

Ablative Treatments of Cervical Ectopy in Russia

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Abstract

Suboptimal practices have been applied in Russia according to instructions by healthcare authorities and leading experts' publications. Lacking professional autonomy has contributed to the persistence of outdated and suboptimal methods. Medical literature is available from gratis Internet resources these days. Nevertheless, certain guidelines have remained without due commentaries, so that a persistence of outdated methods is not excluded. An example of such persistence is the ablative treatment of cervical ectopies, irrespective of the presence of epithelial dysplasia. The ectopy per se was regarded to be preneoplastic or predisposing to cancer. Cylindrical epithelium and mucous glands within an ectopy were designated as pathological tissue that must be eliminated. It was claimed that ectopy is associated with an increased risk of malignancy, contributes to infertility, miscarriage and obstetric bleedings. During the Soviet time, cervical ectopies were found at mass examinations (so-called dispensarizations) and treated by electro- or thermocautery. The frequency of dispensarizations has decreased since then. However, ablative treatments of cervical ectopy are advertized and recommended by some contemporary literature. President Putin instructed the Ministry of Health to expand the program of preventive examinations. It can be reasonably assumed that when dispensarizations are resumed en masse, some of the previous failings may come back. At the same time, cervical cancer is diagnosed in Russia relatively late. Improvements in educational and ethical standards of healthcare providers at all levels are needed. For this scenario to be realized, the first step that needs to be taken includes the exchange of experience through the implementation of temporary programs for Russian gynecologists, cyto- and histopathologists to go abroad, and authorized foreign advisors to come to Russia.

Keywords: Cervical Ectopy, Ectropion, Cautery, Russia.

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Introduction

Suboptimal practices have been applied in the Russian Federation (RF) according to instructions by healthcare authorities and leading experts' publications [1]. Lacking professional autonomy has contributed to the persistence of outdated and suboptimal methods [2]. In conditions of paternalism, misinformation and persuasion of patients is regarded to be permissible [3]. The medical literature is available on the Internet these days. Nevertheless, some guidelines have remained without due commentaries, so that a persistence of suboptimal methods is not excluded. An example of such persistence is the ablative treatment of cervical ectopies, regardless of the presence of epithelial dysplasia, applied and advertized in RF until today. It should be commented that cervical ectopy has been called pseudo-erosion

(colloquially erosion) or endocervicosis, which disagrees with the international terminology. The term ectropion has mainly been used for the cervix eversion after delivery [4-6]. In recent publications, the terminology and recommendations have been adapted to the international prototypes [7]. Some recent Russian publications borrowed recommendations and algorithms from the international literature without references e.g.; images are in [8-10]. Certain foreign books have been translated, whereas mistranslations can be found, examples are in [11].

In many adolescents and women in the reproductive period, especially with oral contraceptive use, the mucin-secreting columnar epithelium of the endocervix is present on the cervical portio, forming

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the endocervical ectopy or ectropion, which is considered physiological [12]. The ectopy requires no treatment unless the symptoms are affecting the patient's daily life [13]. If symptoms are present, it is not always clear whether they are caused by cervicitis/vaginitis or by the ectopy, which may be merely epiphenomenon. Cervical ectopy was regarded to be precancerous or predisposing to neoplasia [14-20]. Cylindrical endocervical-type epithelium and mucous glands within the ectopy were designated as “pathological tissue” that must be removed [19]. It was claimed that 3.6-9.0% of ectopies evolve into cancer [20], which is not confirmed by the international literature [12,13,21]. It was also speculated that cervical “pseudo-erosions” contribute to infertility and complications of pregnancy (miscarriage, obstetric bleedings, which is physiologically incomprehensible and not confirmed by literature [22-24].

Cervical ectopies were found at mass examinations (so-called dispensarizations) and treated by electro- or thermocautery [25-27]. This occurred in accordance with the Soviet-time concept of prophylaxis priority. The dispensarizations were performed at many factories, institutions and agricultural cooperatives [27]. Cervical smears were taken predominantly for bacteriological diagnosis. The coverage of the populace by dispensarizations has decreased since the Soviet time. There is no nationwide program for prevention of cervical cancer, which is detected in RF relatively late [28]. Reportedly, 32.6% of cervical cancer cases (15-50% in different provinces) were diagnosed at a late stage in 2021 [29]. It was recommended to start the treatment of pseudo-erosions as early as possible. Large lesions were treated by “diathermoconization” using an electrocautery electrode, a procedure known to be associated with complications [15,17,30].

Ablative treatments of cervical ectopy are advertized now as before (Figure 1). Relapsing endocervical ectopy without epithelial dysplasia is presented as indication for cryotherapy in a recent monograph, including cases with normal findings at coploscopy and in Pap-smears [7]. Other experts recommended laser treatment, loop electrosurgical excision procedure (LEEP), argon plasma coagulation and/or cryotherapy [6,31-36], in some recent publications with a remark “after inefficient conservative therapy” [24,37]. Some medical practices possess only one device, which is used not always in accordance with evidence-based indications. For young nulliparae an ablation of ectopic cylindrical epithelium by acid-containing ointments (chemical coagulation), laser- or cryotherapy has been recommended. According to the “National Manual” and other instructive publications, surgery is indicated to all patients with ectropion [18,33,38-46]. For leukoplakia (cervical hyperkeratosis without cell atypia), electrocautery, LEEP, laser-, cryotherapy or argon plasma coagulation has been recommended [6,7,32,43,45,47]. At that, it has been noticed that leukoplakia often developed after the cautery of cervical ectopy [48]. The ablative methods have been used also for precancerous lesions, in a recent monograph listed together with surgical procedures [6,44,45,47,49,50,51]. Ablative methods may be suboptimal in some cases compared to cold-knife conization because coagulation impedes histological evaluation especially of margins, whereas dysplastic epithelium may remain in the cervical channel or deep-seated glands. In the handbook it is written that cold knife conization is practically never used today [46]. Indications are beyond the scope of this article.

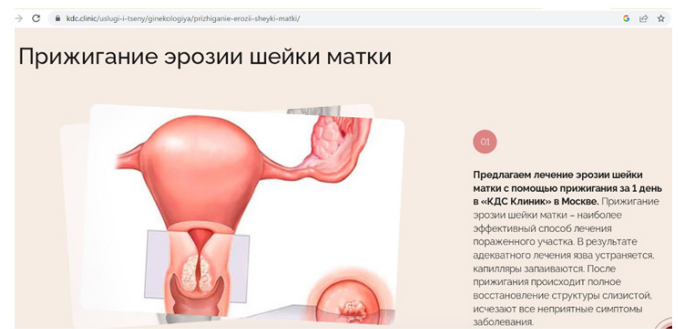


Figure 1: Online advertising of cautery of cervical erosion. This latter term is used in Russia colloquially for cervical ectopy, which is recognizable on this picture.

The Pap-test has been performed in RF infrequently. The Romanovsky-Giemsa was often used instead of the Papanicolaou stain; the quality of smears being below international standards. In many institutions, there are no cytology technologists to perform pre-screening of smears. Moreover, some cyto- and histological reports were misinterpreted by clinicians. For example, pathologists were admonished against using the term “metaplasia” in their reports as the patients were remitted to cancer treatment and prevention centers (oncologic dispensaries). We informed clinical gynecologists and the department head e.g. at the Ostroumov hospital in Moscow that such remittals are not indicated. Apparently, the cause was not the lack of knowledge: stressed patients, needlessly remitted to the cancer clinics, were easier to manipulate towards paid services. Gynecology as a medical specialty has been notorious since the Soviet time because of high unofficial incomes, striven for by many students.

Considering the prevalence of “pseudo-erosions” found at dispensarizations, millions of patients received ablative treatments without indications. Admittedly, the frequency of dispensarizations has decreased since the Soviet time. President Putin, in his address to the Federal Assembly on 21 April 2021, instructed the Ministry of Health to expand the program of preventive medical examinations. It can be reasonably assumed that when dispensarizations are resumed en masse, some of the previous failings may come back. Coagulation of ectopies was sometimes associated with considerable pain. Performing field examinations of female kolkhozniks (collective farm workers), for lack of electrical connection, Lesiuk treated ectopies by thermocautery, while the procedure had to be effectuated more than once to embrace the whole circumference. Many physicians realized the obsolescence of instructions and made exceptions [27]. As far as we know, gynecologists did not cauterize ectopies in their relatives. Vaguely formulated recommendations in some manuals left space for individual judgments. Apparently, ideation of punishment has played a role in some cases, especially in patients seen as socially unprotected or “immoral”. It was claimed that promiscuity and sexually transmitted infections are predisposing factors, reportedly coinciding with cervical ectopy in 41.9% of cases, which is not confirmed by the literature. On the contrary, studies reported a negative association with the time since the sexual debut and the number of partners [12,20,42,45]. According to a systematic review, cervical ectopy showed an association with human papillomavirus, human immunodeficiency virus, bacterial vaginosis and cervical epithelial atypia. High-quality

studies reported no association between ectopy and chlamydia infection; there was also no association with gonococcal infection and herpes simplex. More research on this topic is needed [52].

Cytologists and pathologists belong in RF to different medical specialties (laboratory medicine and pathology); being often located in different departments. Not all cytologists find time to compare their reports with histopathological ones, while histological and cytological specimens are hardly ever confronted. In other countries it occurs routinely as cytology and histology is performed by the same experts or teams. Comparisons of cytological and histological specimens are important because of many inconclusive reports in cytology, when only a suspicion is expressed. Biopsy was recommended in case of all abnormalities in a Pap-smear, including those without cell atypia [53]. Apparently, the insufficient reliability of cytology is one of the reasons of a frequent use of cervix biopsy in RF. A high level of false-negativity in cervical cytology has been noticed [29]. Previously we reported on overtreatment of bladder lesions due to misinterpretation of biopsies [54].

As mentioned above, cervical cancer has been diagnosed in RF relatively late [28]. Health care authorities are planning to introduce the mass screening for cervical cancer; but it will be not easy for lack of qualified cytotechnologists for pre-screening of the specimens. High quality of cyto- and histological diagnostics is essential for the adequate management of cervical intraepithelial neoplasia and related lesions. Treatments at medical institutions, providing free care to patients with obligatory medical insurance, must be performed on the state-of-the-art level. Improvements in educational and ethical standards of healthcare providers at all levels are needed. The principle of informed consent must be rigorously observed. For this scenario to be realized, the first step that needs to be taken includes the exchange of experience through the implementation of temporary programs for Russian gynecologists, cyto- and histopathologists to go abroad, and authorized foreign advisers to come to RF. The warmongering should be discontinued to facilitate international cooperation; otherwise, the backlog in the healthcare in some parts of the world will deepen.

Declaration

The author declares no conflict of interest.

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