

# ADGIN India E newsletter

The quarterly newsletter of Asia Oceania research organization on Genital Infection and Neoplasia- India  
Vol 1, No.1, Dec 2014

## Office Bearers

- \* **Founder President** Dr. Neerja Bhatla
- \* **Past President** Dr. Partha Basu
- \* **President** Dr. Shalini Rajaram
- \* **Vice President** Dr. Abraham Peedacayil
- \* **Secretary** Dr. Rupinder Sekhon
- \* **Joint Secretary** Dr. Alok Bharti  
Dr. Srabani Mittal
- \* **Clinical Secretary** Dr. Bindiya Gupta
- \* **Treasurer** Dr. Sabhyata Gupta
- \* **Executive Committee**
  - Dr. Indrani Ganguli
  - Dr. Harsh Khullar
  - Dr. Kanika Gupta
  - Dr. Latha Balasubramani
  - Dr. Sarita Kothari
  - Dr. Bhagyalaxmi Naik
- \* **Newsletter Editor** Dr Nisha Singh
- \* **Web Editor** Dr Deepanwita Bannerjee

## From the Editor's desk

**Dear ADGIN India members,**

It gives me immense pleasure to bring forth the first issue of our E newsletter. This endeavor has seen the light of the day with great cooperation from all of you. There are basic skills for revision, management of abnormal pap smear, journal scan and an interesting case report in this issue. I hope you will appreciate the efforts and will continue to send articles for publication. Suggestions for improvement are most welcome.

**Wish you a very Happy and prosperous New Year**

**- Nisha**

## Inside this issue:

From the Editor's desk	1
Management of Abnormal pap smear	2
5th Annual ADGIN India Conference	3
Journal Scan	4
Basic Skill 1- How to take a pap smear	5
Basic Skill 2- How to perform colposcopy	5
Case report	6

## Management of Abnormal Pap Smear –Dr. Nisha Singh, KGMU, Lucknow

<b>Unsatisfactory Cytology</b>	>30yrs HPV co-test,, Positive test - Colposcopy or Repeat cytology 2 to 4 months(BII). Two unsatisfactory cytology- Colposcopy (CIII).
<b>Cytology Negative Absent or Insufficient EC/TZ</b>	<b>HPV testing preferred above 30yrs (BIII)</b> HPV test NA or negative-Routine screening acceptable (BIII). HPV test positive-Repeat both tests in 1 year- (BIII) OR Genotyping— HPV 16 or 18 positive-- Colposcopy
<b>Cytology Negative HPV Positive</b>	<b>Above 30yrs Repeat co-testing</b> at 1 year is acceptable (BII). At 1-year HPV positive or cytology≥ ASC-US- Colposcopy recommended (BII). At 1-year, HPV negative and cytology negative- Repeat co-test in 3 years (BII). <b>HPV genotyping</b> acceptable HPV-16 or 18 positive - Colposcopy (BII ) HPV-16 and HPV-18 negative- co-testing at 1 year (BII).
<b>(ASC-US)</b>	<b>Above 30 yrs, Reflex HPV test</b> preferred (BI). HPV-negative -repeat co-testing at 3 years recommended (BII). HPV positive- Colposcopy (BI) and ECC. If negative for CIN Co test at 12 months HPV not done- Repeat cytology at 12 months <b>21 to 24 years</b> Repeat Cytology at 12 months (preferred) OR Reflex HPV (acceptable)
<b>(LSIL)</b>	HPV not done or positive HPV test- Colposcopy (AI) HPV negative-Co-test at 1 year preferred, Colposcopy acceptable <b>21-24years-</b> Cytology at 12-month (preferred) OR Reflex HPV (acceptable) If ASC-H or HSIL+ on repeat cytology— Colposcopy <b>Pregnant women -</b> Colposcopy but no ECC
<b>(ASC-H) &amp; (HSIL)</b>	Regardless of HPV - Colposcopy is recommended ≥ <b>25 years</b> -colposcopy and immediate loop electrosurgical excision is acceptable <b>21-24years</b> -Colposcopy recommended, Immediate treatment unacceptable

## Glimpses of 5th Annual Conference of AOGIN India at Cuttack - Dr Bhagyalaxmi Naik

The 5<sup>th</sup> national conference of AOGIN India was organised by Association of Obstetricians & Gynaecologists of Odisha, Cuttack (AOGO) and Acharya Harihar Regional Cancer Institute, Cuttack, (AHRCC) at Pramod Convention Centre & Resort, Cuttack from 12<sup>th</sup>-14<sup>th</sup> September 2014 with the theme of "Comprehensive prevention and management of cervical cancer". The colposcopy workshop and hands on training, was chaired by Dr. Neerja Bhatla, Dr. Shalini Rajaram and Dr. Shyama Kanungo. This was followed by workshops on "Cyto-colposcopy for genital lesions", "Management of CIN", "Colposcopy, LEEP, cold coagulation and cryotherapy", "Management of vulvar cancers", "Pain workshop", "LBC Workshop", "HPV Detection workshop" "simulated hands on colposcopy, LEEP/Cryotherapy", "Surgical management of cervical cancers" etc., chaired by various stalwarts from all over the country such as Dr. Partha Basu, Dr. P.C. Mahapatra, Dr. P. Hiremath, Dr. Veena Jain, Dr. Ravi Mehrotra, Dr. Abraham Peedacayil etc. Sessions were also graced by international faculties such as Dr. Ashrafunnessa from Bangladesh, Gary Clifford & R. Sankaranarayanan from Lyon. Guests at the inauguration were Mr Dharmendra Pradhan, Cabinet Minister at Centre, Dr Raseswari Panigrahi, MLA of Sambalpur and Dr Sankaranarayan. For the first time in the history of AOGO, e-souvenir and e-abstract book were released by Dr Panigrahi. Organising chairpersons were Prof SK Giri and Prof P C Mohapatra, organising secretaries were Dr. Bhagyalaxmi Naik and Dr Janmejay Mohapatra. Chairpersons of scientific committee were Dr. Jita Parija, Dr. A Maheswari (TMH, Mumbai) and Dr Sujata Misra. The AOGIN 2014 oration was delivered by the founder president Dr. Neerja Bhatla.



The second day made a start with proffered papers session and poster presentation and talents from all over the country were indeed for a neck to neck competition. Later there were sessions on "screening of HPV" and "Management of screen positives", chaired by international guests as Dr. EH Tay and Dr. Wame Baravilala from Thailand. There was a panel discussion on "Quality assurance for VIA based screening programme: AOGIN-ISCCP Guidelines" by panelists such as Dr. R. Sankaranarayanan, Dr. Gauri Gandhi, Dr. Latha Balasubramani, Dr P Hiremath and Dr Ashrafunnessa. The key-note address was delivered by Gary Clifford. Later there were sessions on "cervical cancer control initiatives in South Asia" and debate sessions on "HPV vaccination" and "HPV testing".

There was a second session on proffered paper presentation and poster presentation on day 3 followed by discussions on "Recent advances in the management of cervical cancer", "Consensus guideline in screening and management of pre-neoplastic lesions of cervix" and "Controversies in cervical cancers". The programme ended with a vote of thanks by the founder-president and distribution of awards.



**Journal scan : Dr. Bindiya Gupta UCMS & GTB Hospital, Delhi**

**BJOG.** 2014 May;121(6):739-46

**Clinical determinants of a positive visual inspection after treatment with acetic acid for cervical cancer screening.**

Castle PE, Qiao YL, Zhao FH, Chen W, Valdez M, Zhang X, Kang LN, Bansil P, Paul P, Bai P, Peck R, Li J, Chen F, Jeronimo J.

**Abstract**

**OBJECTIVE:** To examine the determinants of a positive visual inspection after acetic acid (VIA), including the relationship of testing positive for high-risk human papillomavirus (HR-HPV), which is the necessary cause of cervical cancer.

**DESIGN:** A prospective cohort study.

**SETTING:** Three clinical sites in rural China.

**POPULATION:** A total of 7541 women aged 25-65 years.

**METHODS:** All women underwent VIA, DNA testing, by two DNA tests performed on both clinician- and self-collected specimens, and HPV E6 oncoprotein testing. Those positive by any test underwent colposcopy and four-quadrant biopsy evaluation. A random sample of women with negative screening results also underwent colposcopy and, if colposcopic abnormalities were observed, four-quadrant biopsy evaluation was performed. Women diagnosed with cervical intraepithelial neoplasia grade 2 (CIN2), or more severe grades (CIN2 + ), underwent treatment.

**MAIN OUTCOME MEASURE:** Testing positive for VIA.

**RESULTS:** Overall, 7.6% (95% confidence interval, 95% CI, 7.0-8.2%) had a positive VIA. Women who tested positive for HPV were more likely to have a positive VIA than women who tested negative for HPV (15.0%, 95% CI 12.9-17.2% versus 6.3%, 95% CI 5.7-6.9%;  $P < 0.001$ ). Older women were less likely to have a positive VIA ( $P_{\text{trend}} < 0.001$ ), including women with CIN2 + ( $P_{\text{trend}} < 0.001$ ). A logistic regression model demonstrated that diagnosis (CIN2 + versus <CIN2; odds ratio, OR, 32; 95% CI 11-100), testing HPV positive with a higher viral load (highest versus lowest; OR 4.3; 95% CI 2.5-7.4), and age (51 years and older versus <38 years; OR 0.22; 95% CI 0.17-0.30) were independent determinants of having a positive VIA. VIA was more likely to be positive for women with CIN2 + having an abnormal colposcopic impression versus women with CIN2 + regardless of colposcopic impression (71.4 versus 47.2%).

**CONCLUSIONS:** The age of the population and method of disease ascertainment should be considered in the interpretation of any VIA performance

## How to take pap smear - Dr Shivani Kothiyal, KGMU, Lucknow

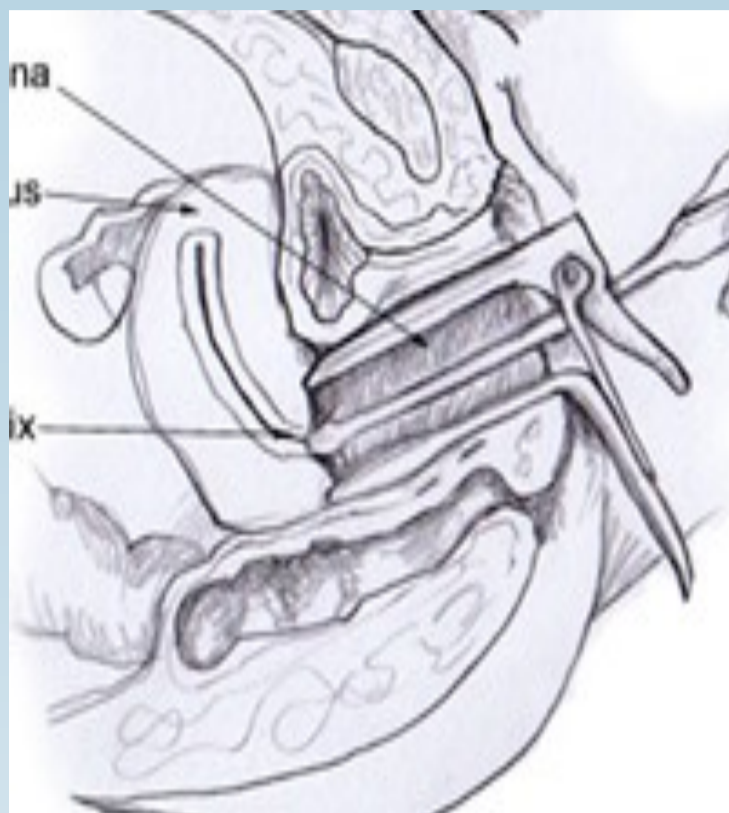
Pap smear sampling involves scraping of ectocervix and a portion of non visualized cervix by using Ayre's spatula and endocervical brush.

### Pre requisites

- Not during menstruation
- No vaginal contraceptive, medications for last 48 hours.
- Abstinence for 24 hours.

### Steps

- Informed Consent
- Lithotomy position and good illumination
- Inspect the cervix using Cusco's speculum and record the findings.
- Insert Ayres spatula, place at cervical os with



longer end into cervical canal and smaller end on the ectocervix.

Rotate Spatula through 360 degrees maintaining contact with ectocervix

Too much force may cause pain or bleeding

Too less force may give inadequate sample

Smear both sides of spatula evenly on the slide Insert endocervical brush into cervical canal, rotate through 180 degrees and roll anti-clock wise on the slide

Label and fix the slide immediately by dipping in 95% alcohol containing solution or using cytofix spray.

Advice regarding follow up and treatment.

## How to perform Colposcopy—Dr Sabuhi Qureshi, KGMU, lucknow

### Prerequisites

Informed consent

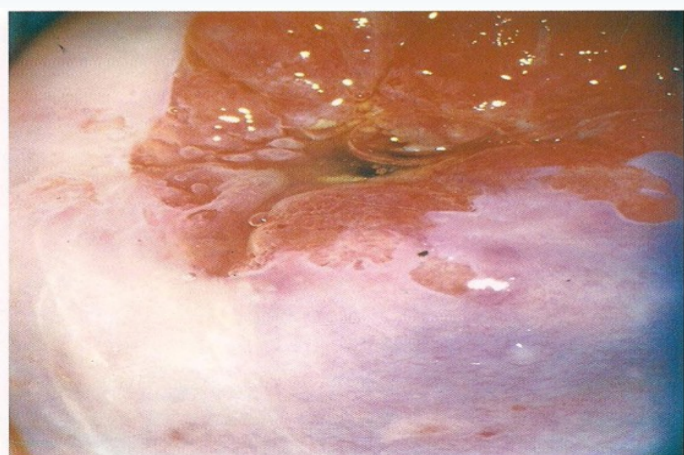
Ideal time - 8<sup>th</sup> -12<sup>th</sup> day of the menstrual cycle as the external os is wide open and cervical mucus is abundant. This acts as a refractory medium to visualize cervix. Avoid immediately after menstruation because of thinning of epithelium. Avoid after any procedure on the cervix since the epithelium gets damaged.

Instruments and reagents on a nearby trolley on the right side.

### Steps of examination

Patient in lithotomy position with Colposcope focus obtained.

Inspect cervix and vagina with bivalve self retaining speculum.



**Cervix after application of acetowhite area**

### Inspection and Examination after Saline Application

Visualize under low power magnification for gross findings.

Remove mucus and discharge from the cervix with the help of a cotton swab soaked in normal saline. Identify transformation zone (TZ) and note the type of TZ. Normal saline makes the surface epithelium transparent and gives a good view of contour and underlying vascular pattern. Vascular pattern is seen in detail under higher magnification and through green filter which makes the vessels stand out as black streaks against background of translucent epithelium. Number of vessels, their caliber, tortuosity, shape, and the intercapillary distance is noted. Vascular pattern is noted whether typical/ normal or atypical/ abnormal.

### Examination after Acetic Acid Application

Acetic acid causes the sharpest contrast between normal and abnormal epithelium. 3%-5% of Acetic acid is applied copiously with gauze / cotton tipped swabs or spray bottle. Solution must be left in contact with tissue for about 1 minute. Metaplastic and dysplastic epithelium appear white. This change is transient therefore repeated applications of acetic acid may be required. The lesion is assessed for the intensity of whiteness, margins of the lesion, speed of appearance, duration of stay, and speed of disappearance.

### Examination after Lugol's Iodine Application

With application of Lugol's iodine, mature squamous epithelium stains mahogany brown because of its glycogen content. Epithelium deficient in glycogen, such as columnar epithelium or abnormal epithelium does not take up stain and is termed as iodine negative.



## Address

Room No 2058  
Rajeev Gandhi Cancer Institute &  
Research Centre  
Sec 5 Rohini, New Delhi 110085  
Phone-01147022027, 01147022058

[www.aoginindia.in](http://www.aoginindia.in)

## Vision Statement

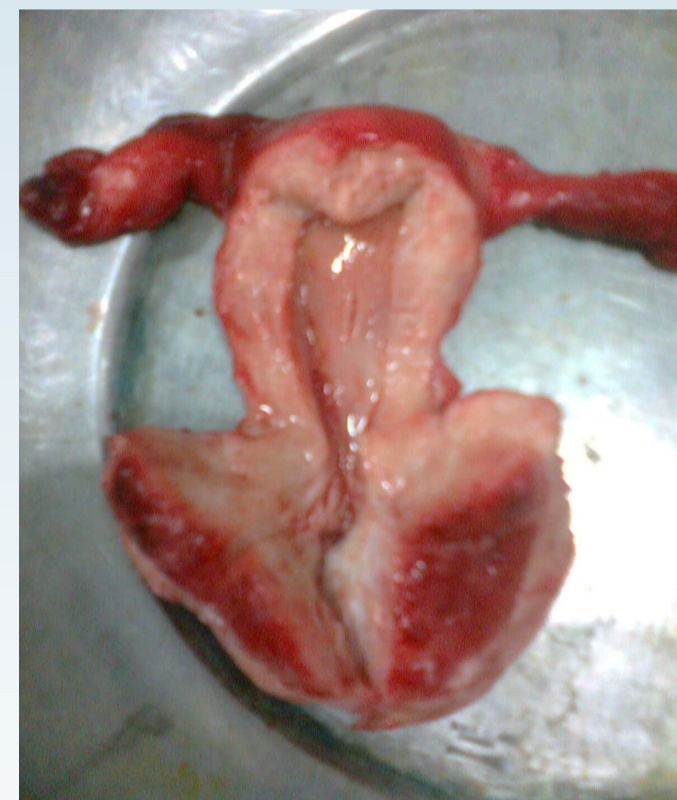
**AOGIN India's vision** is to reduce the burden of diseases caused by reproductive tract infections, especially Human Papillomavirus (HPV), in India. Furthermore, AOGIN India's **mission** is to work with governments, non-governmental organisations, learned societies, health care workers and the lay public, to communicate, cooperate and share information in India and neighbouring countries pertaining to prevention, early detection and management of cervical cancer and other genital cancers.

## Unusual case report- An extreme case of chronic Cervicitis Dr Nisha Singh, KGMU, Lucknow

A 55 years old postmenopausal female presented with an irreducible genital prolapse with foul smelling, blood mixed discharge since 10 years. There was a 5 x 5 cm, irregular, fungating mass protruding out of the introitus. It was a cervical growth with a pinpoint os identified using a uterine sound. Thus, a clinical diagnosis of cervical cancer or genital tuberculosis with third degree cervical descent was made. Biopsy from the cervical growth revealed chronic cervicitis with no evidence of dysplasia. Pan-

hysterectomy was done. Uterus was atrophic with a bulky cervix and histopathology reconfirmed chronic cervicitis.

**Conclusion** Any Cervical growth should be biopsied for histological confirmation of cervical carcinoma, genital tuberculosis and chronic cervicitis.



Cut open specimen of uterus

## Upcoming Events

### AICOG 2015

All India Conference of Obstetricians and Gynecologists  
Venue Chennai  
Dates- 22nd -25th Jan 2015

### 6th Annual Conference of AOGIN India 2015

Venue- CMC, Vellore  
Dates- 27th-29th August 2015  
abraham @ cmcvellore.ac.in