Abstract:

Background: With stringent cervical cytology screening programs for women in reproductive age group, cervical cancer is, to a large extent, preventable. Back-up confirmatory colposcopic evaluation is necessary in order for cytology to have impact on cervical cancer-related morbidity and mortality. Objectives: To track the management outcomes of abnormal cervical cytology and hence confer credence to the value of colposcopy in management of abnormal cervical cytology. Design: Retrospective descriptive study. Setting: Kenya Medical Women Association Colposcopy Clinic. Main outcome measures: Correlation of cervical cytologic abnormalities with colposcopic outcomes and eventual management outcomes. Results: The population was young, with 50.6% being 25-34 years old, and 59.3% less than 35 years of age. Parity was also low, with nearly 75% being para three or less. A substantial proportion of women had normal colposcopic findings (42.0, 26.7, 18.6 and 11.1% for cytologic abnormalities CIN I, CIN II, CIN III and invasive carcinoma respectively). Colposcopic abnormality detection rate, irrespective of the severity of the lesion, increased with severity of cytologic lesion (from 58.0% CIN I to 89.0% for invasive carcinoma). The sensitivity of cervical cytology was 58, 59 and 65% for CIN I,II and III respectively, while respective specificity was 72, 71 and 85%. The concordance rates between cytological and colposcopic findings were 38.6, 32.5 and 60% for CIN I, II and III respectively. The eventual management outcome was operative (LEEP and Hysterectomy) in greater frequency as the severity of the cytologic lesion increased. Conclusion: Colposcopy has significant impact on the management outcomes of abnormal cervical cytology and is therefore an invaluable procedure in management of abnormal cervical cytology. For this reason, it is imperative that governments avail these services to all women, in addition to enforcing regular cytologic screening for cervical cancer.