Cervical Cancer: Open Access

Editorial Note Open Access

Cervical Intraepithelial Neoplasia Compared to Vaginal Intraepithelial Neoplasia

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Editorial Note

The goal of this prospective cohort study is to compare the diagnostic accuracy of screening to the pathological diagnosis of cervical intraepithelial neoplasia (CIN) with vaginal intraepithelial neoplasia (VAIN). The prospective study involved 419 patients (pts) and was done at Beijing Obstetrics and Gynecology Hospital, Capital Medical University, between February 1, 2015 and January 31, 2016.

Colposcopy was used to guide multipoint cervix and vaginal wall biopsies in all of the participants. All biopsy samples were subjected to a pathological evaluation. Among them, 201 patients (48.0 percent) were diagnosed with CIN, 218 patients (52.0 percent) with cervicitis, and 51 patients (12.2%) with VAIN. The incidence of CIN in patients was found to be four times higher than that of VAIN. 218 of the 419 patients enrolled had cervicitis, with 13 (6.0 percent) having VAIN [1]. There were 201 points of CIN with 38 points of VAIN (18.9%), including 53 points of CIN3 with 12 points of VAIN (22.6%), 49 points of CIN2 with 9 points of VAIN (18.4%), and 99 points of CIN1 with 17 points of VAIN (17.2%). CIN (18.9%) was considerably more common with VAIN than cervicitis (6.0%) (2 = 16.39, P =.00). Our findings revealed a strong correlation between cervical and vaginal lesions (2 = 135.91, P =.00), suggesting that an increase in CIN grades may be linked to an increase in VAIN grades. Our findings also revealed that CIN and VAIN increased significantly (p.05) with age (40 years Kappa = 0.04; 40–50 years Kappa = 0.11; >50 years Kappa = 0.28) [2].

A cytological test can be utilised as a routine screening approach for cervical lesions and vaginal disorders, according to this study. If the cytology results are abnormal and the pathological examination reveals no obvious aberrant cervical disease, a colposcopy-directed vaginal multipoint biopsy should be performed to rule out vaginal disease. Patients with CIN should have a vaginal multipoint biopsy (1/3 upper vaginal) performed on a regular basis, especially if they are over 50 years old and have a high-grade CIN [3].

Cervical cancer is one of the most common cancers among women worldwide, with an estimated 570,000 new cases and 311,000 deaths per year. In May 2018, the World Health Organization's (WHO) Director-General issued a global call to action to eradicate cervical cancer (WHO, 2018). This effort focuses on low- and middle-income countries (LMICs), where a lack of coordinated screening programmes is responsible for more than 85% of cervical cancer incidence and fatalities (Bray, 2018). Cervical cancer was once the largest cause of cancer-related death among women in the United States; however, during the last 40 years, its incidence and mortality have fallen by almost 70% [4]. The introduction of the Papanicolaou (Pap) smear in 1941 prompted a systemic effort to detect early cervical cancer and precancerous lesions (Papanicolaou, 1941); however, cervical cancer remains the first or second leading cause of cancer and cancer-related death among women in LMICs and many underserved parts of the United States due to a lack of organised screening and early detection programmes. Cervical cancer is a disease that can be avoided with the use of effective preventative (vaccination) and screening techniques (Pap and human papillomavirus testing). Furthermore, before advancing to invasive cancer, there is a curable preinvasive phase that lasts several years [5].

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