Organizator:

Udruženje ginekologa i perinatologa Tuzlanskog kantona

Pokrovitelji::

GRAD ŽIVINICE

GRAD GRAČANICA
FEDERACIJA BOSNE I HERCEGOVINE
BOSNA I HERCEGOVINA

HKC SVETI FRANJO TUZLA

PRVI REGIONALNI SIMPOZIJ O PREVENCIJI, DIJAGNOSTICI I TRETMANU PREMALIGNIH PROMJENA NA GRLIĆU 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 premalignih 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 premalignih 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 premalignih 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 premalignih 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)

MICROGLANDULAR AND LOBULAR HYPERPLASIA OF THE UTERINE CERVIX IN PATIENT WITH POLYMYOMATOUS UTERUS

Dimitar Georgiev[1], Bashkim Ismaili[1], Ana Kocevska[1], Kristina Skeparovska[1], Ilir Shurlani[1]
[1]Specialized Hospital for Gynecology and Obstetrics "Mother Teresa" – Skopje, Republic of North Macedonia
e-mail: akocevska2014@gmail.com

Introduction: Many benign, proliferative, or reactive processes occur throughout the female genital tract and may mimic benign or malignant tumors. The term "microglandular hyperplasia" (MH) was described for the first time in 1968 by Kyriakos, et al.. Young and Scully reported atypical forms of MH of the cervix which mimics carcinoma. The increasing incidence of malignant and premalignant endocervical glandular lesions can lead to a more challenging differential diagnosis with benign conditions. MH is proliferative reaction of endocervical glands. Association with oral contraceptives or hormonal exposition - as in pregnancy, has been proposed and observed in several studies, however, this is not yet consensual, as MH is also present in postmenopausal women cervical biopsies (6.5%).

Case report: We present a case of 47 old patient who underwent abdominal hysterectomy with bilateral adnexectomy due to a polymyomatous uterus and abnormal uterine bleeding. During the pathological analysis, on sagittal dissection of the uterine body, at the level of the isthmus towards the cervix, a polypoid structure with a diameter of 0.8 cm was found and due to this, cervix was taken according to the protocol for conization. The described structure showed morphology of the endocervical polyp built of a multiplied cervical stroma involving a vascular loop and proliferated endocervical glands with signs of microglandular and lobular glandular hyperplasia. This change was present in multiple positions on the cervix. In the cervical stroma there were groups of multiplied endocervical glands with the formation of a Tunel Cluster, and parts of the glands were cystically dilated and filled with stagnant mucus. A sparse to focally moderate lymphocytic inflammatory substrate was present in the surrounding stroma.
Discussion: Premalignant and malignant endocervical glandular lesions are much more uncommon than their squamous counterparts in the cervix, but are increasing in prevalence. MH is a cause of false positive findings in cervical cytology because of the presence of endocervical glandular atypia. Due to this possible confounder, diagnosis can be challenging specially in young reproductive women, where reproductive potential is an issue.

Conclusion: MH is a benign lesion with clinical exuberant manifestation, often mistaken to a possible advanced adenocarcinoma. We emphasize the requirement of a histological assessment of suspicious lesions. The awareness of health-care providers ensures an appropriate diagnostic approach and patient counseling.

Key words: microglandular hyperplasia, endocervical glandular lesions, suspicious lesions

References:

1. Nucci MR (2014) Pseudoneoplastic glandular lesions of the uterine cervix: A selective review. Int J Gynecol Pathol 33: 330-338.
2. Harrison BT, Nucci MR (2018) Glandular pseudoneoplasms of the uterine cervix. AJSP: Reviews & Reports 23: 73-83.
3. Young RH, Scully RE (1989) Atypical forms of microglandular hyperplasia of the cervix simulating carcinoma. A report of five cases and review of the literature. Am J Surg Pathol 13: 50-56.
4. McCluggage WG (2003) Endocervical glandular lesions: Controversial aspects and ancillary techniques. J Clin Pathol 56: 164-173.
5. Alvarez-Santin C, Sica A, Rodriguez MC, Feijo A, Garrido G (1999) Microglandular hyperplasia of the uterine cervix. Acta Cytologica 43: 110-113. 11. Medeiros F, Bell DA (2010) Pseudoneoplastic lesions of the female genital tract. Arch Pathol Lab Med 134: 393-403. 12.
6. Medeiros F, Bell DA (2010) Pseudoneoplastic lesions of the female genital tract. Arch Pathol Lab Med 134: 393-403.
7. Padrao IL, Andrade LALDA (2006) Microglandular hyperplasia of the cervix: Frequency in cone specimens, histological patterns, clinical aspects and immunohistochemical markers for differential diagnosis with adenocarcinoma. J Bras Patol Med Lab 42: 219-225