CHAPTER 8

SUMMARY & GENERAL CONCLUSION
Carcinoma of the uterine cervix is the second most cancer in women worldwide today.

In our study all cases of carcinoma cervix over a period of 2 years has been analyzed.

We found that 1.78% cases of carcinoma cervix out of total gynaecological admission.

High rate of cancer cervix in our series may be due to early marriage, multi parity, poor local hygiene and traumatic deliveries giving rise to more cervical injuries and cervical metaplasia followed by carcinoma cervix

We found that 60% of the patients are from age group of 30-50 years. The youngest patient was of the age of 30 years and the oldest one was of 70 years.

In our hospital, numbers of the Hindu patients are suffering from carcinoma cervix 3 times than that of Muslim populations (78% vs. 22%).

Marital instability may be associated with illegitimacy, venereal infections, unstable sexual relation, prostitution, emotional problems and multiparity which may be the reason for high incidence in them.

There are 88% females who got married before the age of 20 years. 13 to 16 years of age at marriage is common in our country.

65% patients got pregnant before the age of 18 years and only 15% patients got their first child above the age of 20 years.
In our study we had >72% of females with multiparity with cervical carcinoma.

Red white discharge being the commonest symptom. Also the postmenopausal bleeding backaches are the common complaints.

76% of patients have acute onset and symptoms of short duration of less than 6 months.

Hypertrophied hard cervix which bleeds on touch is the commonest clinical presentation of the cervix which makes the diagnose of carcinoma cervix easy. 16% of normal looking cervix were picked up by routine cytology screening and were confirmed by histopathology.

Clinical staging showed that patients are following in advanced stages most commonly in stage II and III. But during surgery in some patients it is found that clinical staging was underestimated which affected the treatment modality.

Squamous cell carcinoma is the commonest histological type which was observed and moderately differentiating type is more common. Invasive carcinoma contributed to 13%.

Radiotherapy was given in 80% of cases due to advanced stage. Out of which 31% patients were given radiotherapy in addition to surgery as clinical staging affected the decision of surgical treatment.

Pap smear were taken from all the 500 subjects; reports were normal in 150 cases (30%), presence of inflammatory cells in 198 cases (39.6%), ASCUS in 80 cases (16%), LSIL in 50 cases (10%), HSIL in 20 cases (04%) and only 2 cases (0.4%) was found in cervical cancer.

When distributed according to age, 25% of the study subjects in the 45-50 year age group had ASCUS, 13.33% of the subjects in the 35-40...
year age group had LSIL and another 13.33% in the same age group had HSIL.

Prevalence of HPV infection is 16% in general population in reproductive years.

16.67% of subjects in the 30-35 year of age group tested positive for high-risk HPV, 6.6% in the 35-40 year of age group, 20% in the 40-45 year of age group, 25% in the 45-50 year of age group and 100% in the 50-55 year age group were positive for high risk HPV.

Of the 100 samples tested, only 16 were positive for high-risk HPV. When co-related with cervical, only 4 of the 30 normal cytology were HPV positive (13.33%), 6 of the 16 cases of AUCUS (37.50%), 4 of the 10 cases of LSIL (40%) and 2 of the 4 cases of HSIL (50%) were positive for high-risk HPV.

12 cases of abnormal cervical cytology out of 30 were positive for high-risk HPV (40%) whereas, only 4 of the 70 cases of normal cervical cytology tested positive for high-risk HPV (5.7%).

Among the study subjects, abnormal cervical cytology was significantly associated with positive HPV status.

10 subjects of the total 30 who were married at less than 18 years of age tested positive for high-risk HPV (33.3%), whereas, only 6 of the 70 subjects who were married at 18 years or more of age tested positive for the same (8.6%).

Thus, younger age at marriage was significantly associated with positive HPV status among the study subjects.

6 out of 10 subjects who had 2 or more partners tested positive for high-risk HPV (60%), whereas, only 10 out of 90 subjects were positive for high-risk HPV (11.1%).
Thus, there was a significant association between HPV positive status and more than one partner among the study subjects. 4 of the 10 subjects who were smokers tested positive for high-risk HPV (40%), whereas, only 12 of the 80 subjects who did not smoke tested positive for the same.

Thus, there was no significant association between smoking and HPV positive status among the study subjects.

50% of the high-risk HPV positive study subjects had just received primary education or were illiterates. 25% of the high-risk HPV positive study subjects were educated upto secondary level while the remaining 25% were educated more than secondary level.

25% of the high-risk HPV positive population in the study belonged to the relatively lower socio-economic status than the 62.5% of the high-risk HPV positive study subjects who belonged to the relatively better privileged socio-economic group. 12.5% of the high-risk HPV positive study subjects belonged to the relatively well-privileged socio-economic status.

Out of 100 HPV positive cases which were associated with abnormal smears were subjected to HPV clearance by oxygen therapy has shown that 91 cases had spontaneous clearance of HPV infection (91.66%) by 6 months. Out of 100 HPV positive cases in normal smears showed 98% clearance of HPV infection by 6 months. So, oxygen therapy can play a significant role in prevention of cervical cancer.

The HPV vaccination for primary prevention of cervical cancer has a protective role in range of 80% only. So, oxygen therapy can be employed as a modality of primary prevention of cervical cancer. This unique study of HPV infection clearance by high pressure oxygen
Summary & General Conclusion

therapy is this study is a unique simple procedure where it can be used as a first line of primary prevention along with vaccination or in primary vaccination failure cases. This simple procedure will be a great tool in prevention of carcinoma cervix specially in our set up where all patients can not covered by HPV vaccine because of its high cost and limited availability and significant mortality and morbidity.

In ER & PR study there is no definite relation of ER & PR in normal cervical tissue and carcinoma growth. But there is a definite correlation that both ER & PR is negative in poorly differentiated squamous cell carcinoma and adenocarcinoma. So it can be used as a prognostic and outcome value in cervical carcinoma.

Study of genotype of virus will be essential for invention of more specific vaccine then the present existing vaccine which has a protective coverage of 80%

Metabolic enzyme like LDH and other liver enzyme can have a significant role in prediction of prognosis of the disease.