Treatment options for high-grade cervical intraepithelial neoplasia

Dear OncoLink "Ask The Experts,"

I had an abnormal pap with high-grade intraepithelial lesion and moderate dysplasia and was recommended a LEEP procedure but I would prefer a partial hysterectomy. What do you think would be better? I just don't want any recurrences. I am done having children.

Christina S. Chu, MD, Assistant Professor of the Division of Gynecologic Oncology at the University of Pennsylvania Health System, responds:

Treatment options for high-grade cervical intraepithelial neoplasia include procedures that destroy the abnormal cells (like cryosurgery or laser), and procedures that remove the abnormal tissue (like LEEP, cone biopsy, or hysterectomy). You mentioned that you had an abnormal pap smear. The proper next step in management should be a colposcopy, which is a special examination of your cervix under a magnifying lens with biopsies of any abnormal areas. If colposcopy confirms the presence of severe dysplasia (or CIN III) then a procedure to treat the area is appropriate. While cryosurgery or laser is effective at treating the abnormal cells, I usually recommend a LEEP or cone biopsy so that the abnormal tissue may be biopsied and examined to exclude any more serious abnormalities like actual invasive cancer. Hysterectomy is certainly an option if future childbearing is not desired, but a cone biopsy or LEEP is just as effective at preventing recurrence if the entire lesion was removed. No procedure can be guaranteed to be 100% effective: just because a hysterectomy is performed doesn't mean that there is no risk of other precancerous cells recurring in the vagina. Long-term screening with pap smears is still required. After appropriate colposcopy has been performed, the decision of LEEP or cone biopsy versus hysterectomy should be carefully discussed with your physician.

No