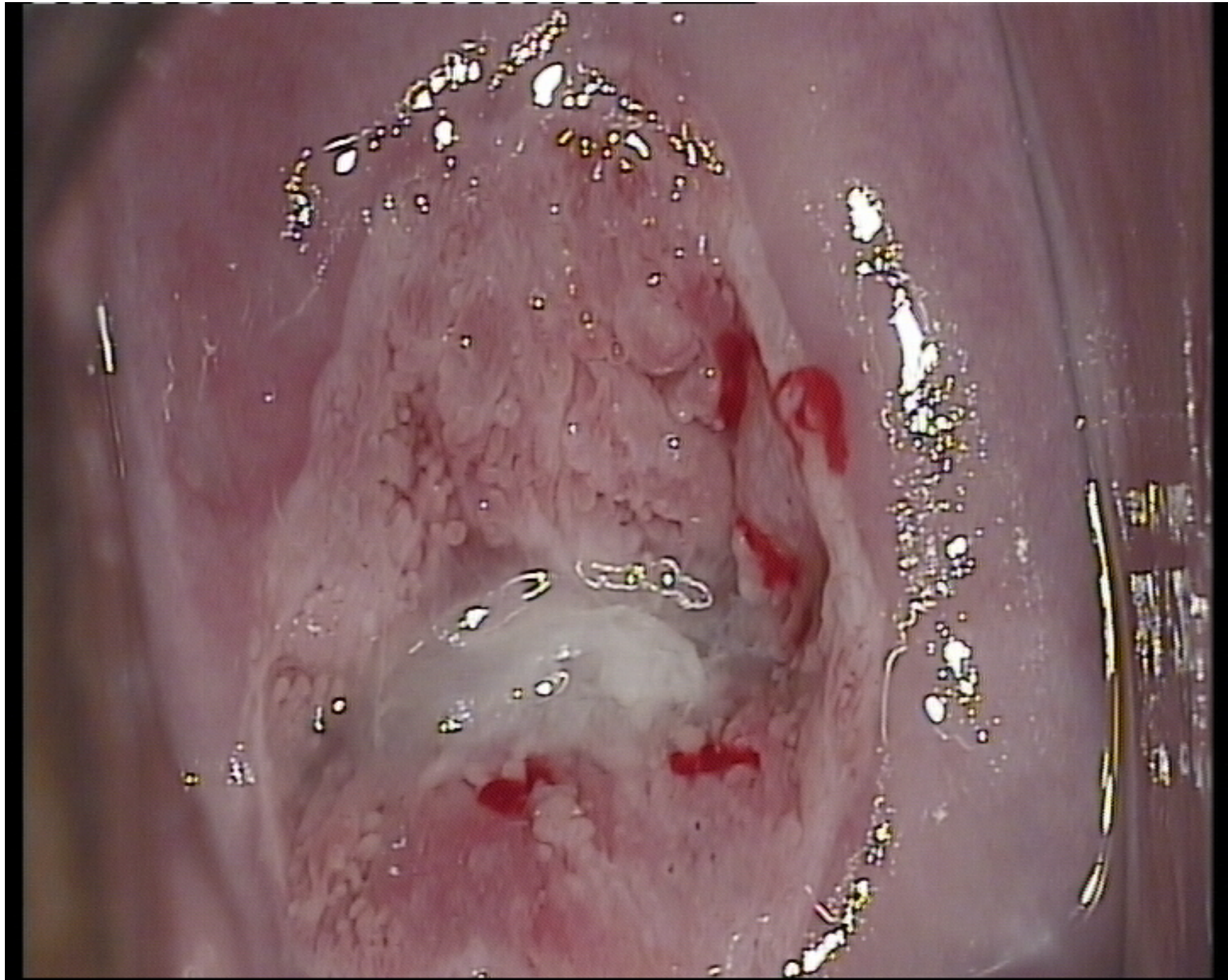
**Before acetic acid**



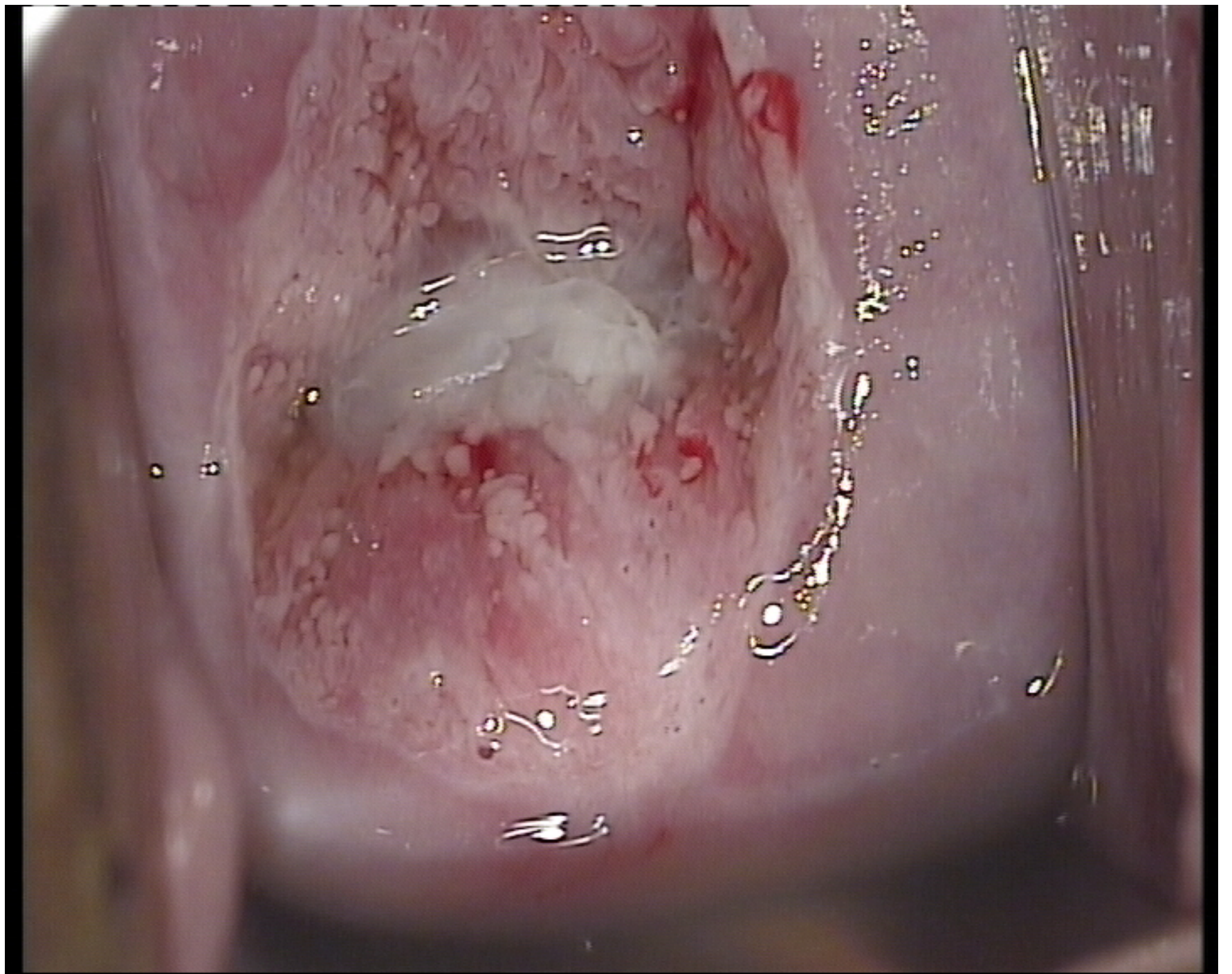
**After acetic acid**



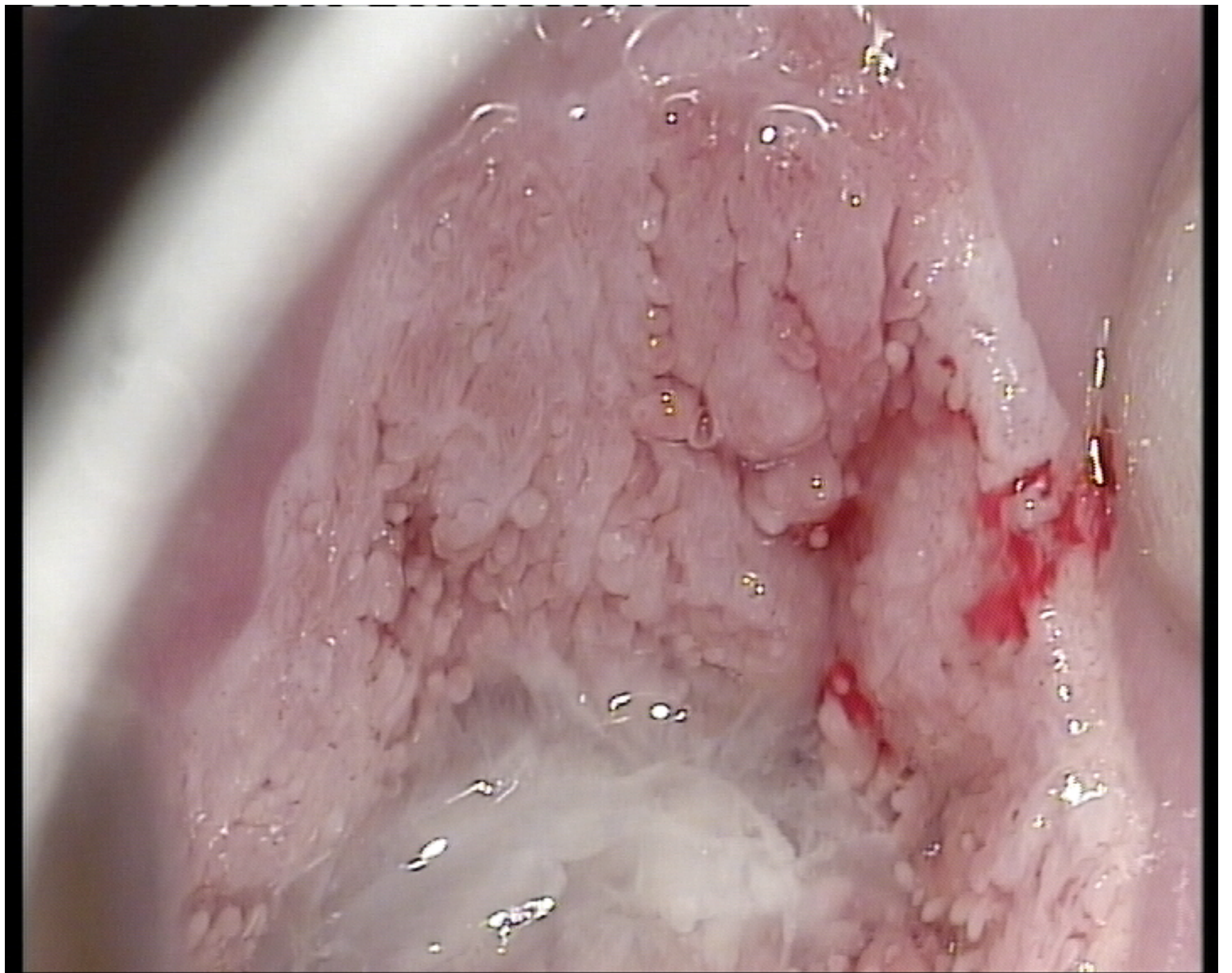




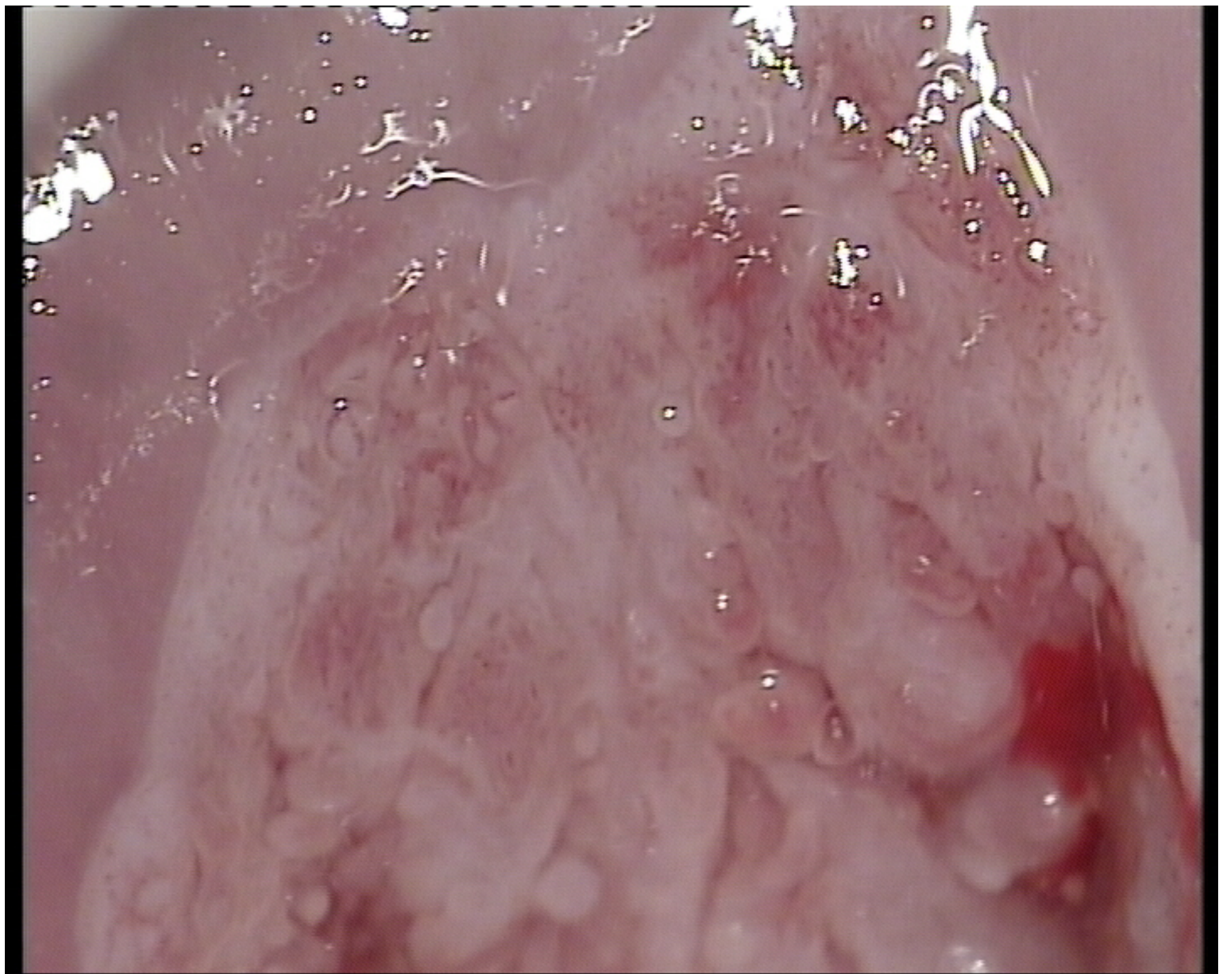




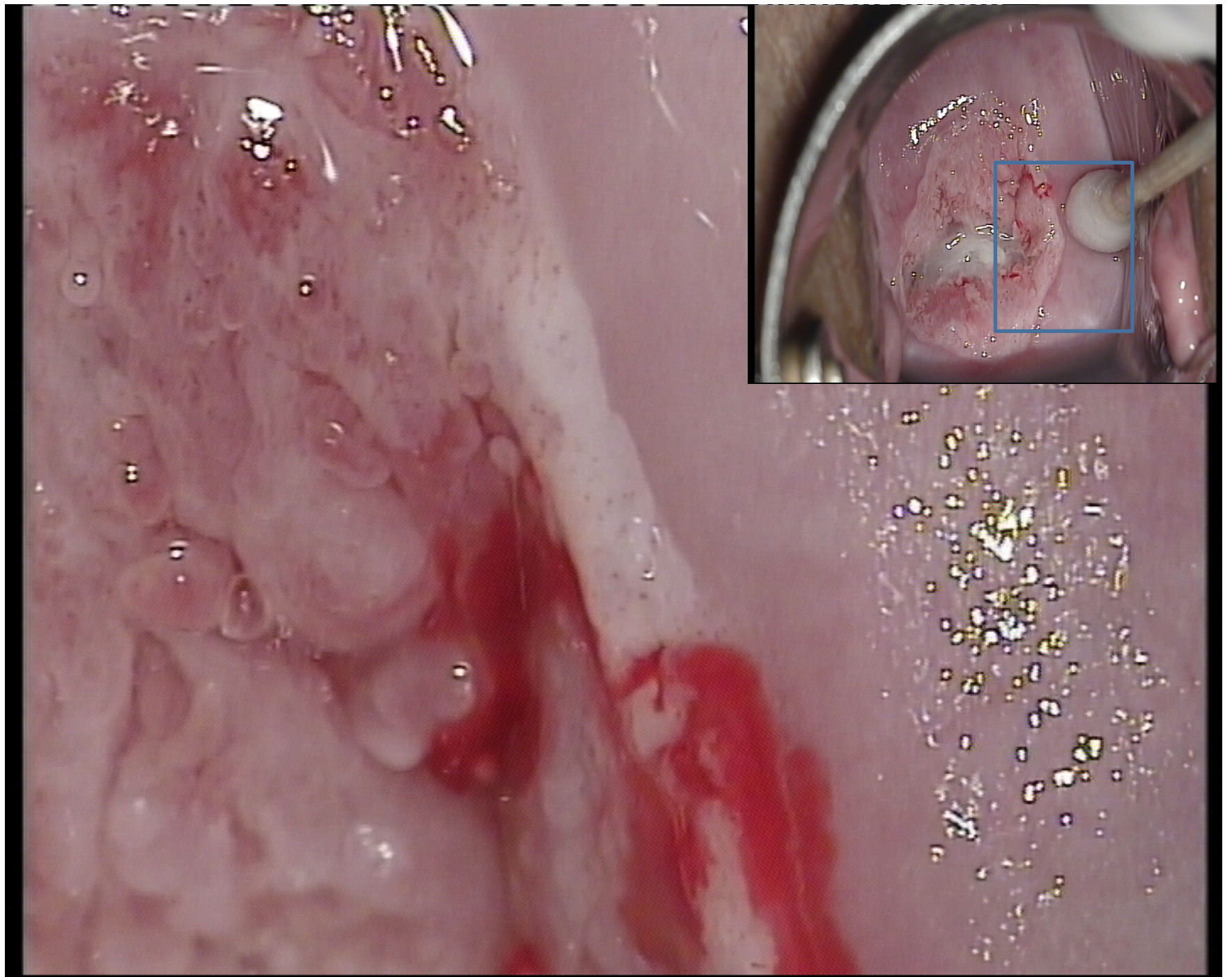




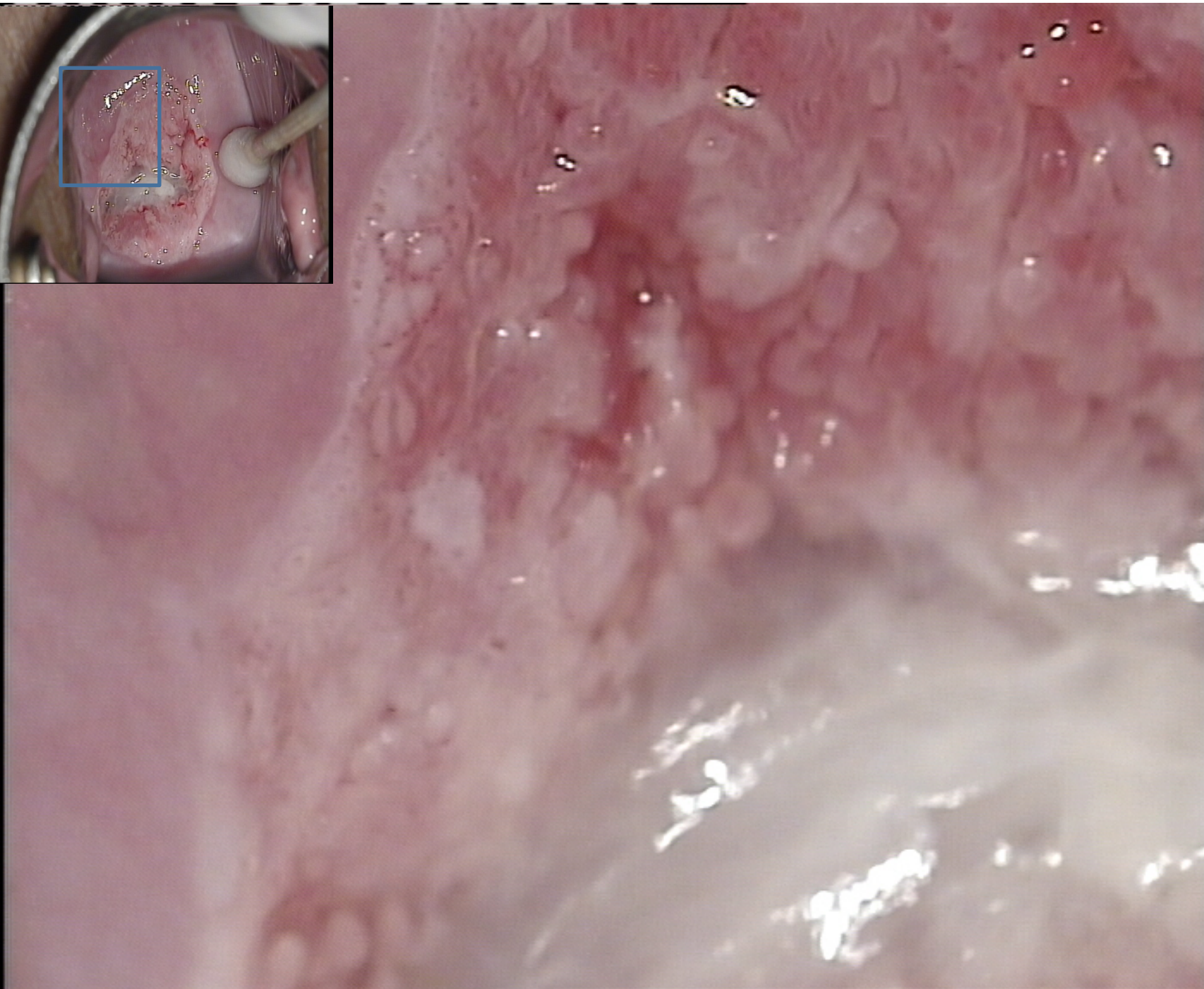
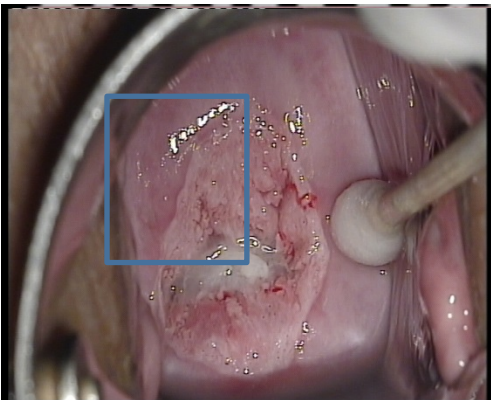




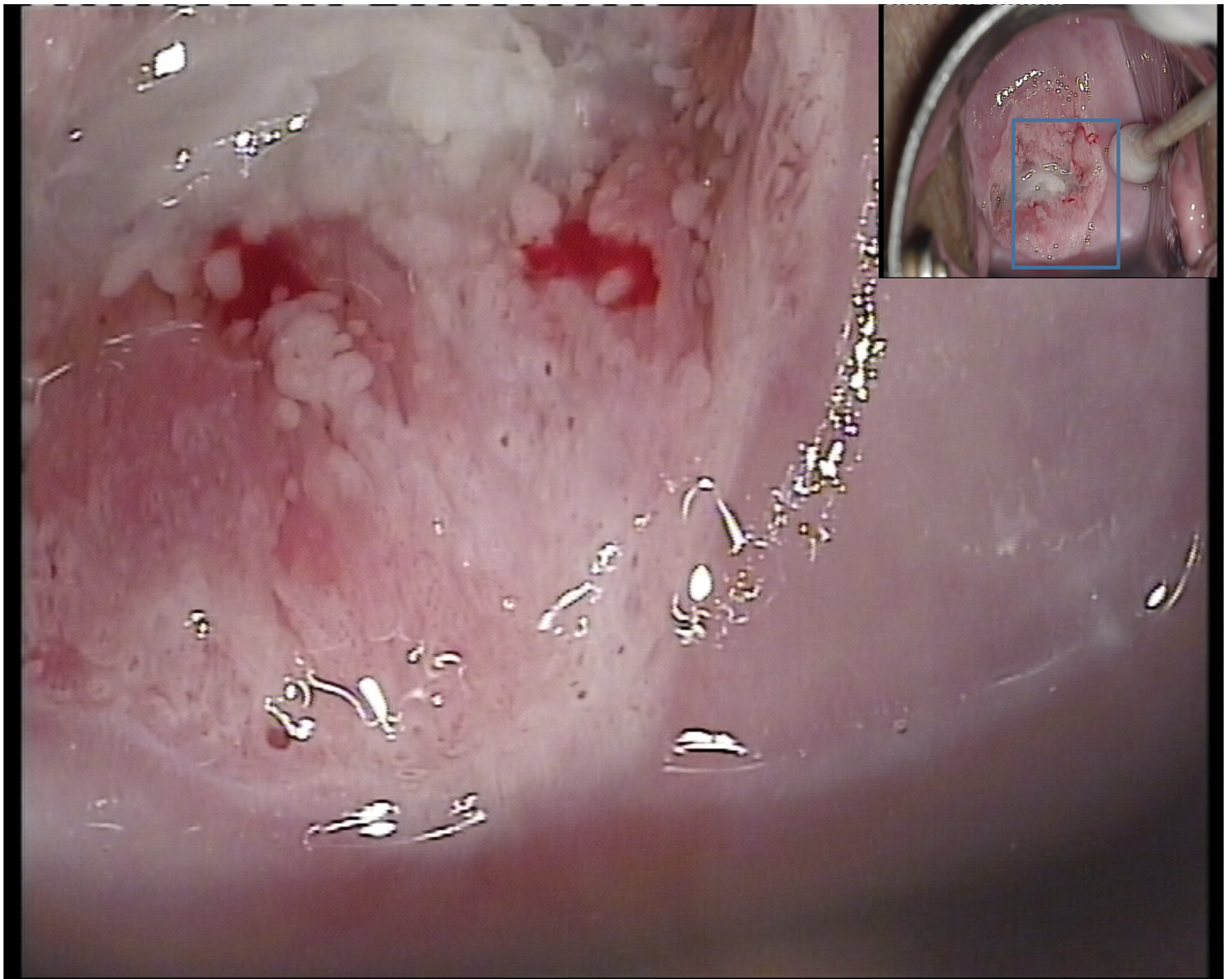




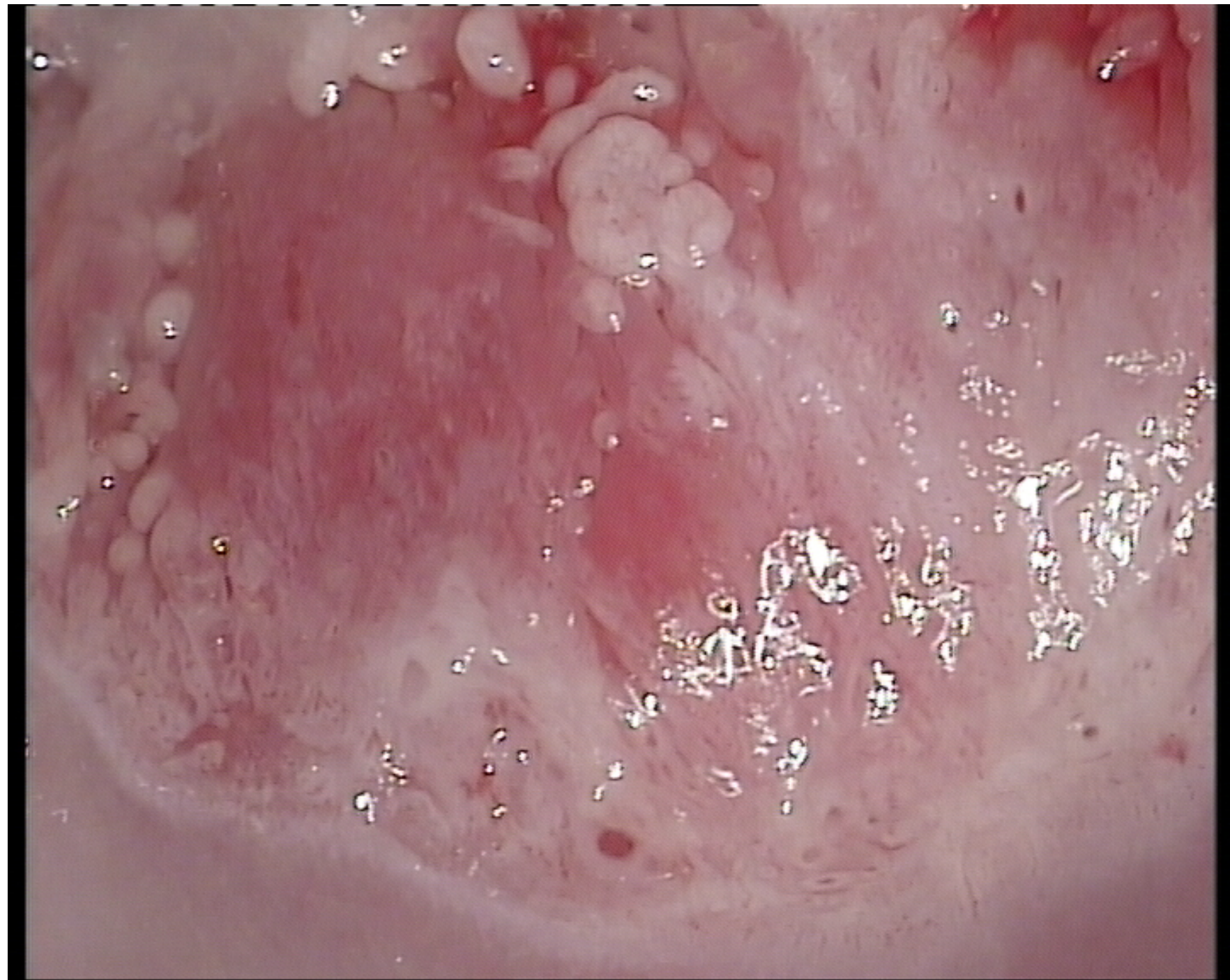




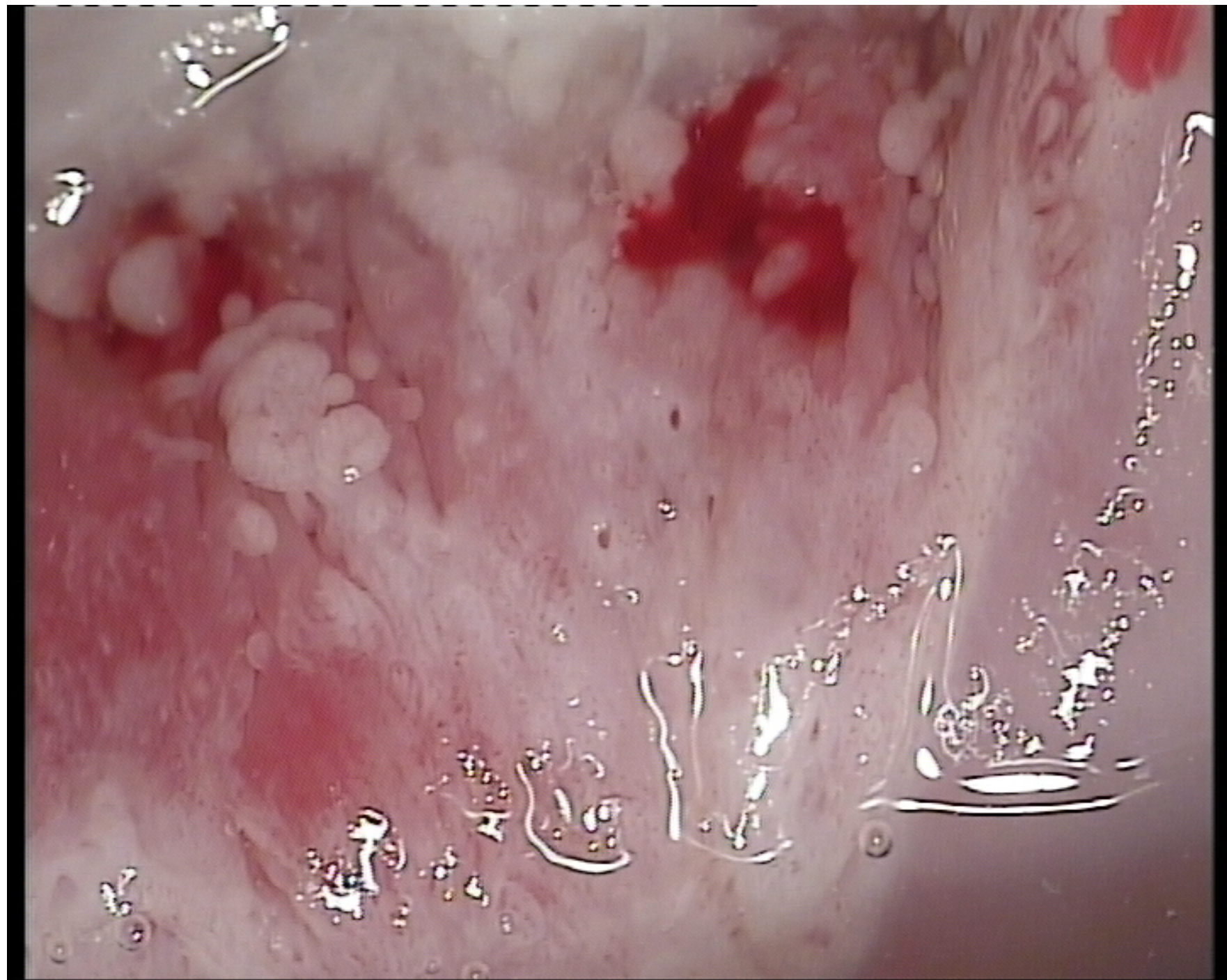










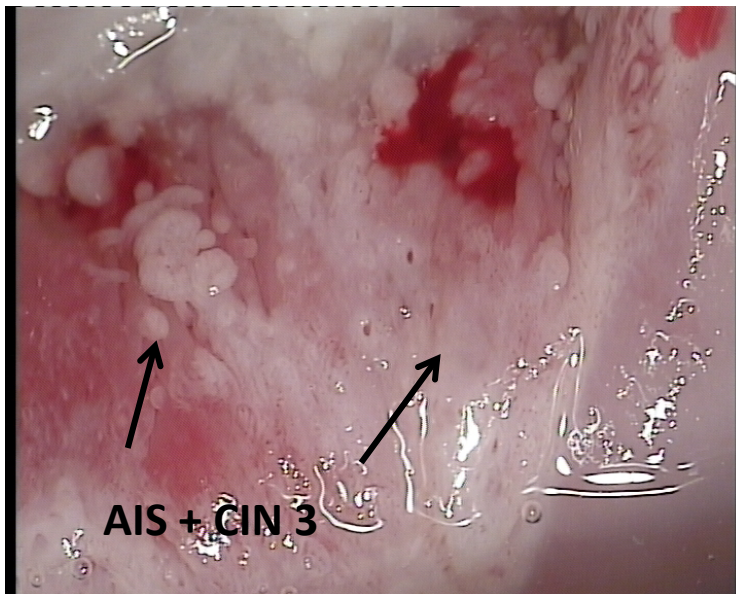
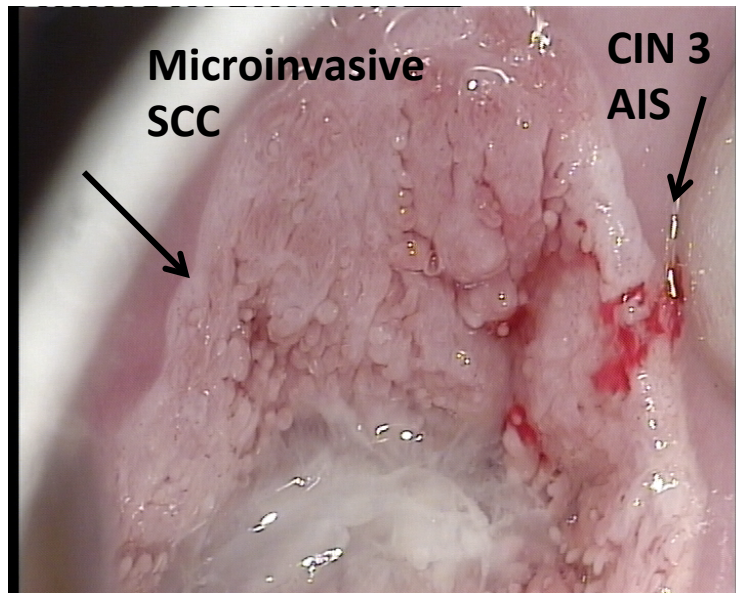


# Case 16: Impression ?

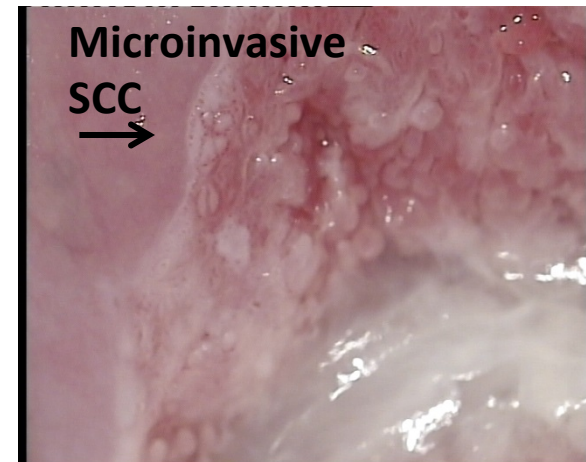
- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others



# Case 16

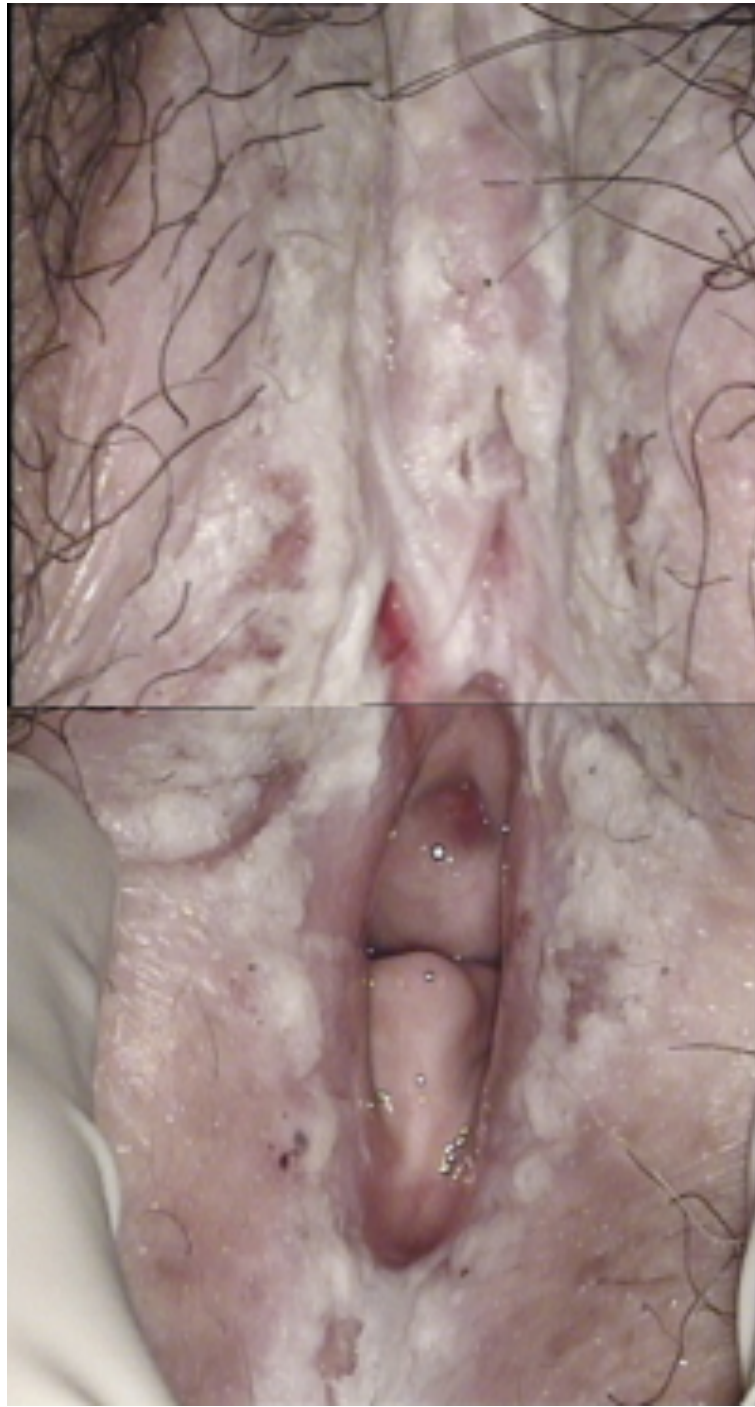


- Cervical biopsies:
  - 2 and 5 o'clock - CIN 3; condyloma
  - 10 o'clock - CIN 3; endocervical glandular dysplasia
- Cone 18.9.2017:
  - CIN 3 and AIS at 3 to 5 o'clock and 9 to 12 o'clock positions
  - 10 o'clock microinvasive SCC maximum depth 0.3 mm and horizontal spread of 0.5 mm
  - No LVSI
- TLH in private – no residual disease

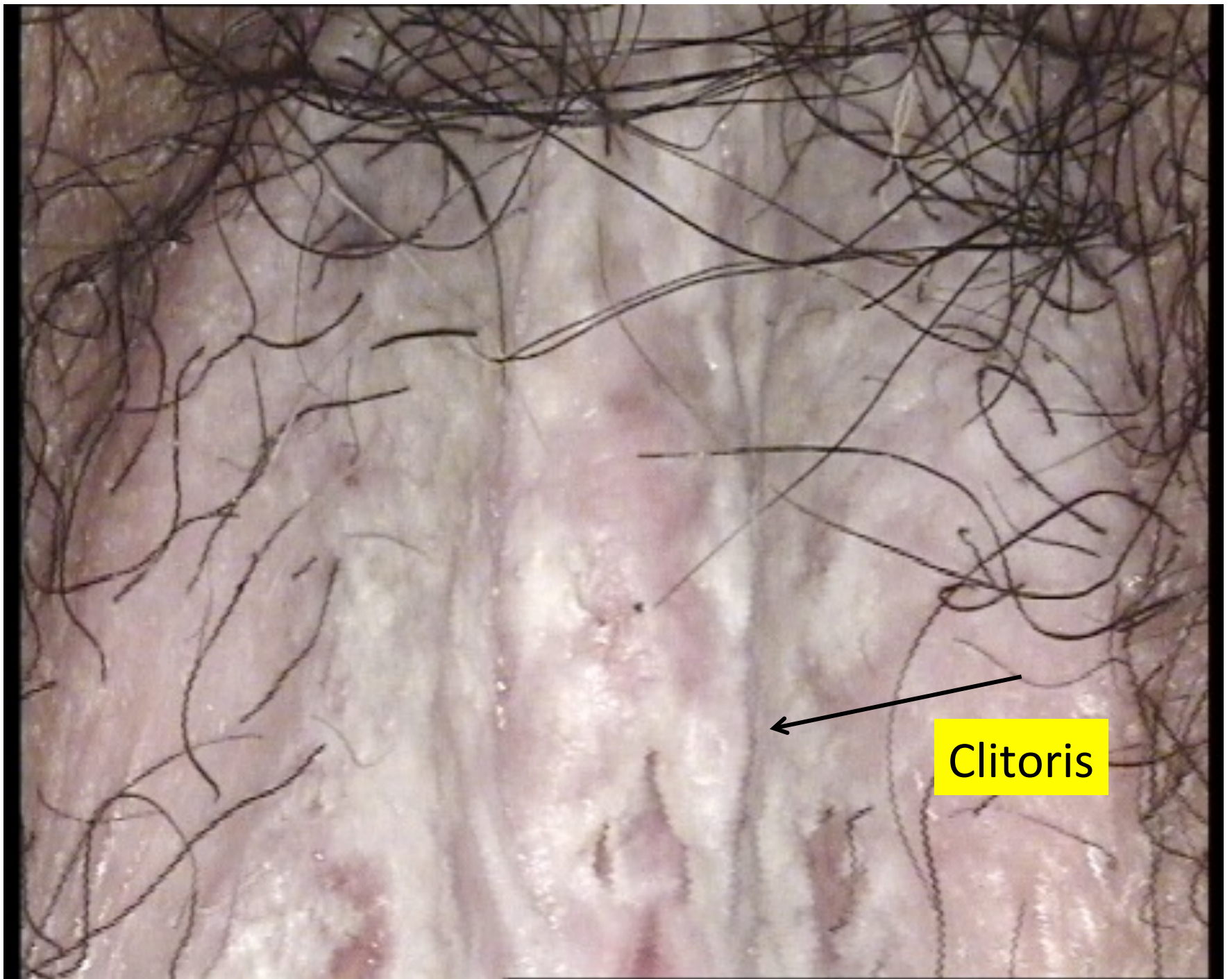


# Case 17

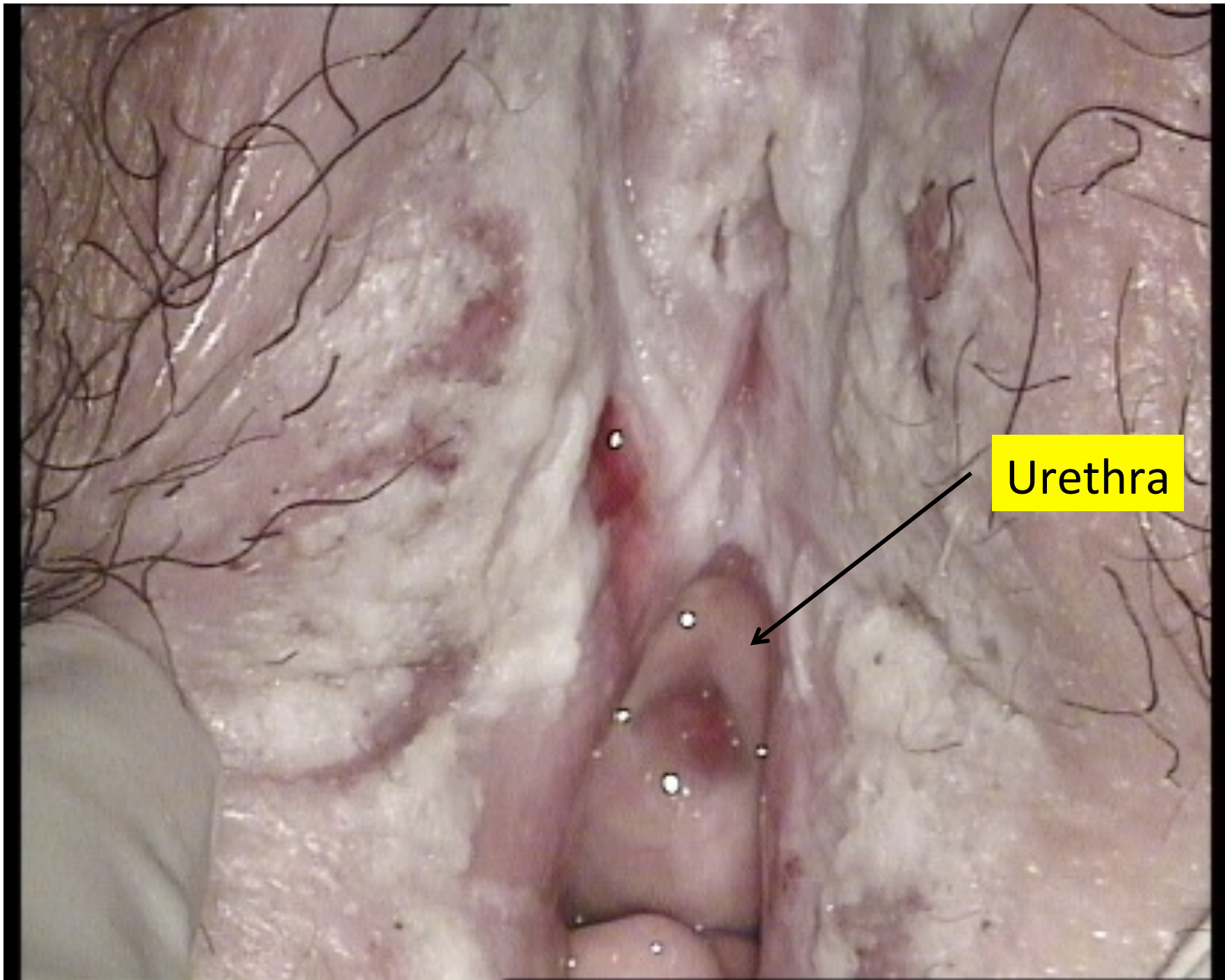
- F/72, non-smoker
- History of CA cervix stage IIB and treated by radiotherapy in 1991, no recurrence
- Referred for pruritus vulvae
- Colposcopy on 28.8.2018

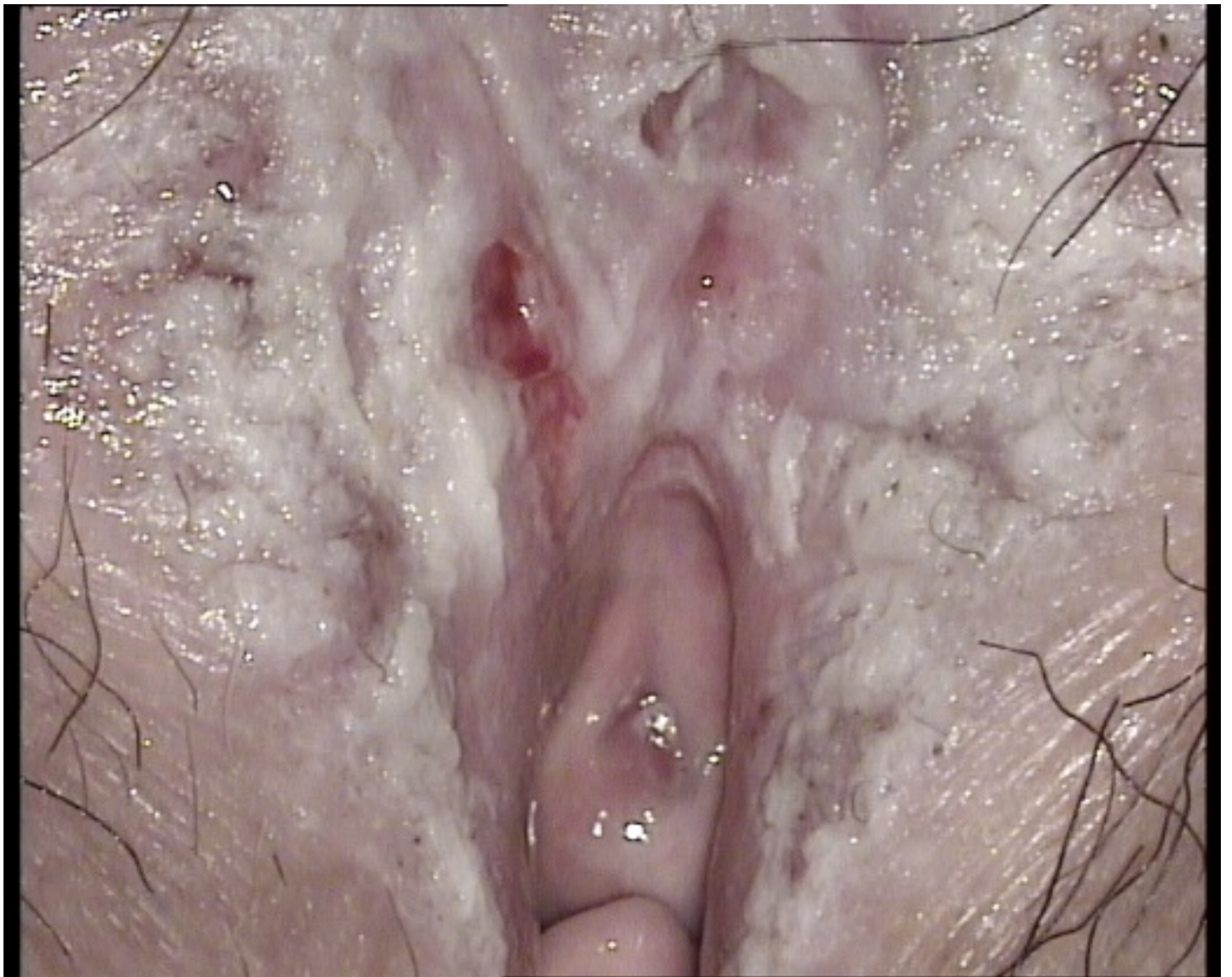
















**Perineum**

# Case 17: Impression ?

- a) Warts / HPV
- b) Low-grade VIN
- c) High-grade VIN
- d) Squamous Cell Carcinoma
- e) Extra-mammary Paget's disease
- f) Basal Cell Carcinoma
- g) Malignant Melanoma
- h) Squamous hyperplasia
- i) Lichen sclerosis
- j) Other Dermatoses
- k) Others



# Case 17

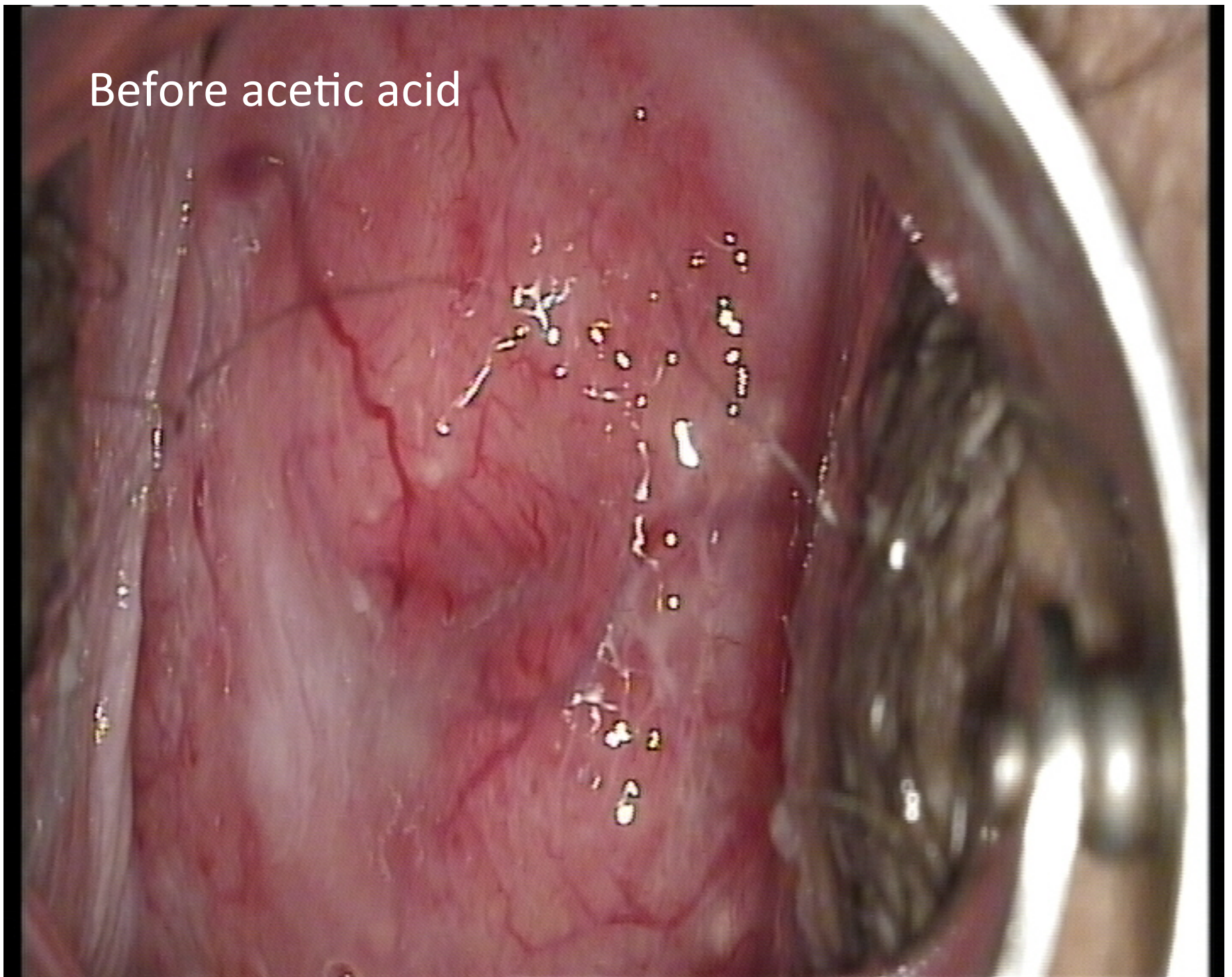


- Vulval biopsies:
  - Left and right vulva
- Lichen Sclerosus
- Given clobetasol cream

# Case 18

- F/39
- G1P0, 1 miscarriage, condom for contraception
- Refer from private for ASC-H on 16.12.2017
- Colposcopy on 13.2.2017

Before acetic acid





After acetic acid



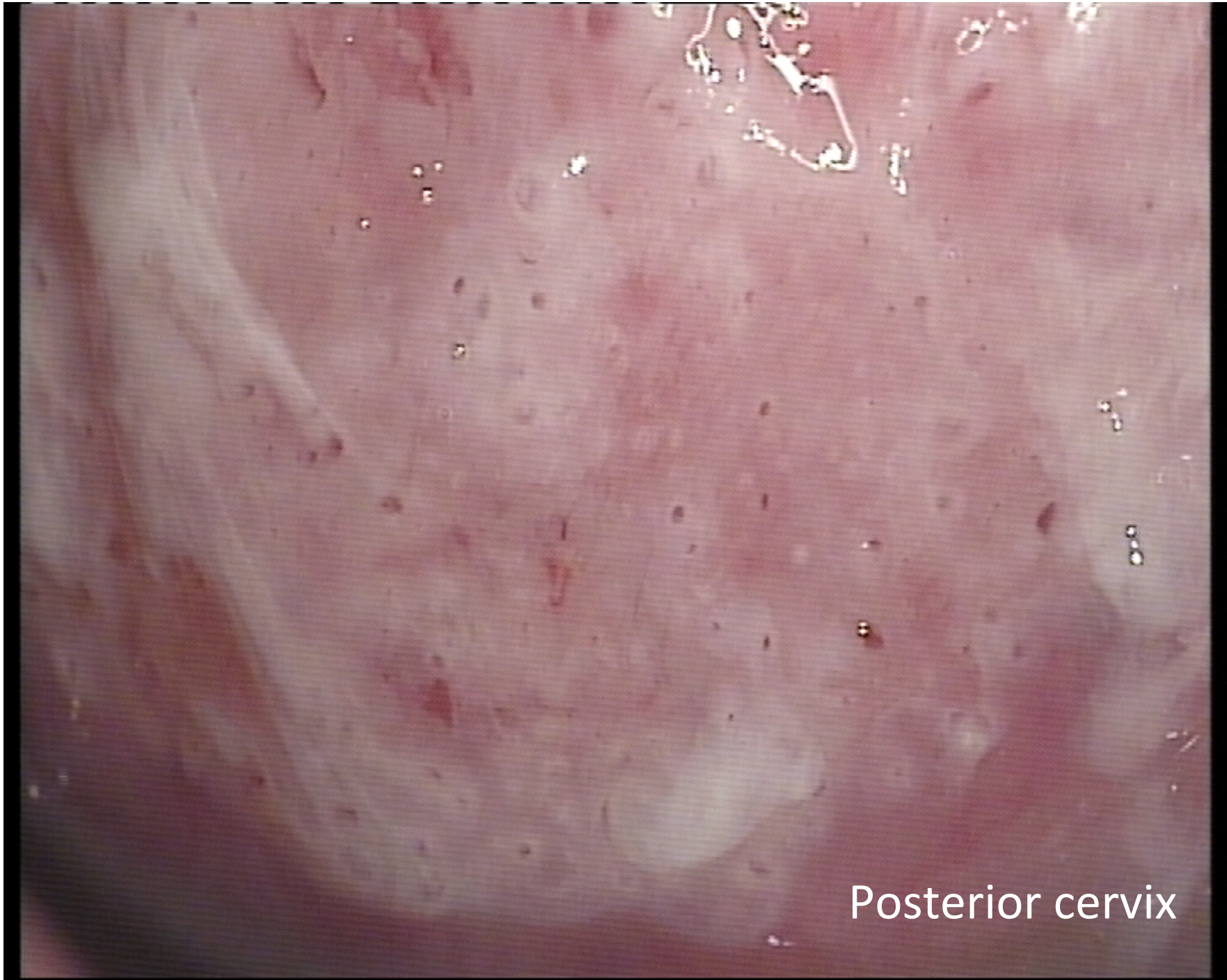












Posterior cervix

# Case 18: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others



# Case 18



- Cervical biopsies:
  - 6, 11,12 o'clock: CIN 3
- Initially refused LEEP
- Finally LEEP on 16.11.2017
  - Extensive CIN 3
  - Circumferential involvement
  - No invasion

# Case 19

- F/36
- Thyrotoxicosis on CMZ
- Para 0, n OC pills
- Referred from MCH for ASCUS and HRHPV +ve on 18.7.2016
- Colposcopy on 17.10.2016

Before acetic acid

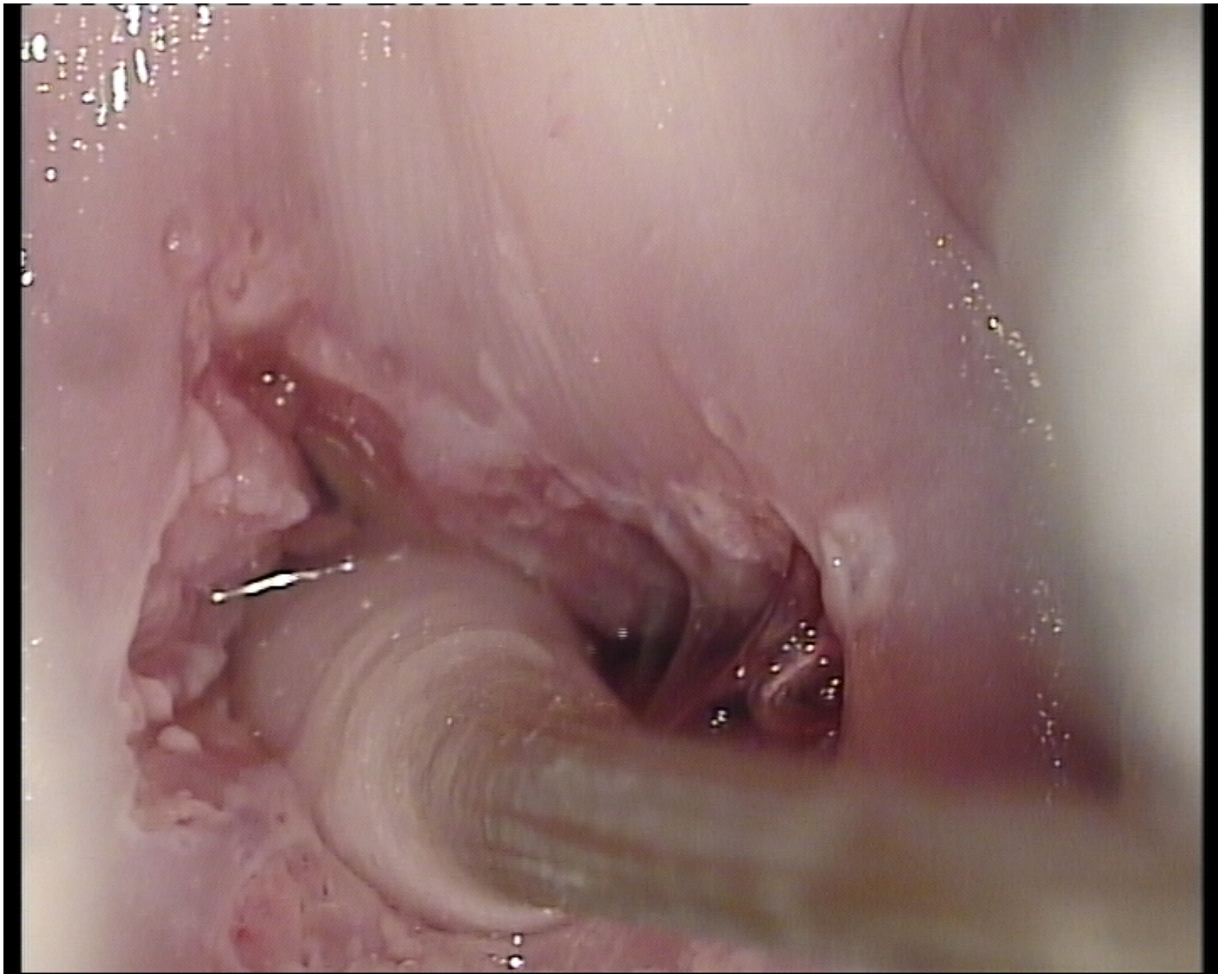




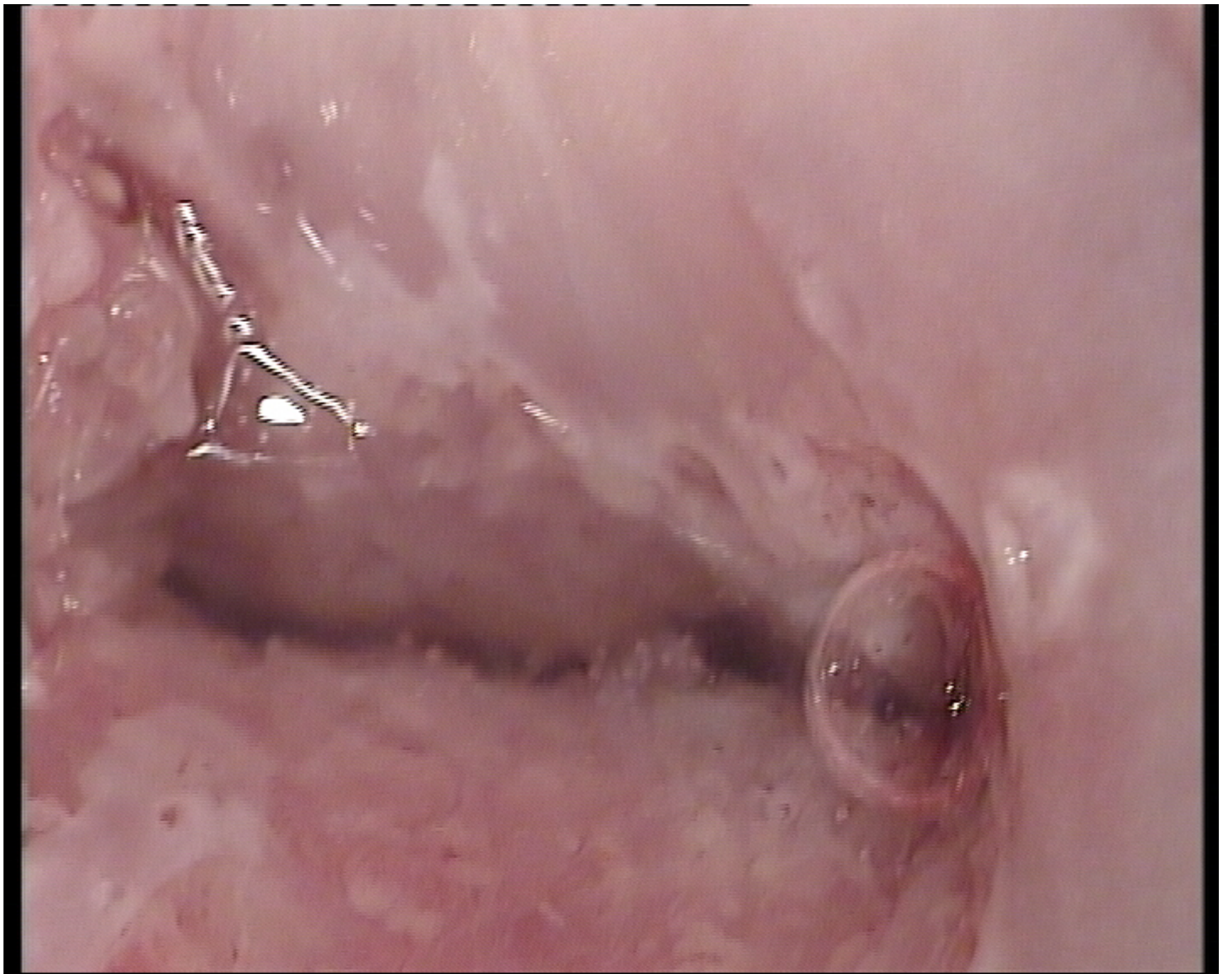
After acetic acid







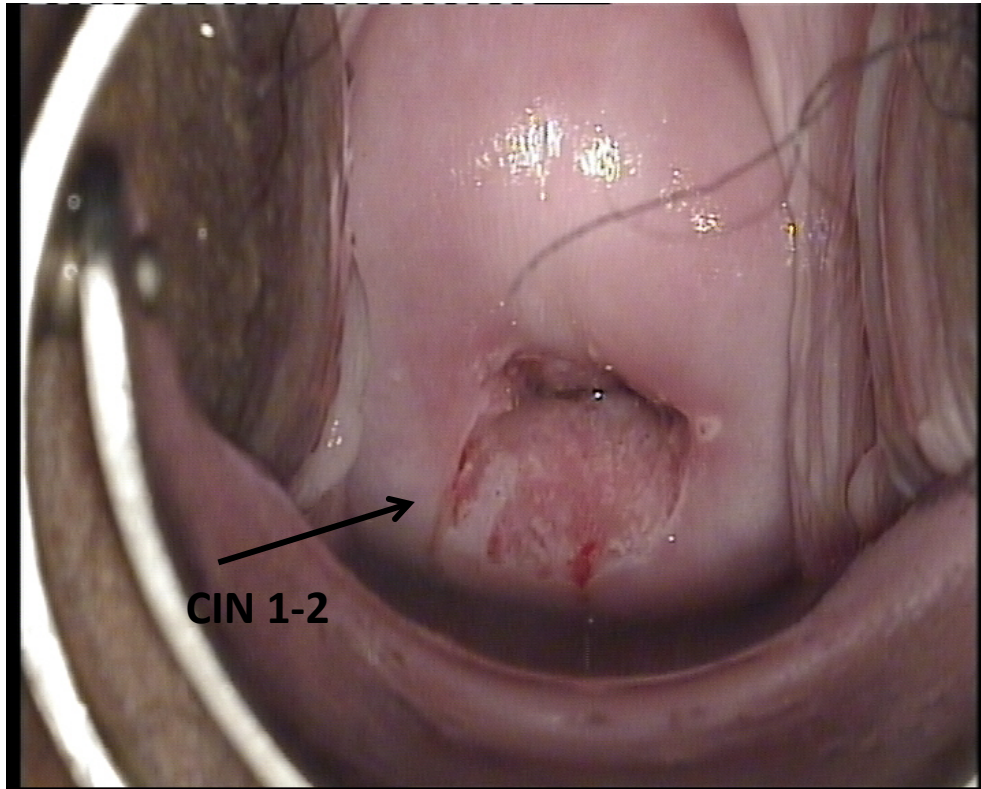




# Case 19: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 19



- Cervical biopsies:
  - 1 and 11 o'clock: condyloma
  - 8 o'clock: CIN 1-2; condyloma
- LEEP 3.4.2017:
  - CIN 1 at 8 o'clock
  - No definite residual high grade lesion is seen



# Case 20

- F/40, non smoker
- Para 0
- History of atypical polypoid adenomyoma of uterus since 2013 on regular surveillance
- Prolonged spotting and H+D&C in private on 13.10.2018
- Cervical polyp removed – “abnormal”
- No recent pap smear
- PV: No gross lesion
- Colposcopy on 31.10.2018

Before acetic acid

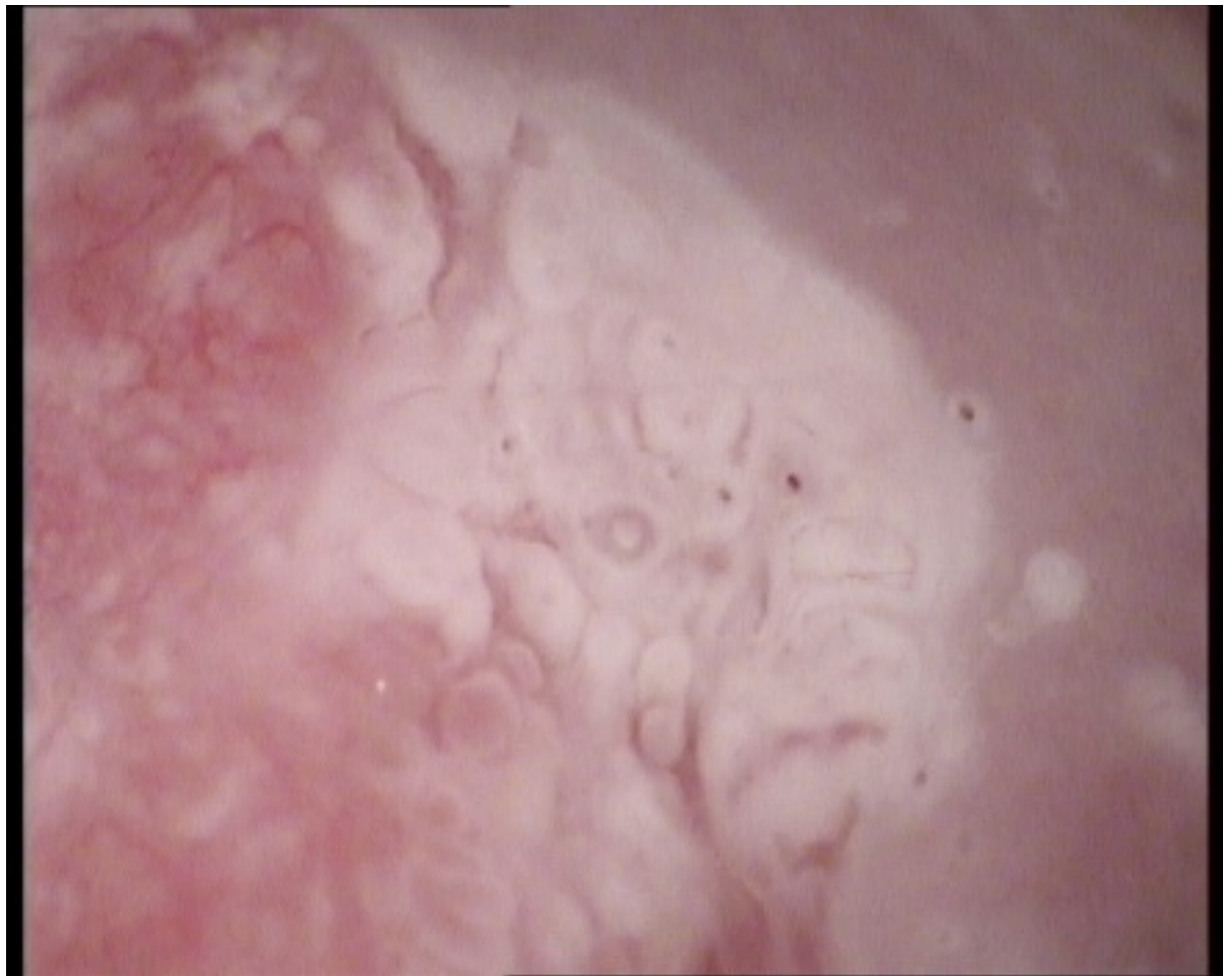


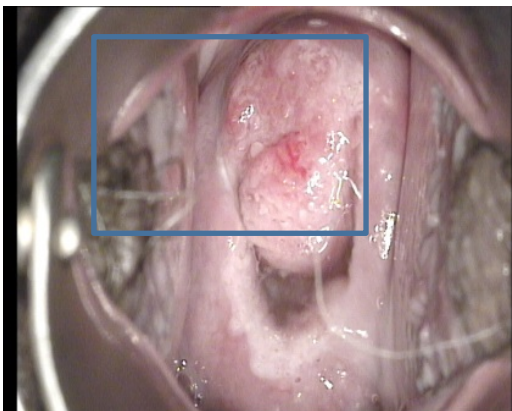
After acetic acid





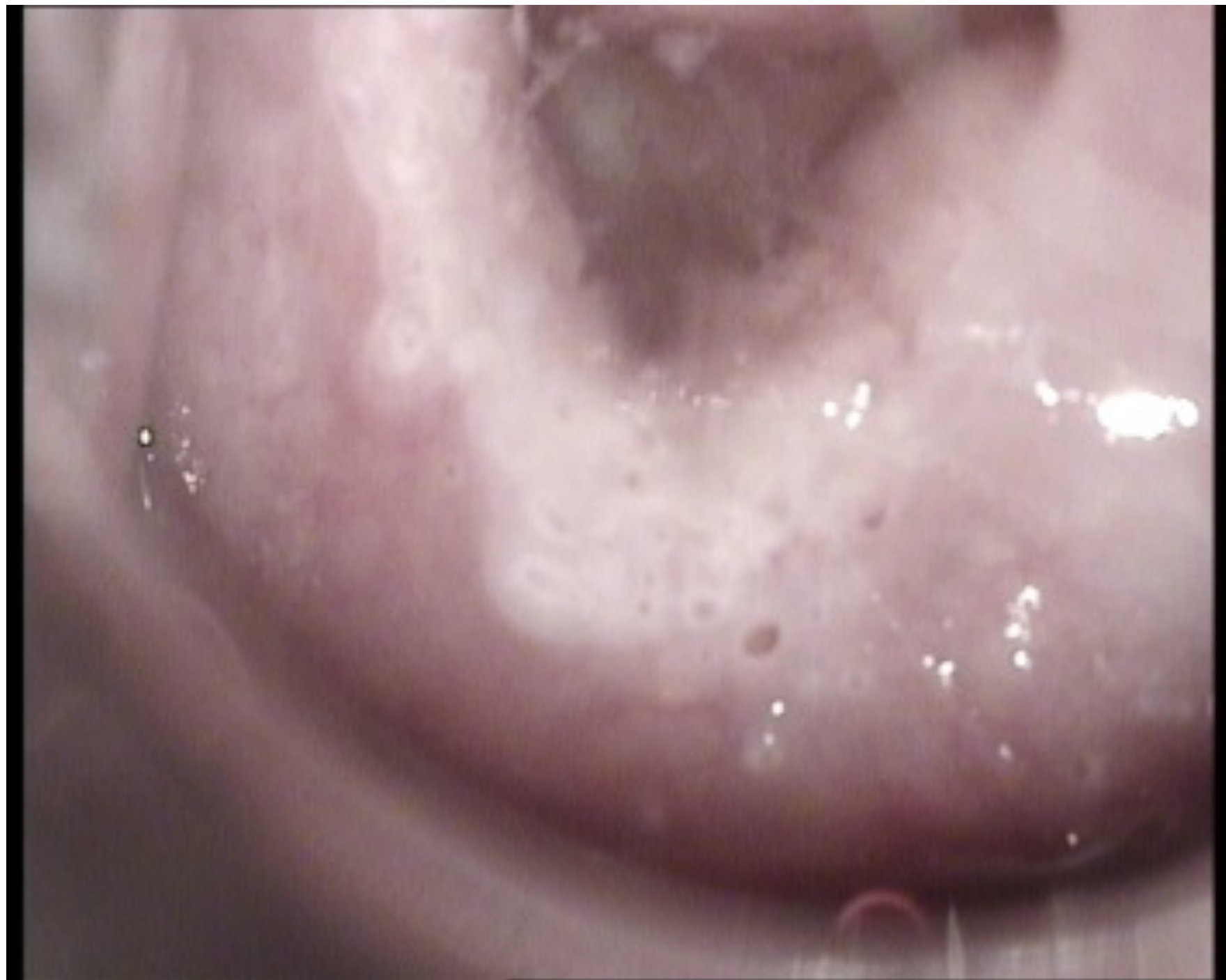




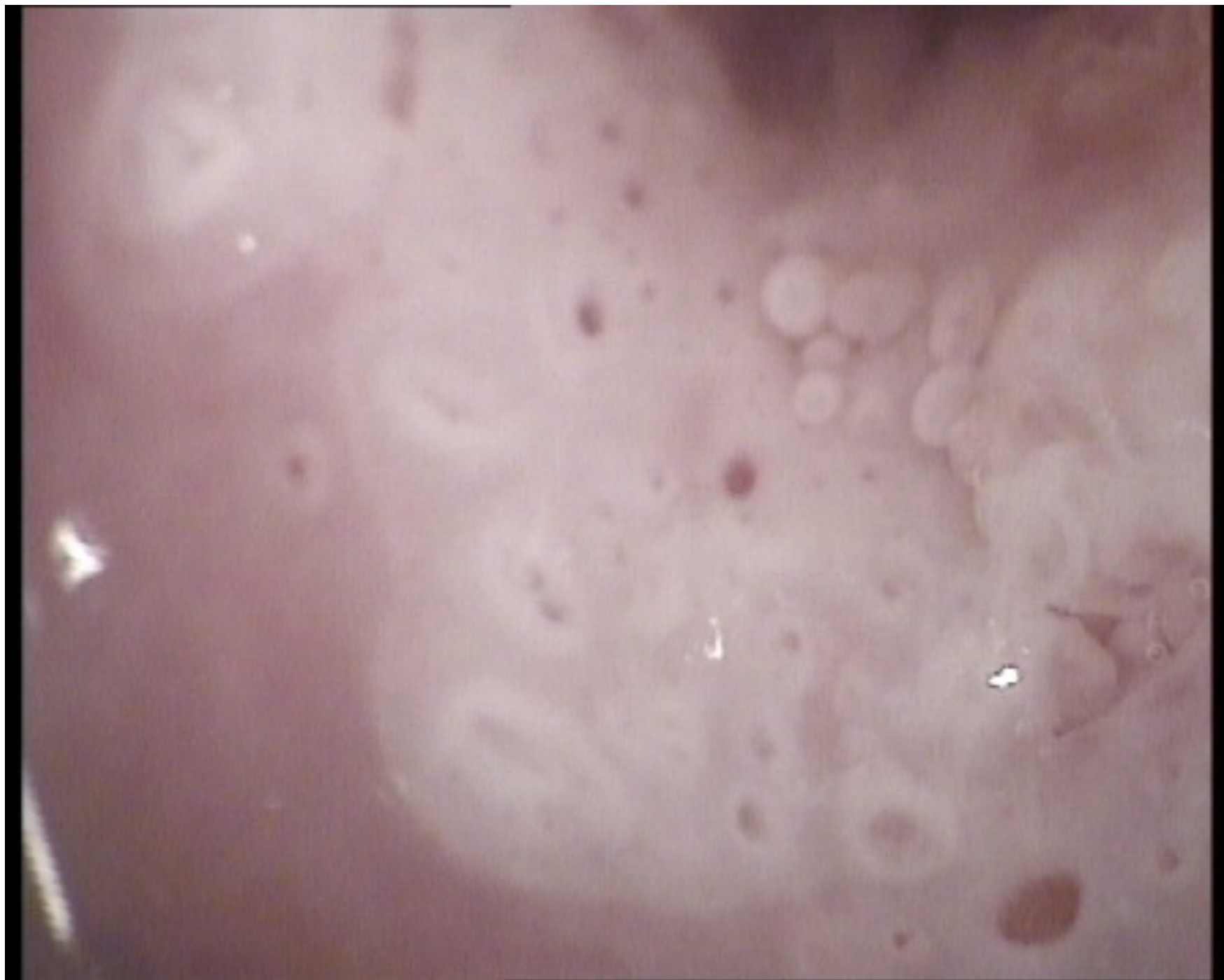


Right anterior cervix





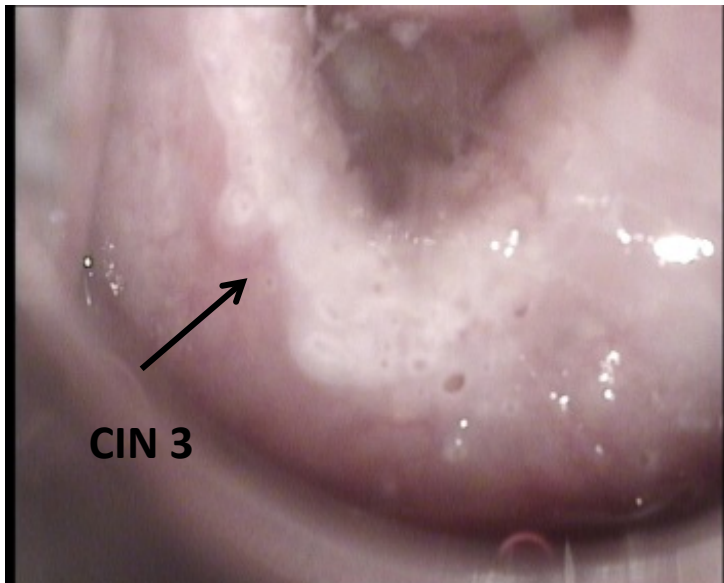
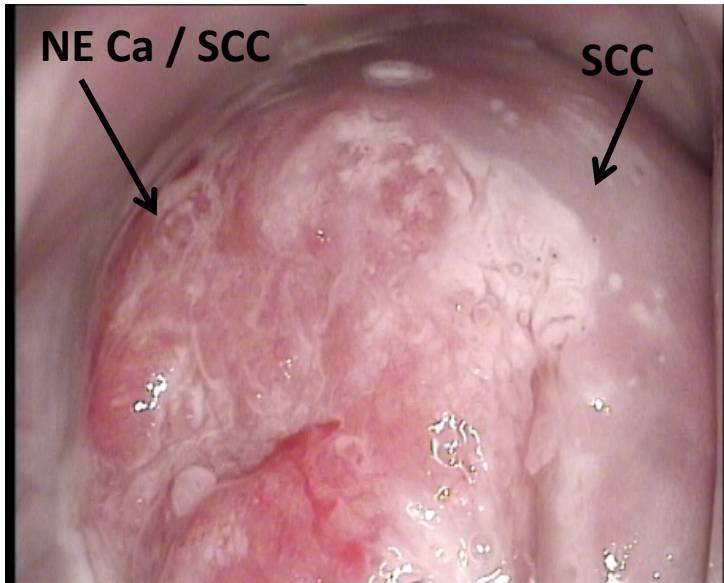




# Case 20: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 20



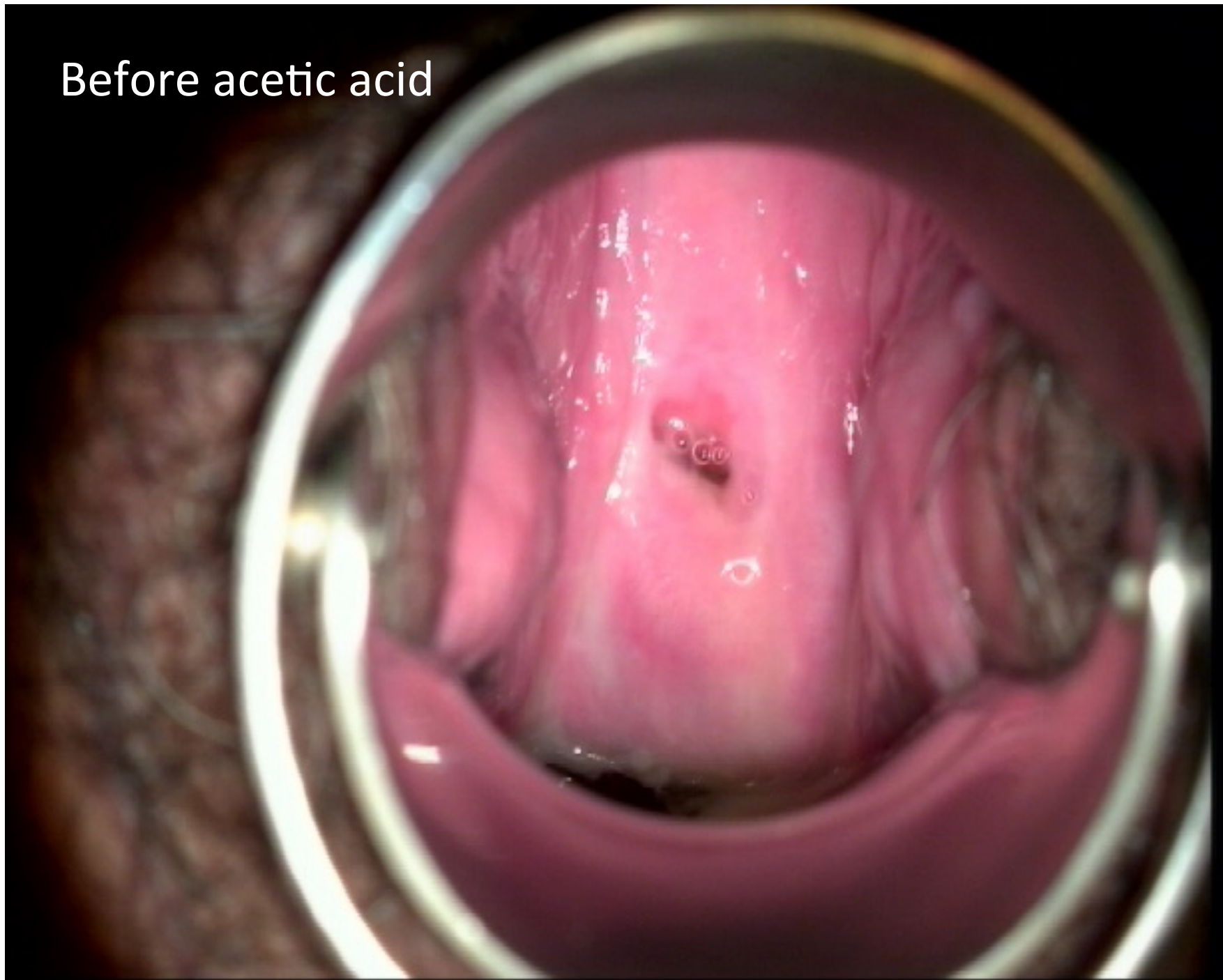
- Cervical biopsies:
  - 1 o'clock:
    - SCC, with CIN 3, condyloma
  - 7 o'clock:
    - CIN 3; condyloma
  - 11 o'clock:
    - High grade neuroendocrine carcinoma, favor small cell carcinoma; CIN 3
- PET CT 1.11.2018 – no metastasis
- Stage IB1
- Refused surgery and given chemoRT (EP x 4)

# Case 21

- F/65, non-smoker
- Para 5
- Known History of LGSIL in 2017 with first colposcopy 26.10.2017
  - Biopsy - CIN 1, condyloma, for observation
- Follow-up smear in 4/2018 - HGSIL and 2nd colposcopy 12.6.2018
  - See and LEEP done
  - Pathology - CIN I-II, focal endocervical margin involved, no stromal invasion, other margins are clear
- For observation
- Follow-up smear on 11.12.2018 - LSIL
- Colposcopy on 15.3.2019



Before acetic acid





After acetic acid











# Case 21: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 21

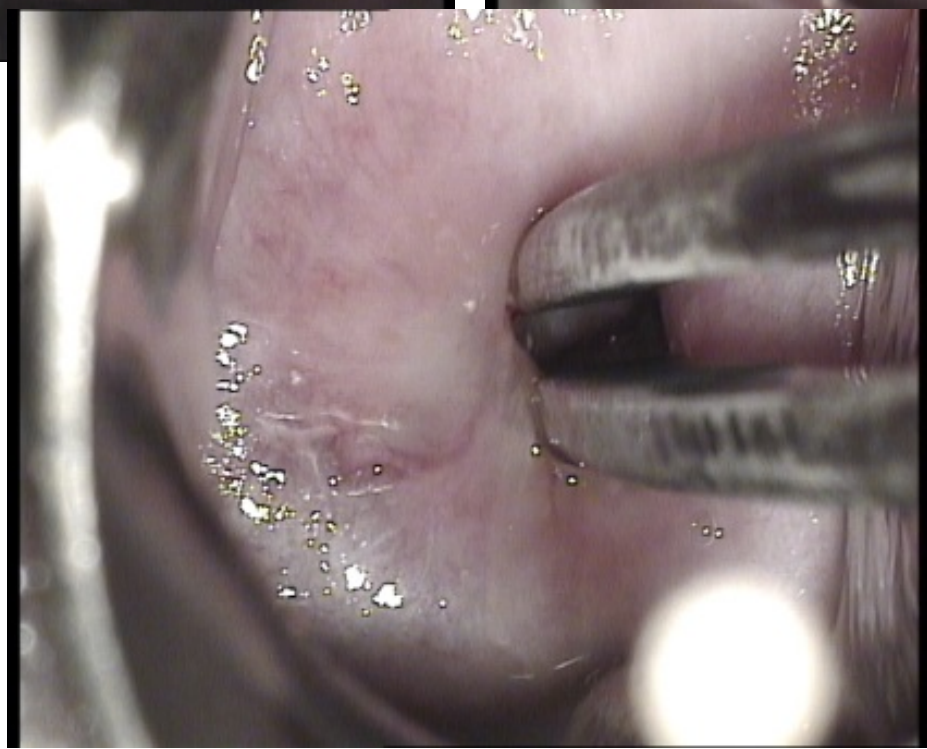


- Cervical biopsies:
  - 11 and 12 o'clock:
    - CIN 1, condyloma



# Case 22

- F/45 Para 2, Brazilian
- Known HIV since 2013
- Follow-up by surgical for anal wart
- Given imiquimod cream in mid-2017
- Warty lesion subsided and case closed in January 2018
- Refer from Special Medical Clinic for ASCUS x 2
- Latest CD4 520 cells/ul
- On Combination Antiretroviral Therapy (cART)
- Colposcopy on 19.6.2018











A close-up photograph of the left upper vulva. The skin is light-colored with a visible network of fine, dark, branching lines, possibly representing hair or skin texture. A yellow rectangular box with black text is overlaid on the right side of the image.

**Left upper vulva**

**Right lower vulva**



**Left lower vulva**



# Case 22: Impression ?

- a) Warts / HPV
- b) Low-grade VIN
- c) High-grade VIN
- d) Squamous Cell Carcinoma
- e) Extra-mammary Paget's disease
- f) Basal Cell Carcinoma
- g) Malignant Melanoma
- h) Squamous hyperplasia
- i) Lichen sclerosis
- j) Other Dermatoses
- k) Others



# Case 22



- Biopsies:
  - Cervix 5 and 7 o'clock:
    - Condyloma
  - Left and right vulval biopsy:
    - VIN 2-3
  - Anus at 12 o'clock:
    - AIN 3
- Wide local excision on 10.9.2018:
  - VIN 3 and AIN 3, vaginal margin focally involved by VIN 3





# Case 23

- F/28
- Para 0, condom for contraception
- Pap smear normal 2 years ago
- Pap smear in FPA showed ASC-US and high risk HPV (type 18)
- Colposcopy on 9.6.2017

Before acetic acid



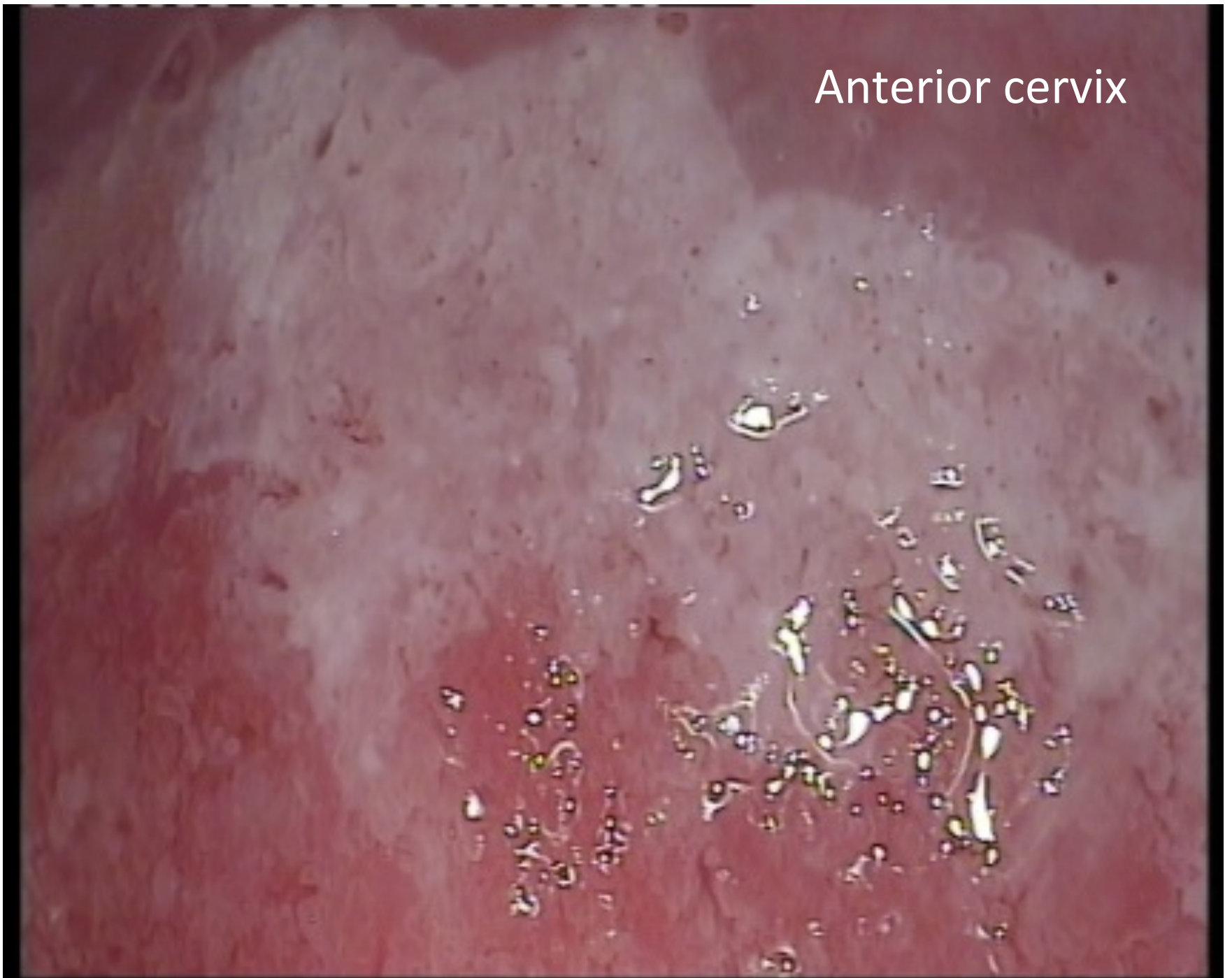
After acetic acid

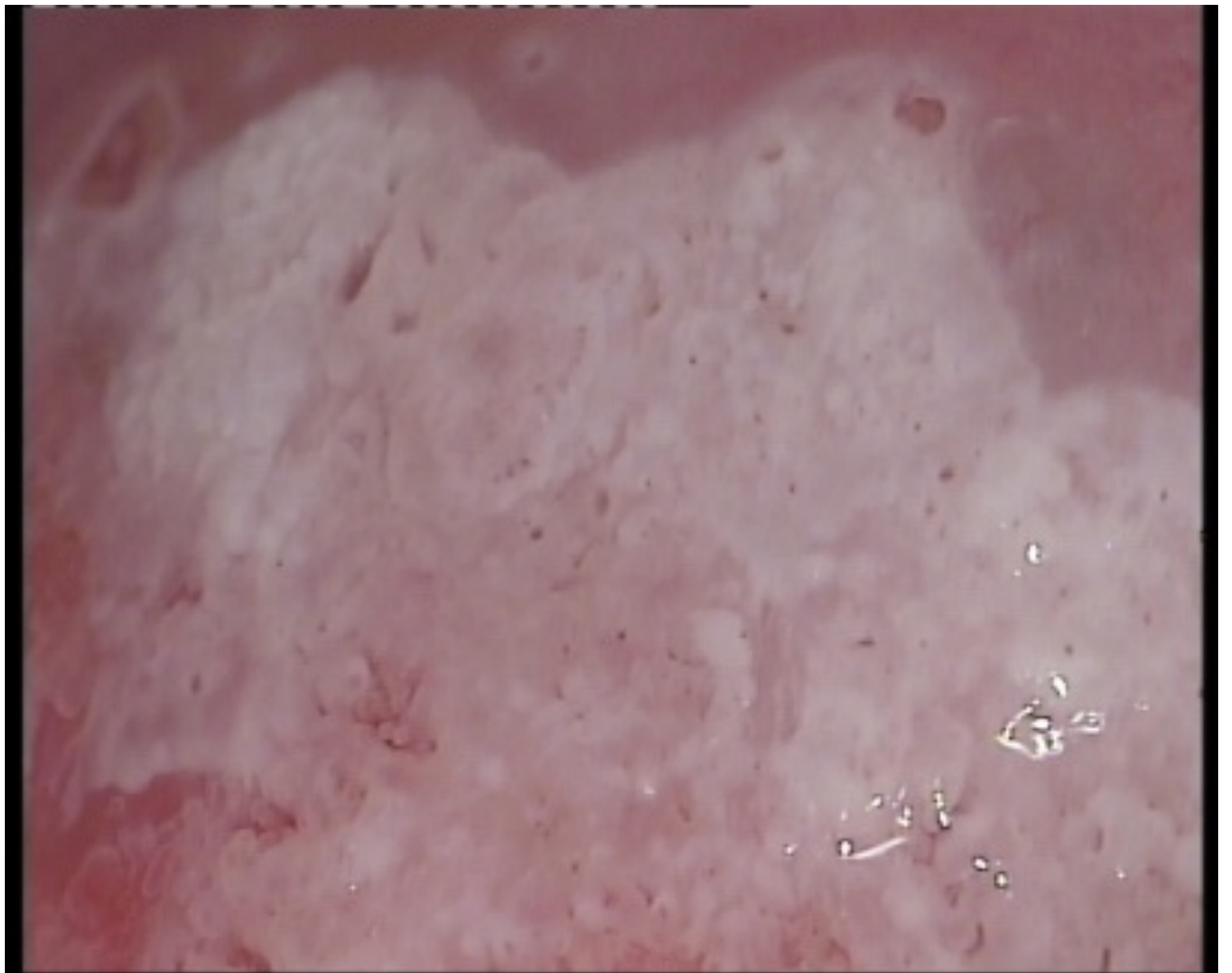




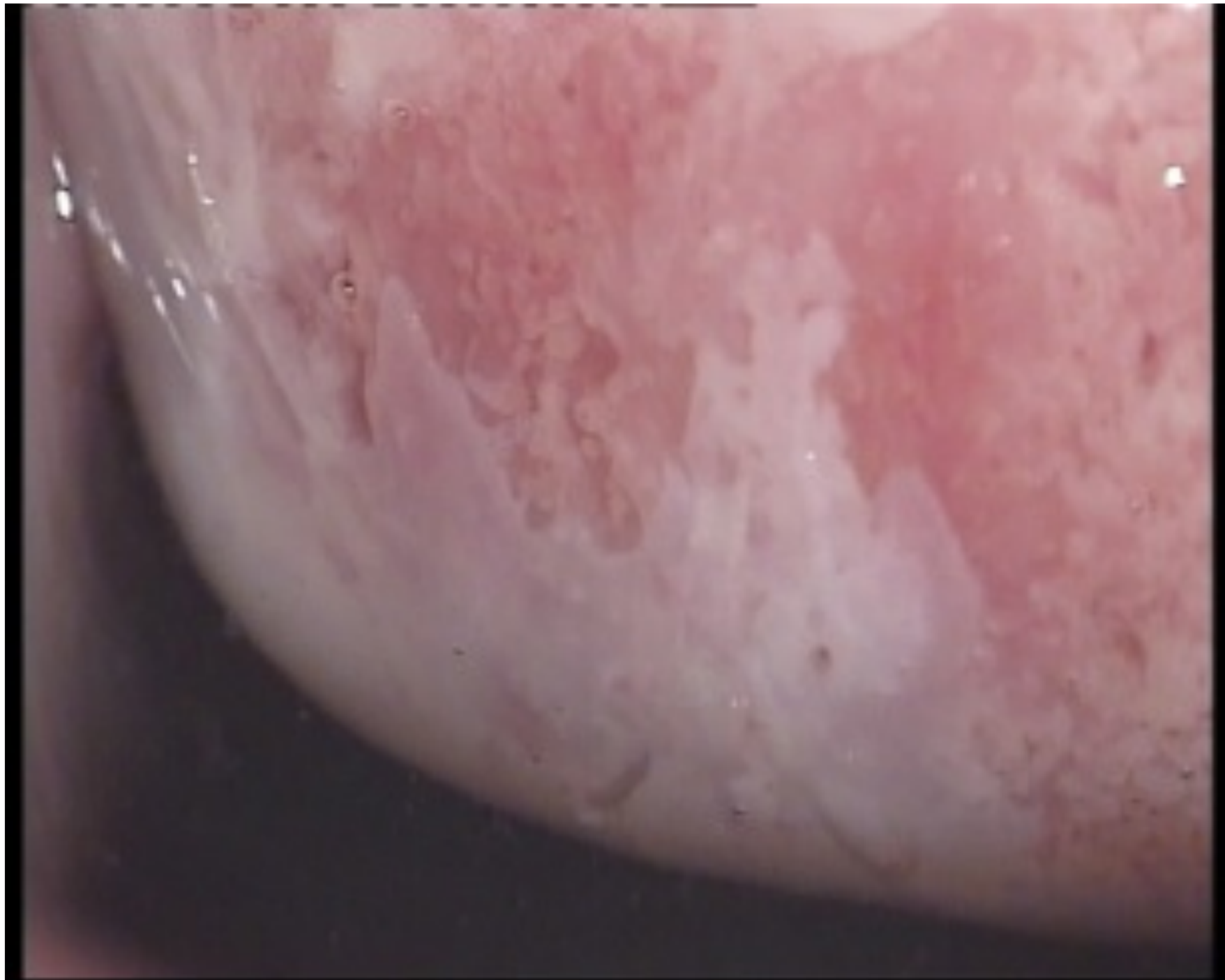


Anterior cervix







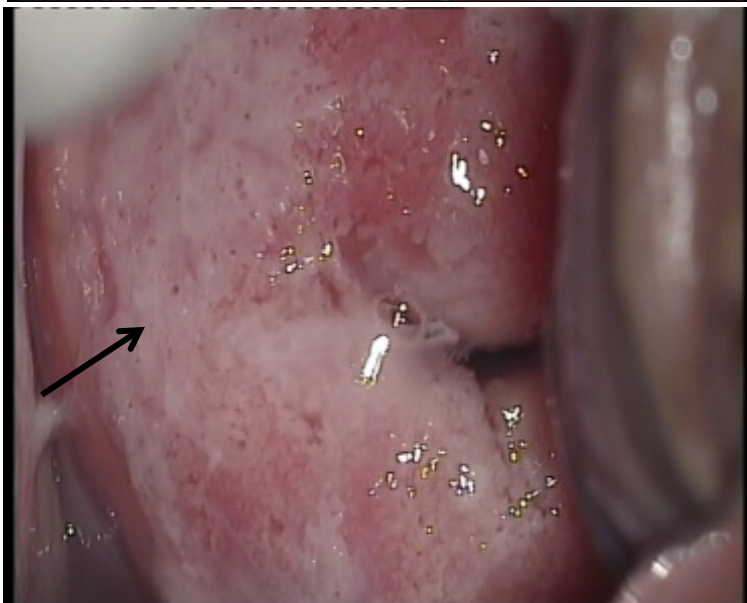
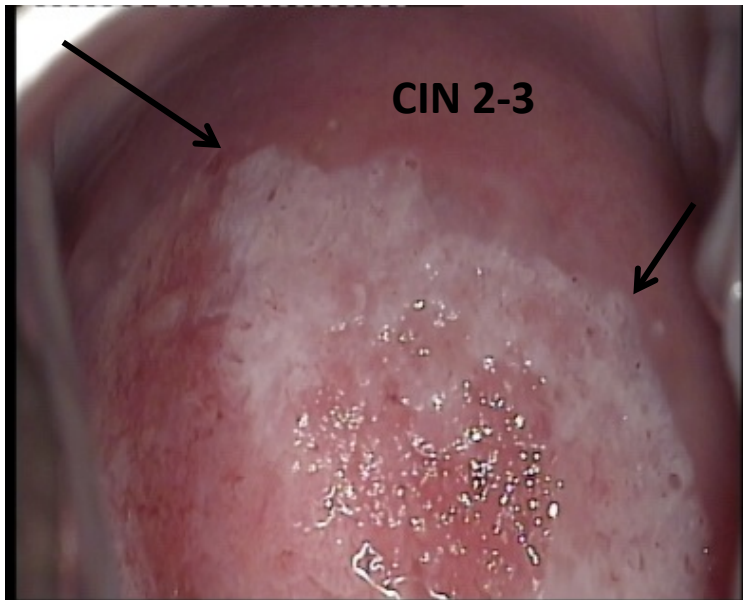




# Case 23: Impression ?

- a) Cervicitis
- b) HPV / CIN 1 (Low-grade Lesions)
- c) CIN 2 / CIN 3 (High-grade Lesions)
- d) Microinvasive Squamous cell Carcinoma
- e) Frankly Invasive Squamous cell Carcinoma
- f) Adenocarcinoma in-situ / Adenocarcinoma
- g) Others

# Case 23



- Cervical biopsies:
  - 8 o'clock: condyloma
  - 10 o'clock: CIN 1; condyloma
  - 12 o'clock: CIN 2-3
- LEEP 11.7.2017:
  - CIN 2-3 at 1, 2, 9, 10 and 12 o'clock regions
  - Margins clear

# Case 24

- F/43
- Para 2
- History of Cone Biopsy in China for CIN 3 in 2014, margins clear
- TLH in 2015 in China – no residual CIN
- Vault smear surveillance:
  - ASC-H, HR HPV 18 +ve on 1.2.2016
- Colposcopy on 13.4.2016

Before acetic acid





After acetic acid







# Case 24: Impression ?

- a) Inflammatory changes
- b) Atrophic Vaginitis
- c) Warts / HPV / VAIN 1 (Low-grade Lesions)
- d) VAIN 2 / VAIN 3 (High-grade Lesions)
- e) Invasive Squamous Cell Carcinoma
- f) Others



# Case 24



- Vaginal biopsy at left dogear:
  - At least VAIN 2
  - Assessment limited by suboptimal orientation

# Progress

- Defaulted follow-up and went to china for 5-Fluorouracil cream for a few months
- Colposcopy repeated on 23.2.2017 after returned to HK

# Post 5-FU

Before acetic acid



After acetic acid









# Progress

- Left dogear vaginal biopsy:
  - VAIN 3
- Partial vaginectomy on 15.5.2017:
  - VAIN 3, no invasion

# Case 25

- F/48
- Para 3
- History of genital warts 10 years ago with local treatment given
- Referral from KWH Well Women Clinic for LSIL on 26.6.2018
- Colposcopy on 29.9.2018

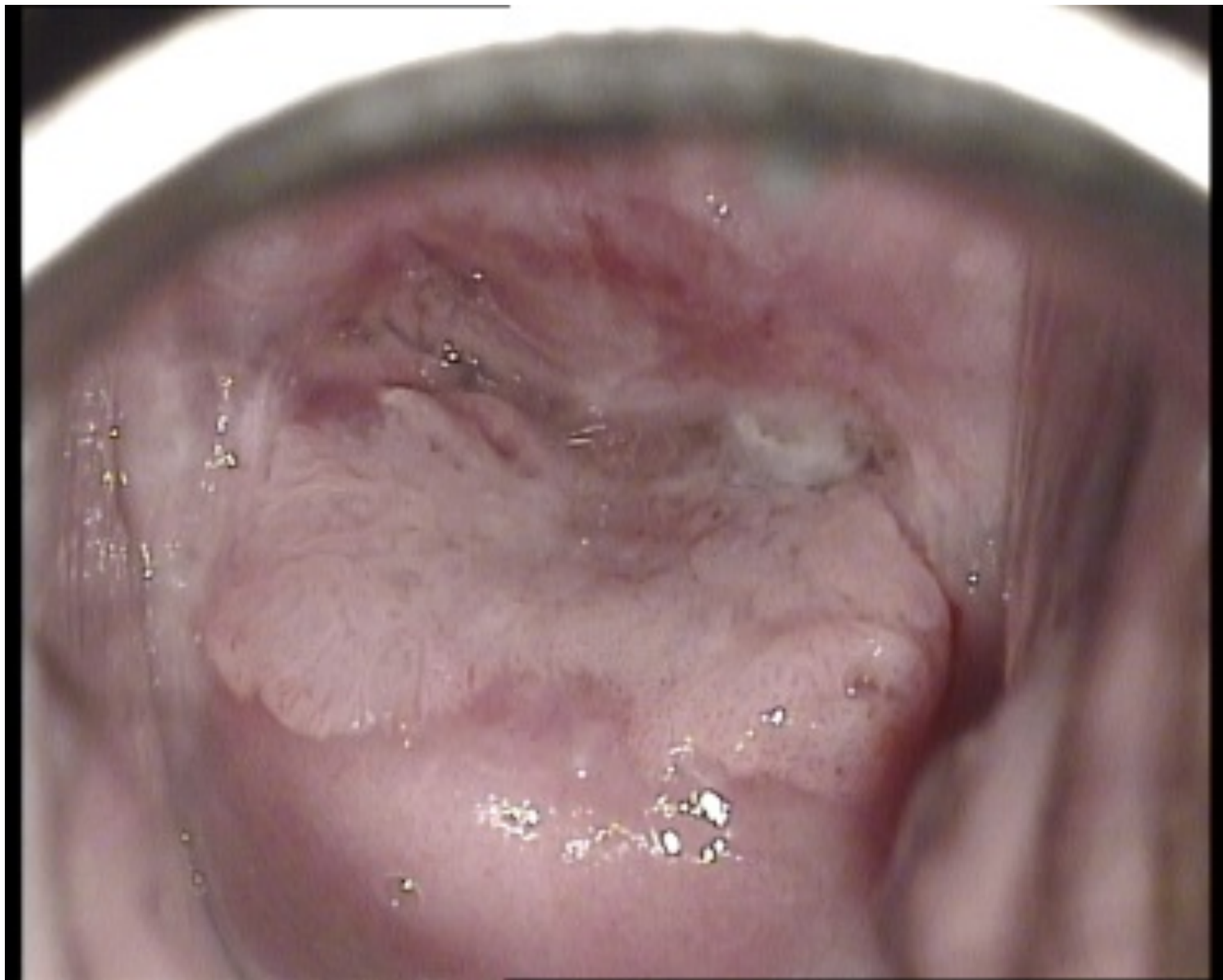


Before acetic acid

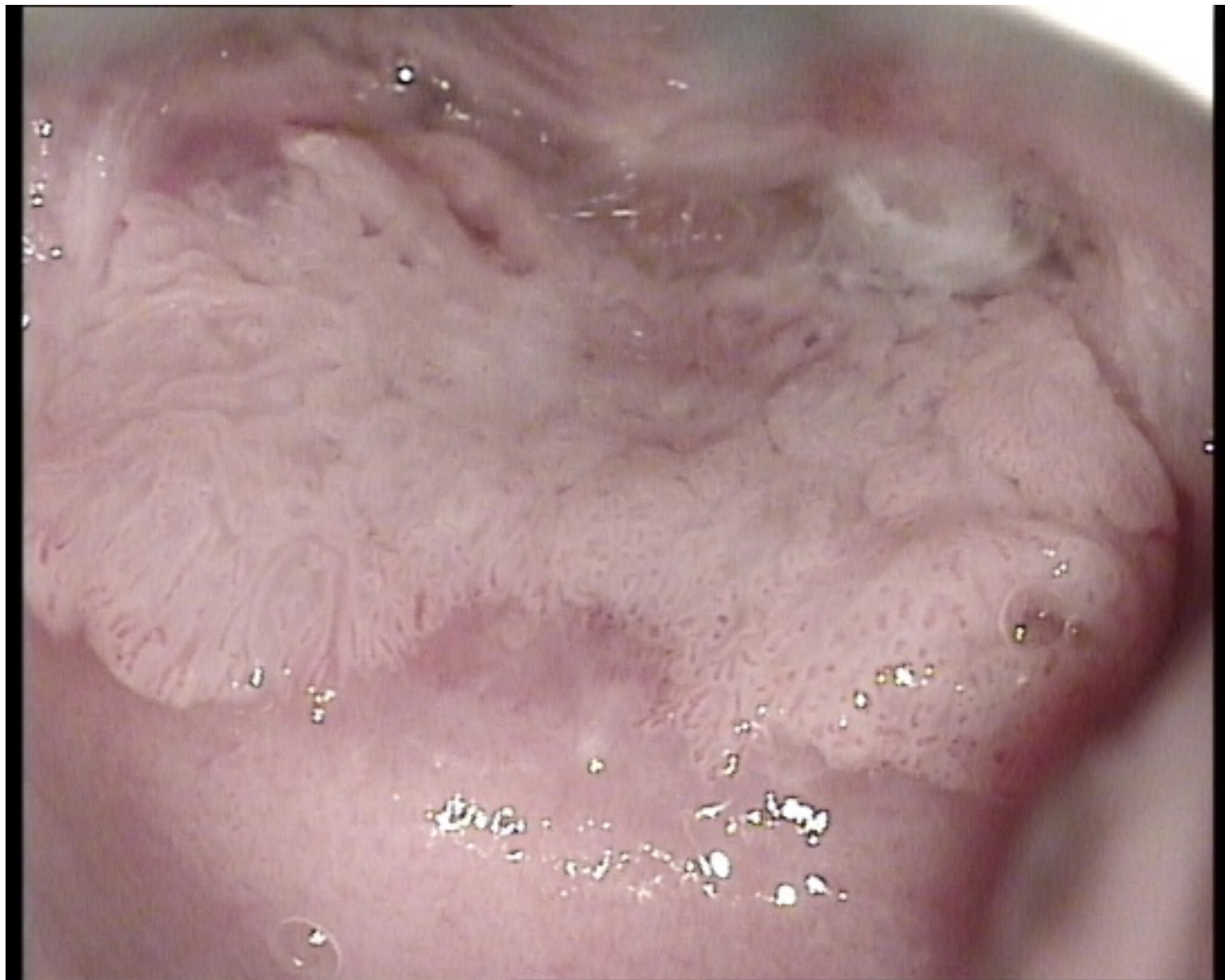


After acetic acid









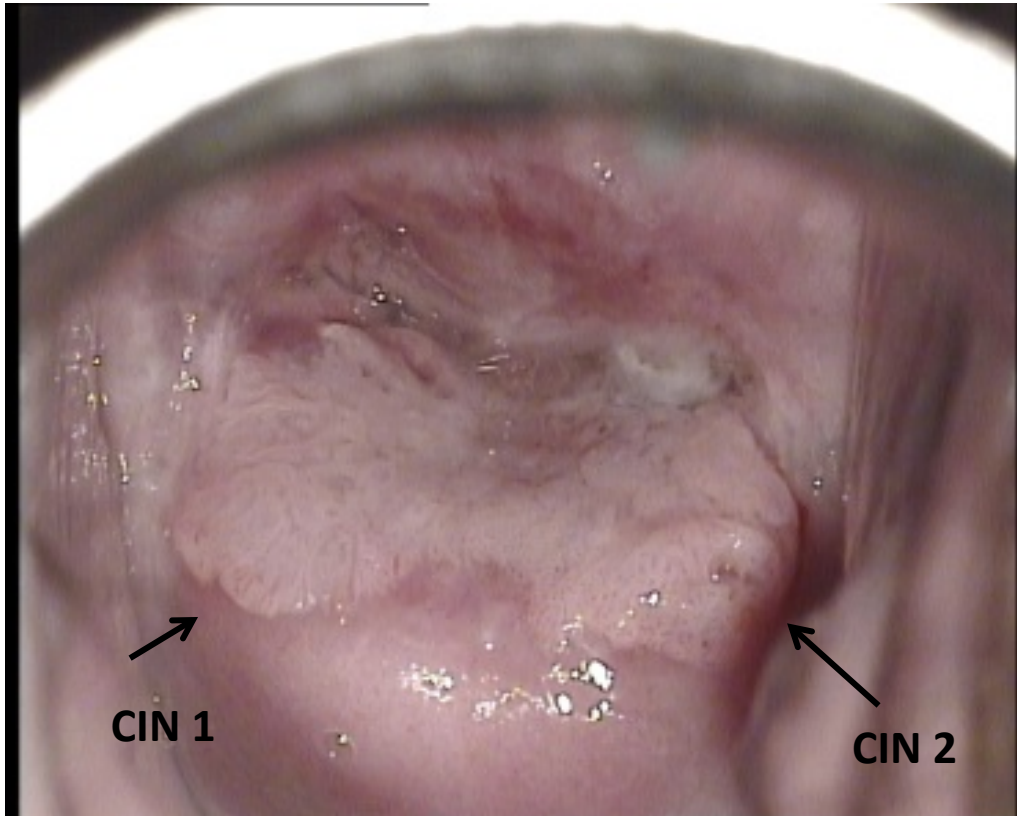




# Case 25: Impression ?

- a) Cervicitis
- b) Genital warts
- c) HPV / CIN 1 (Low-grade Lesions)
- d) CIN 2 / CIN 3 (High-grade Lesions)
- e) Microinvasive Squamous cell Carcinoma
- f) Frankly Invasive Squamous cell Carcinoma
- g) Adenocarcinoma in-situ / Adenocarcinoma
- h) Others

# Case 25



- Cervical biopsies:
  - 5 o'clock:
    - CIN 2; condyloma
  - 7 o'clock:
    - CIN 1; condyloma
- LEEP on 27.11.2018:
  - Condyloma, no CIN