

Organizator:



Udruženje ginekologa i perinatologa
Tuzlanskog kantona

Pokrovitelji:



GRAD
ZIVINICE

GRAD GRAČANICA
FEDERACIJA BOSNE I HERCEGOVINE
BOSNA I HERCEGOVINA



PRVI REGIONALNI SIMPOZIJ O PREVENCIJI, DIJAGNOSTICI I TRETMANU PREMALIGNIH PROMJENA NA GRLICU MATERNICE

*TEMA: Prevencija, dijagnostika i tretman premalignih
promjena na grliću maternice*

KNJIGA SAŽETAKA

05.-07. MAJ, 2022. GODINE, TUZLA

www.udruzenje-ginekologa.ba

Naučni odbor Prvog regionalnog simpozija o prevenciji, dijagnostici i tretmanu premalighnih promjena na grliću maternice u organizaciji UGPTK:

Prof. dr Ermina Iljazović BiH

Prof. dr Vesna Kesić SRB

Prof. dr Goran Dimitrov S MKD

Asst. Prof. Dražan Butorac MD, PhD. CRO

Prof. dr Borut Kobal SLO

Prof. dr Mahira Jahić BiH

Doc. dr med. sc Igor Hudić BiH

Predsjednik Organizacionog odbora Prvog regionalnog simpozija u organizaciji UGPTK o prevenciji, dijagnostici i tretmanu premalighnih promjena na grliću maternice:

Primarijus Doc. dr med. sc Hidajet Rahimić – Predsjednik UGPTK

Članovi organizacionog odbora Prvog regionalnog simpozija u organizaciji UGPTK o prevenciji, dijagnostici i tretmanu premalighnih promjena na grliću maternice:

Prof. dr Gordana Bogdanović – generalni sekretar UGPTK

Prof. dr Azra Hadžimehmedović

Primarijus dr Mladen Mišić

Primarijus mr. sc Adnan Babović

Prof. dr Mešalić Lejla

Primarijus dr Amra Habibović

Mr. med. sc Begić dr Zumra

Dr Meliha Morankić

Dr Semin Šabić

Mr. med. sc Mujo Imširović

Dr med. sc Melika Dervišefendić

Doc. dr med. sc Enida Nevačinović

Pozvani predavači Prvog regionalnog simpozija u organizaciji UGPTK o prevenciji, dijagnostici i tretmanu premalighnih promjena na grliću maternice:

Prof. Ermina Iljazović MD, PhD (BiH)

Prof. Vesna Kesić MD, PhD (SRB)

Prof. Goran Dimitrov MD, PhD (S MKD)

Asst. Prof. Dražan Butorac MD, PhD (CRO)

Prof. Borut Kobal MD, PhD (SLO)

Prof. Aljoša Mandić MD, PhD (SRB)

Prim. dr Branko Cvjetičanin MD, PhD (SLO)

Dr Steliois Kovaris (GRE)

Prim.dr Ljubiša Kusturić (BiH)

Prof. Spela Smrkolj MD, PhD (SLO)

Prof. dr Feđa Omeragić (BiH)

THE PREVALENCE OF BACTERIAL VAGINOSIS IN PATIENTS WITH CERVICAL DYPASPASIA

Dimitar Georgiev¹, Bashkim Ismaili¹, Ana Kocevska¹, Kristina Skeparovska¹, Aleksandra Eftimova¹

¹Specialized Hospital for Gynecology and Obstetrics "Mother Teresa" – Skopje, Republic of North Macedonia

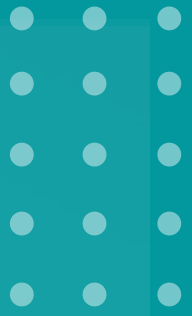
e-mail: akocevska2014@gmail.com

Introduction: It has been suggested that bacterial vaginosis (BV), the most common vaginal disorder among women of reproductive age, may play a role in cervical carcinogenesis. It has been noted that cervical cytological abnormalities are found significantly more often in women with a disturbed vaginal flora, suggesting a possible link between BV and the development of cervical cancer. BV is characterized by a shift from the protective *Lactobacillus*-predominant vaginal flora to an overgrowth of anaerobic bacteria, including *Gardnerella vaginalis*, *Atopobium vaginae*, *Mobiluncus* species, and *Prevotella* species. This disturbance in the vaginal microenvironment leads in about half of the cases to the clinical presentation of a malodorous discharge, an elevated vaginal pH, a positive amine 'whiff' test and the presence of clue cells on a wet smear. Although the cause of BV is unknown, predisposing factors include sexual intercourse, cigarette smoking, vaginal douching, use of uterine devices and black ethnicity.

Objective: To determine the prevalence of cervical dysplasia in women with atypical squamous cells of undetermined significance (ASC-US) on PAP test who have BV, compared to those with ASC-US but without BV.

Methods: The study was prospective and included 40 women with ASC-US on cervical cytology, aged 20 to 50 years, performed from January 2021 to December 2021. A vaginal swab for detection of BV was taken in all women. Also, cervical biopsy and endocervical curettage (for those under 35 years of age) and cervical biopsy and fractionated explorative curettage (for those over 35 years of age) were performed. The materials were sent to microbiological and histopathological analysis. The prevalence of cervical dysplasia in women with BV was compared with the prevalence of cervical dysplasia in women without BV.

Results: In a total of 40 women, BV was diagnosed in 22 (55%). Cervical dysplasia was diagnosed histopathologically in 47.5% (19/40) of patients. In 79% of them (15/19) CIN 1 was diagnosed, and 21% (4/19) had CIN 2. Among women with BV, 16 out of 22 had a pathological cervical biopsy (73%). The relative risk of abnormal cervical histopathological findings after ASC-US on PAP test in women with BV was 2.6 ($p < 0.05$).



Conclusion: Women with BV have a higher risk for abnormal cytological findings and cervical dysplasia than women without BV. BV is one of the most common conditions of child-bearing aged women worldwide, and considering a possible synergy of an imbalanced vaginal environment with cervical pre-neoplasia, it is clear that greater attention should be given to this condition.

Key words: bacterial vaginosis, abnormal cytological findings, cervical dysplasia, CIN

References:

1. Barrington JW, Linton D, O'Leary A, Blackwell A, Brick J, et al. (1997) Anaerobic (bacterial) vaginosis and premalignant disease of the cervix. *J Obstet Gynaecol* 17: 383–385
2. Guijon F, Paraskevas M, Rand F, Heywood E, Brunham R, et al. (1992) Vaginal microbial flora as a cofactor in the pathogenesis of uterine cervical intraepithelial neoplasia. *Int J Gynaecol Obstet* 37: 185–191.
3. Kharsany AB, Hoosen AA, Moodley J, Bagaratee J, Gouws E (1993) The association between sexually transmitted pathogens and cervical intra-epithelial neoplasia in a developing community. *Genitourin Med* 69: 357–360.
4. Platz-Christensen JJ, Sundstrom E, Larsson PG (1994) Bacterial vaginosis and cervical intraepithelial neoplasia. *Acta Obstet Gynecol Scand* 73: 586–588.
5. Schiff M, Becker TM, Masuk M, van Asselt-King L, Wheeler CM, et al. (2000) Risk factors for cervical intraepithelial neoplasia in southwestern American Indian women. *Am J Epidemiol* 152: 716–726.
6. Verstraelen H, Verhelst R (2009) Bacterial vaginosis: an update on diagnosis and treatment. *Expert Rev Anti Infect Ther* 7: 1109–1124.
7. Fethers KA, Fairley CK, Hocking JS, Gurrin LC, Bradshaw CS (2008) Sexual risk factors and bacterial vaginosis: a systematic review and meta-analysis. *Clin Infect Dis* 47: 1426–1435.