

QUADRI COLPOSCOPICI ATIPICI

MISCELLANEA

Gian Piero Fantin



Associazione Ginecologi
Extra Ospedalieri

V CORSO BASE

COLPOSCOPIA

Diagnostica e Operativa del Basso Tratto Genitale
16-17-18 Novembre 2017 MILANO



Presidenti: B. Stefanon, G. Bandieramonte



International Federation for Cervical Pathology and Colposcopy
Internationale Federation für Zervixpathologie und Kolposkopie
Federación Internacional de Patología Cervical y Colposcopia
Fédération Internationale de Pathologie Cervicale et Colposcopie

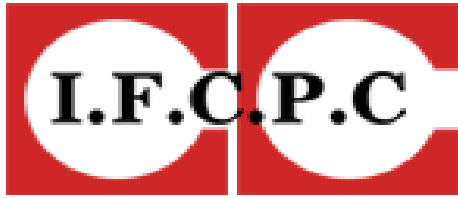
2011 IFCPC Nomenclature¹

Accepted in Rio World Congress, July 5, 2011

Nomenclature Committee chairman: Jacob Bornstein MD

2011 IFCPC colposcopic terminology of the cervix¹

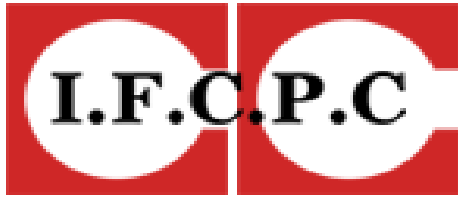
2011 IFCPC colposcopic terminology of the cervix ¹		
Miscellaneous finding	Congenital transformation zone, Condyloma, Polyp (Ectocervical/ endocervical) Inflammation,	Stenosis, Congenital anomaly, Post treatment consequence, Endometriosis



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- ☐ Zona di trasformazione congenita
- ☐ Condiloma
- ☐ Polipo (eso-, endocervicale)
- ☐ Infiammazione
- ☐ Stenosi
- ☐ Anomalia congenita
- ☐ Esiti di trattamento
- ☐ Endometriosi

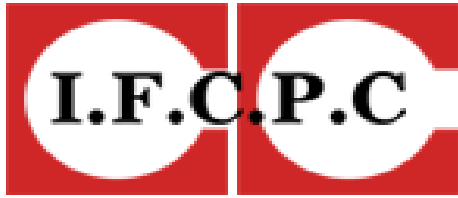


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❑ Zona di trasformazione congenita



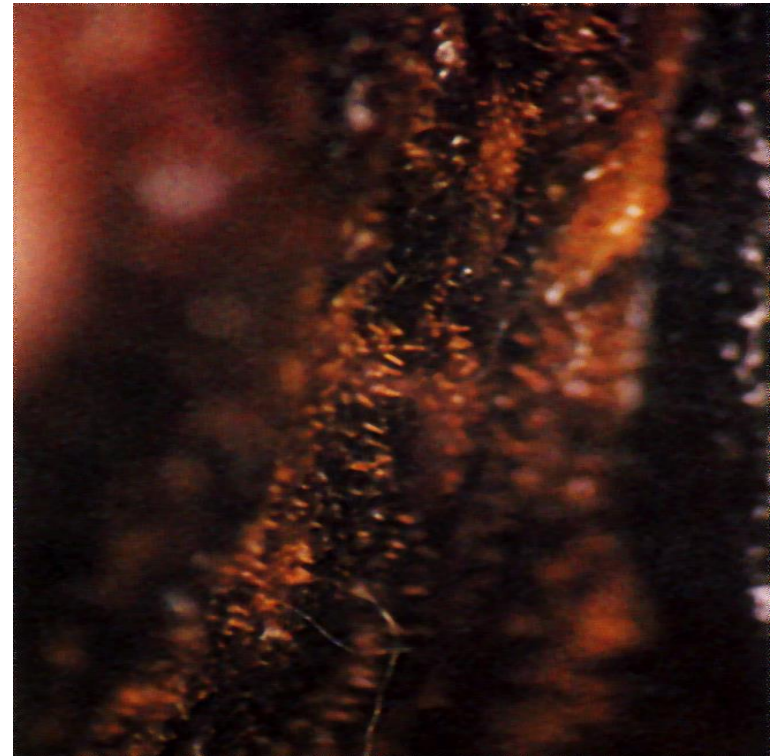
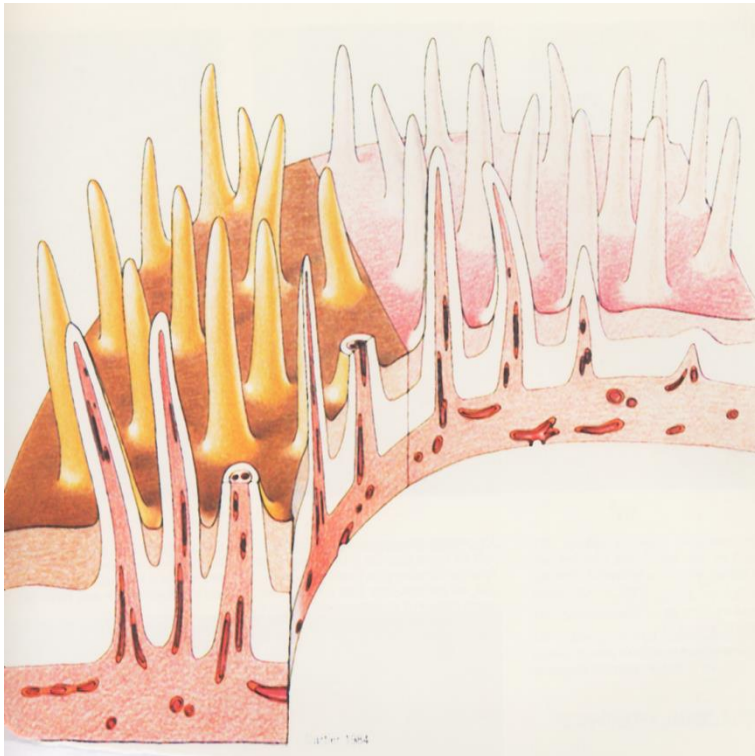


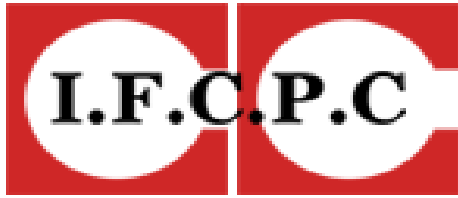
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□ Condiloma

Condilomatosi subclinica (Spikes)



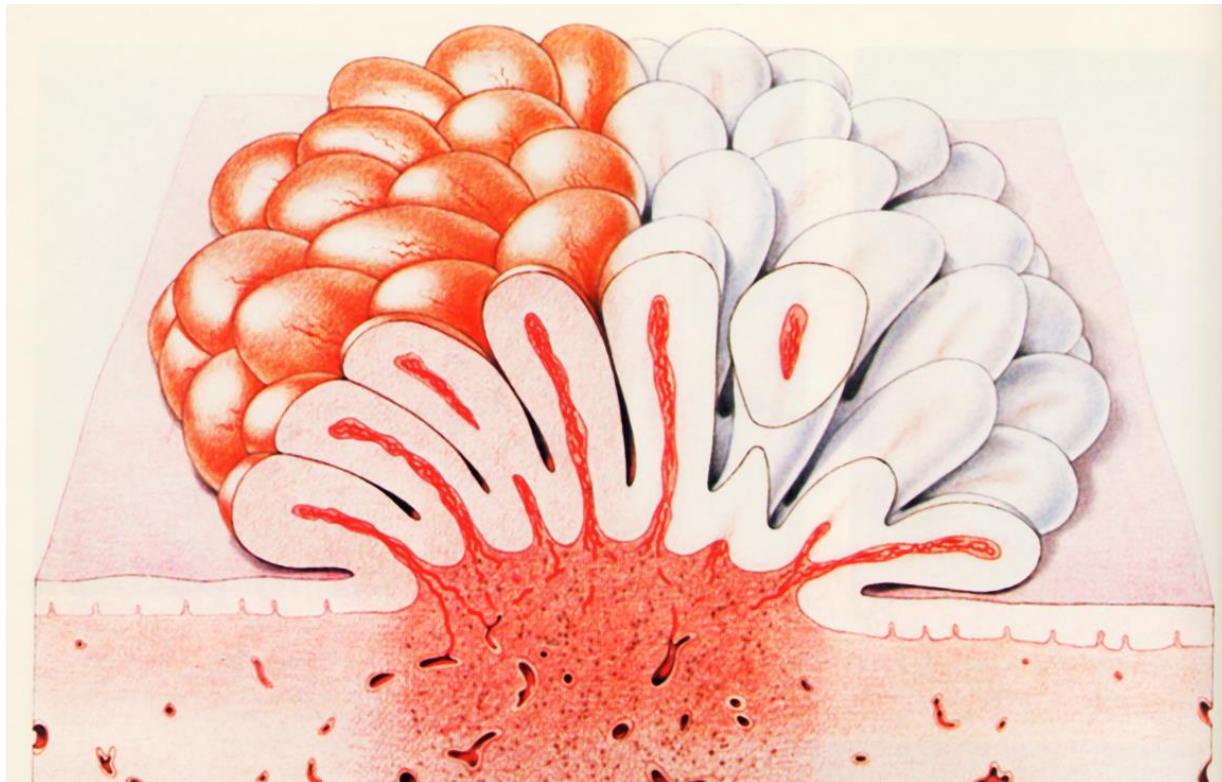


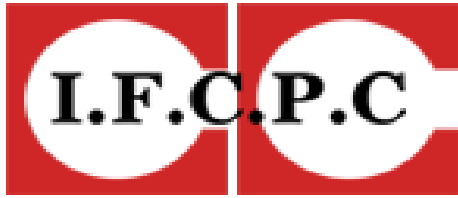
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□ Condiloma

Condilomatosi florida



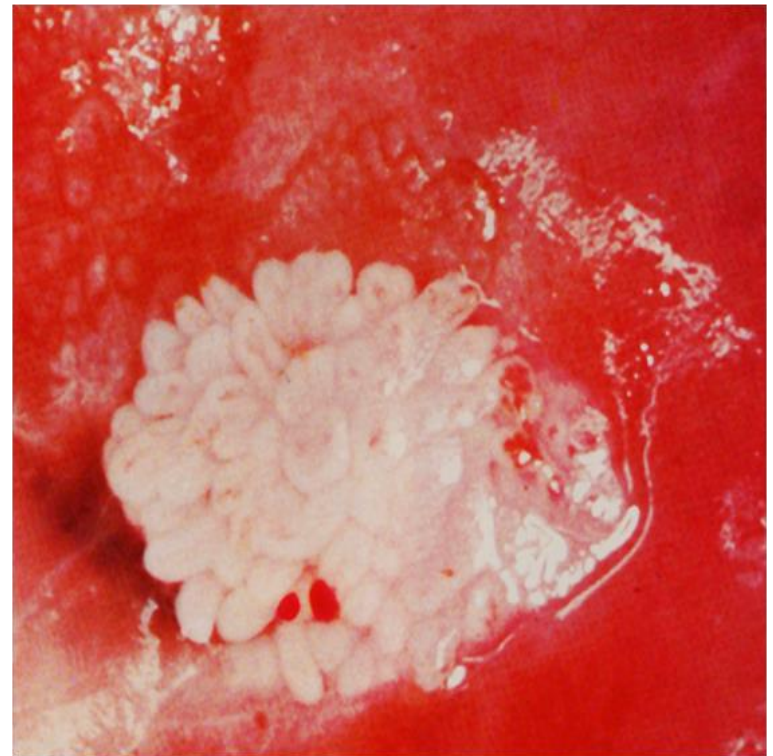
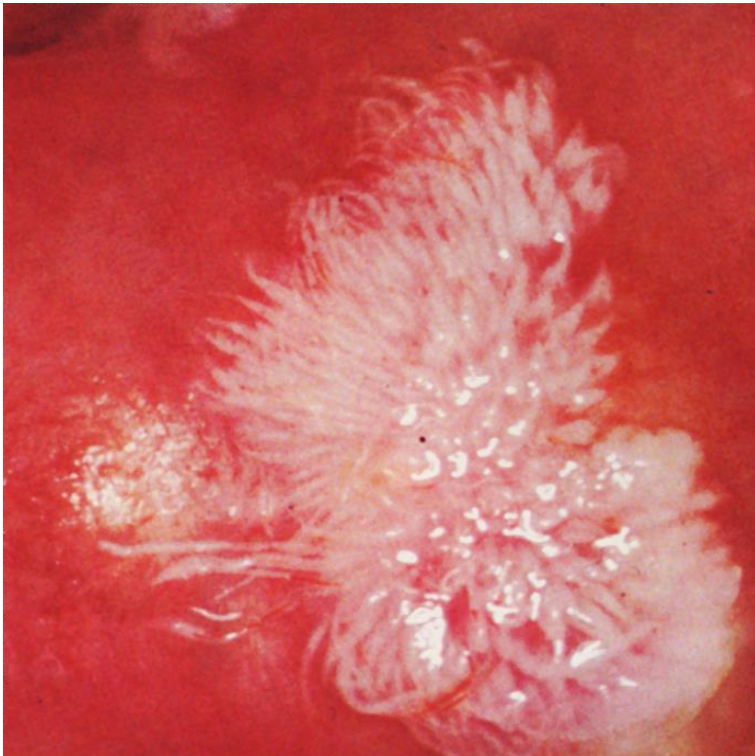


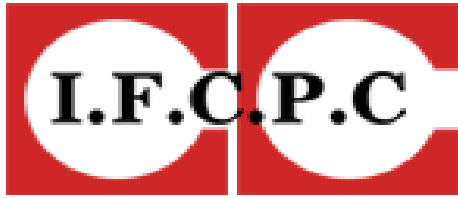
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□ Condiloma

Condilomatosi florida



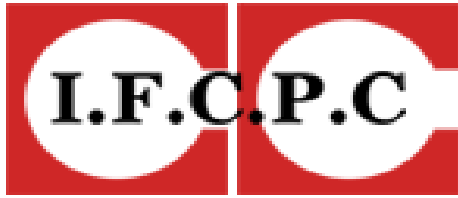


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☐ Polipo (Eso-Endocervicale)

- ☐ Protrusione iperplastica focale della mucosa cilindrica endocervicale
- ☐ Sessile o pedunculata
- ☐ Composta da epitelio e stroma.

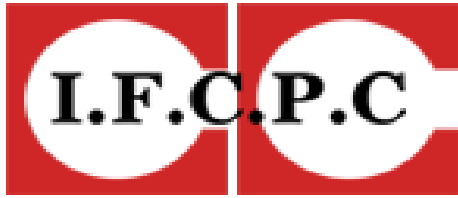


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❑ Polipo (Eso-Endocervicale)

Il polipo cervicale appare come l'esagerazione della normale tendenza della mucosa endocervicale a formare pieghe e digitazioni



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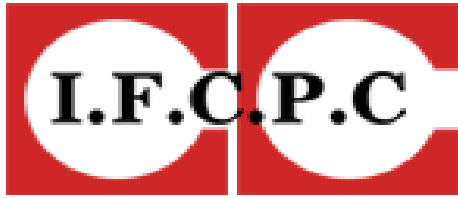
☐ Polipo cervicale

INCIDENZA

Riferita dalla maggior parte degli autori:

☐ c.a. 4 %

☐ > 25 % dopo i 40 anni.



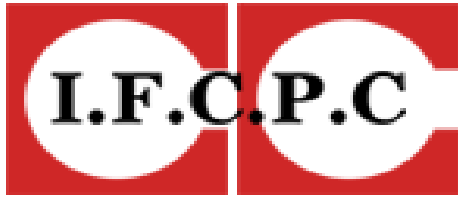
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☐ Polipo cervicale

DISTRIBUZIONE RISPETTO ALLA VARIETA' ISTOLOGICA

- ☐ Polipi mucosi: 75 – 80%
- ☐ Polipi adenomatosi: 15% (Evoluzione del polipo mucoso)
- ☐ Polipi fibrosi: 4 – 20%
- ☐ Polipi angiomatosi: 1 – 1,5%

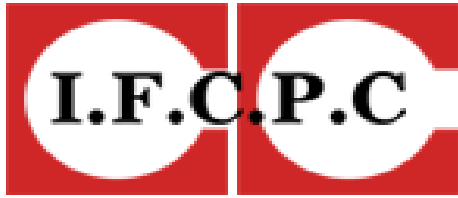


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❑ Polipo cervicale



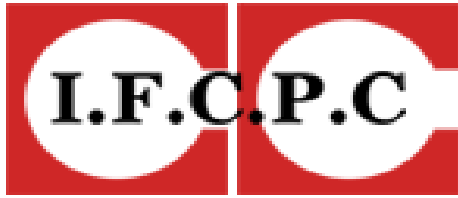


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❑ Polipo cervicale



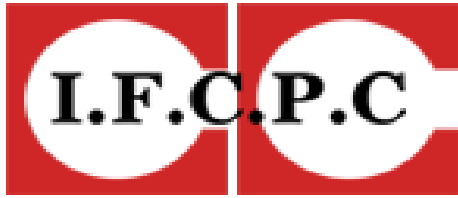


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❑ Polipo cervicale





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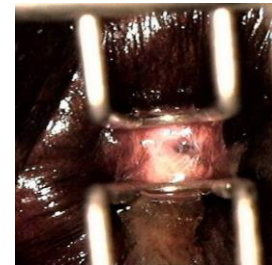
☐ Polipo cervicale

RICERCA DEL PUNTO DI INSERZIONE

☐ Pinza portabatuffoli sottile



☐ Speculum di Kogan



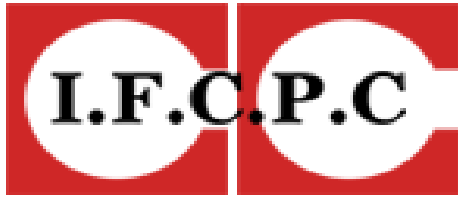


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❑ Polipo cervicale

NOTA: Se il peduncolo del polipo non è evidenziabile e il polipo protrude dal canale cervicale, la sua inserzione è istmica o endometriale.

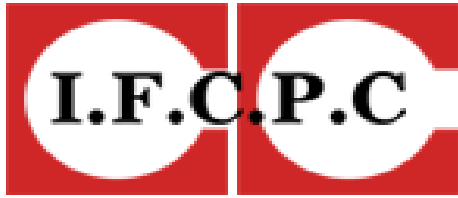


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❑ Polipo cervicale

NOTA: in presenza di polipo/i cervicali è necessario completare la colposcopia con una ecografia trans vaginale ed una eventuale isteroscopia per escludere l'esistenza di polipi endometriali concomitanti



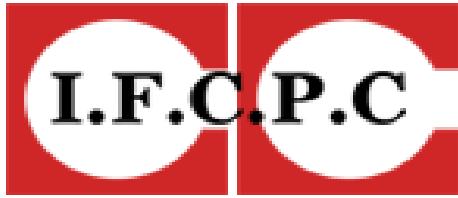
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☐ Polipo cervicale

POSSIBILE EVOLUZIONE:

- ☐ METAPLASIA: sostituzione dell'epitelio cilindrico con l'epitelio pavimentoso metaplastico.
- ☐ ISCHEMIA e NECROSI: più comune nei polipi con peduncolo sottile e lungo

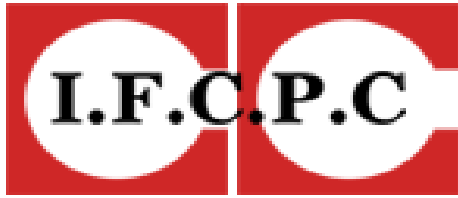


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❑ Polipo cervicale



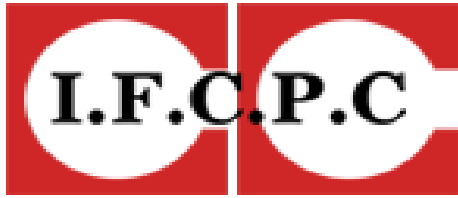


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❑ Polipo cervicale

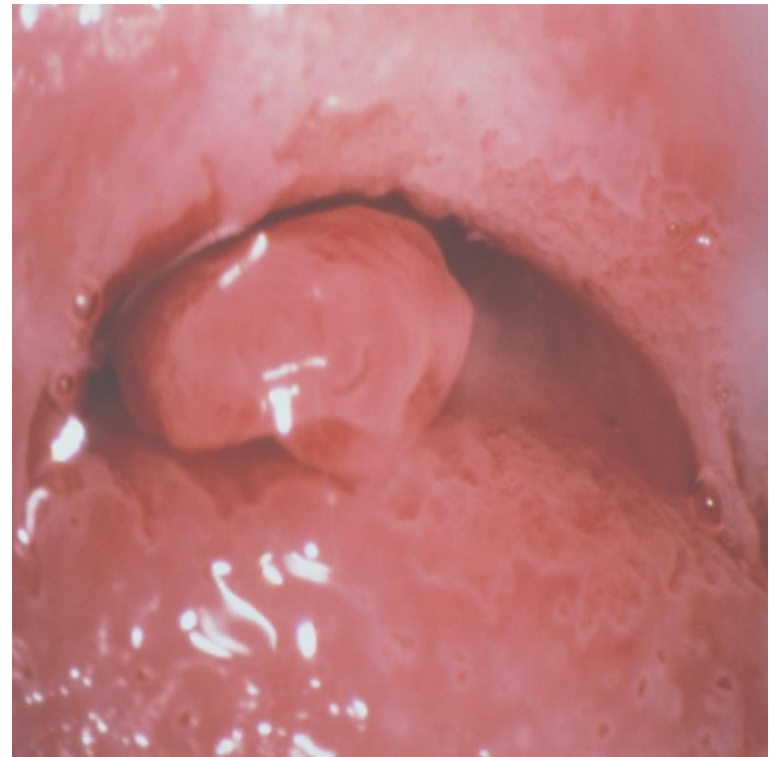


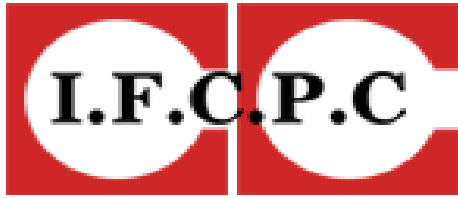


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❑ Polipo cervicale



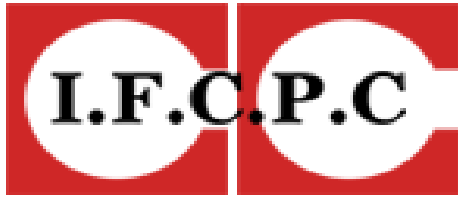


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❑ Polipo cervicale

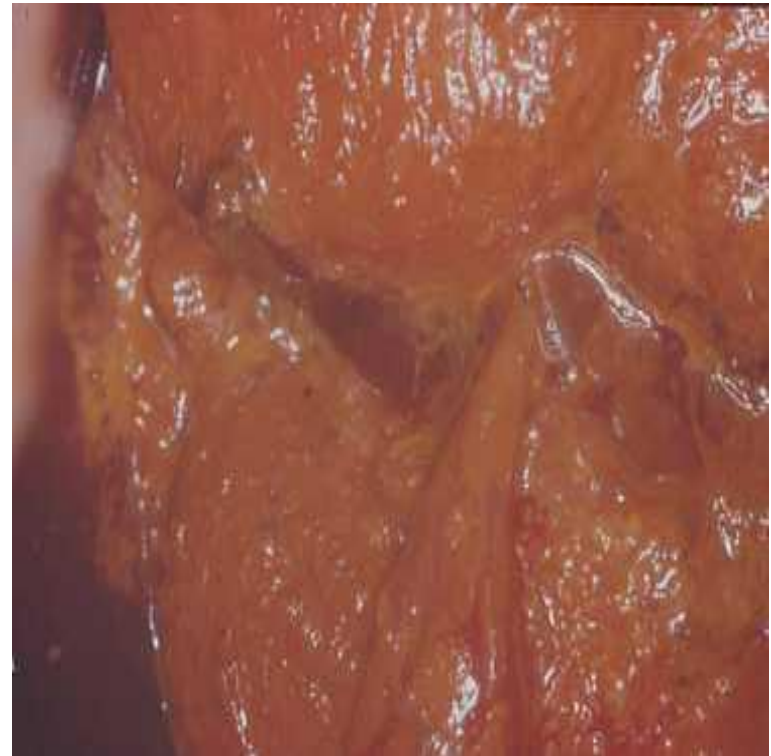


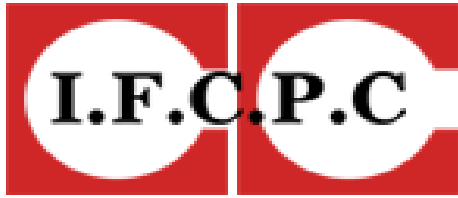


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❑ Polipo cervicale





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☐ Polipo cervicale

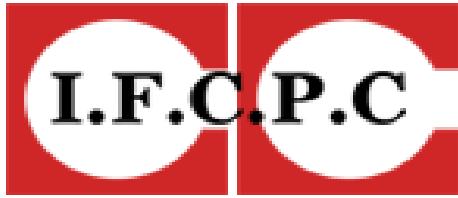
POSSIBILE EVOLUZIONE:

☐ Trasformazione carcinomatosa

Bassa incidenza (0,2 – 4%).

NOTA:

importante conoscere se il peduncolo e il suo punto d'impianto sono infiltrati da tessuto neoplastico e se le zone limitrofe della cervice uterina sono normali.



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☐ Polipo cervicale

Prevalenza di displasia o di malignità

Esami istologici di 2246 polipi eso-endocervicali.

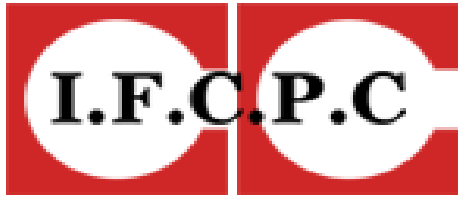
ETA' DELLE PAZIENTI: 16-95 ANNI

Nello :

☐ 0,1% → MALIGNITA'

☐ 0,5% → DISPLASIA

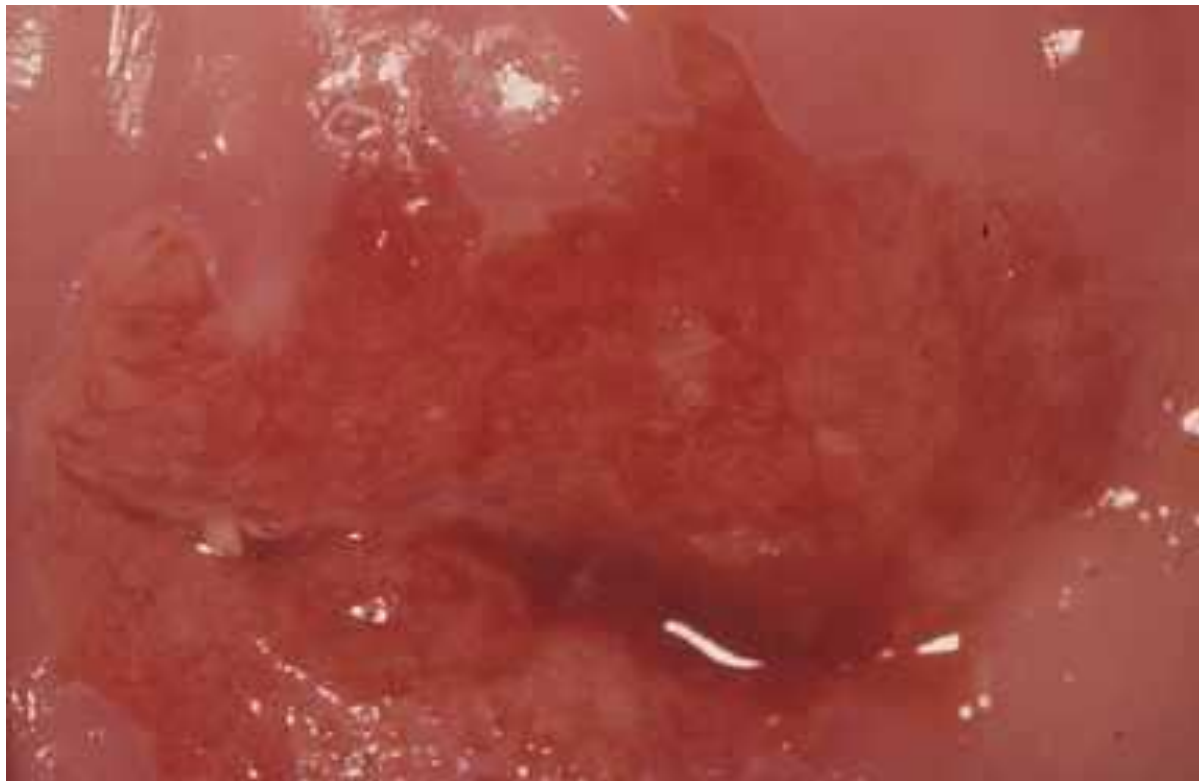
☐ 1,6% → MODIFICAZIONI REATTIVE

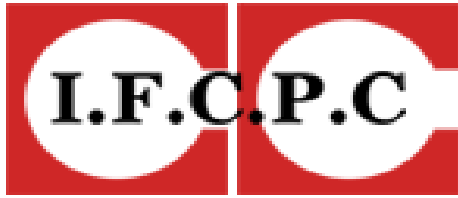


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❑ Polipo cervicale



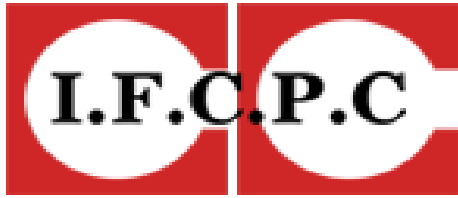


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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- ☐ Iperplasia polipoide endocervicale
- ☐ Cisti da ritenzione (ovuli di Naboth)
- ☐ Fibromioma in espulsione
- ☐ Tessuto di granulazione sulla cupola vaginale
- ☐ Condilomi acuminati



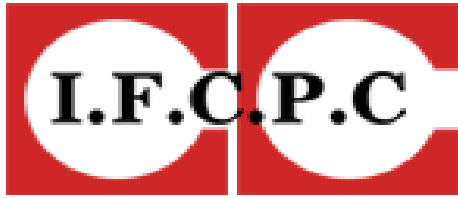
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- ❑ Iperplasia polipoide endocervicale



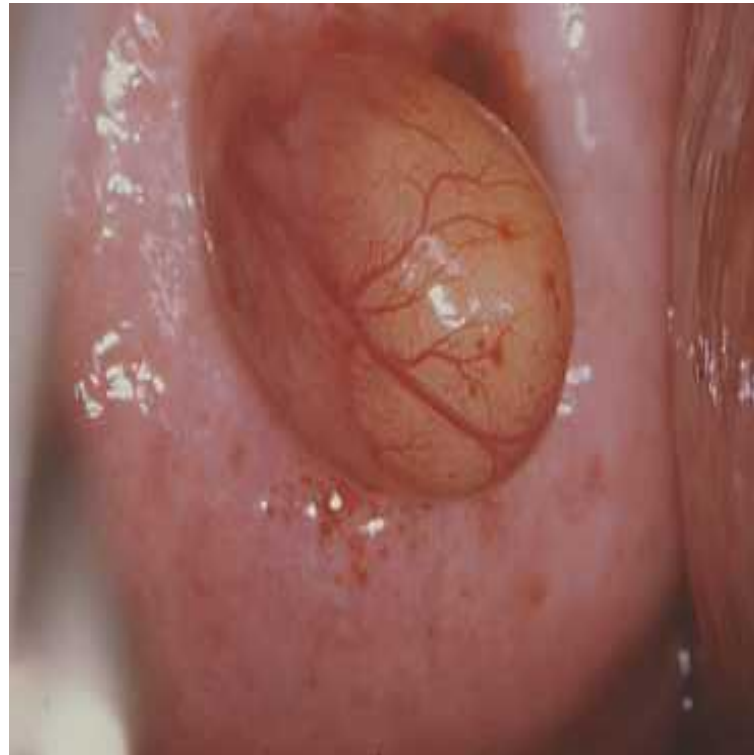


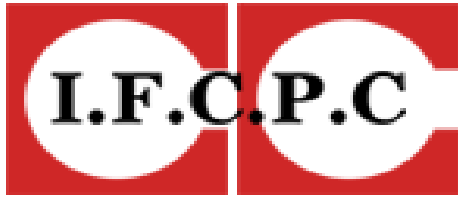
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

❑ Cisti di Naboth





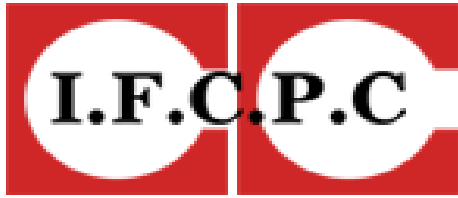
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

❑ Cisti di Naboth





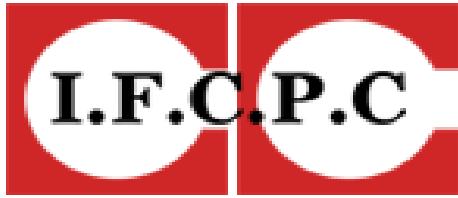
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- ❑ Mioma in espulsione





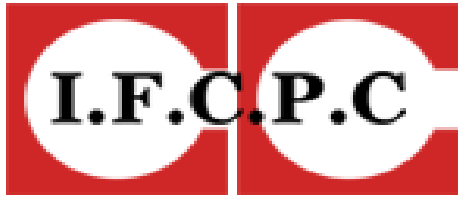
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- ❑ Tessuto di granulazione





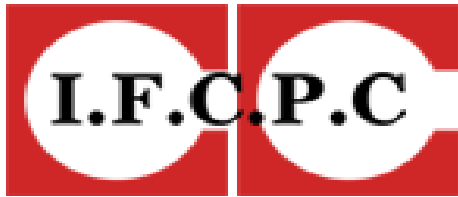
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

❑ Tessuto di granulazione



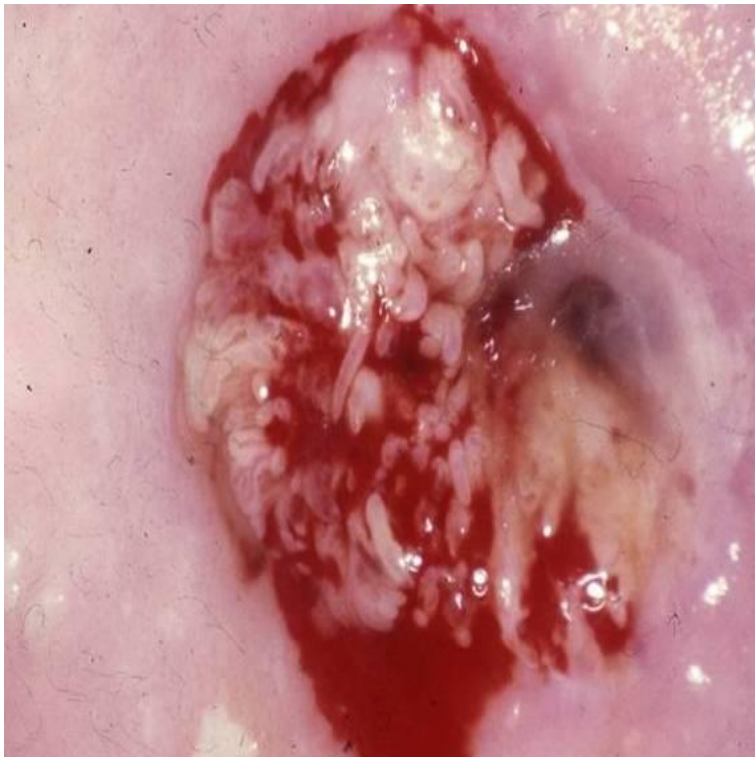


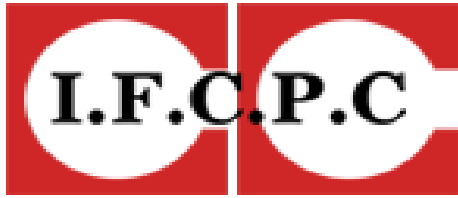
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

❑ **Condilomatosi florida: condilomi acuminati**

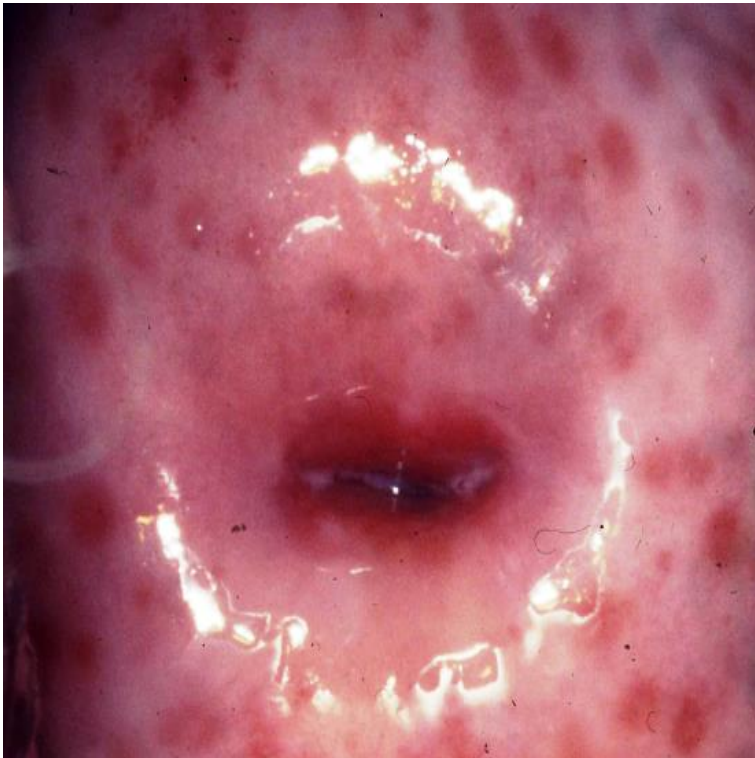


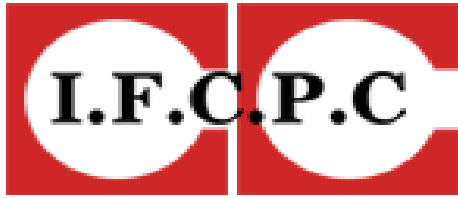


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□ Infiammazione



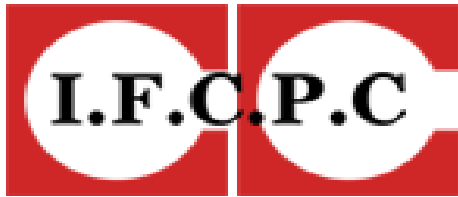


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□ Stenosi

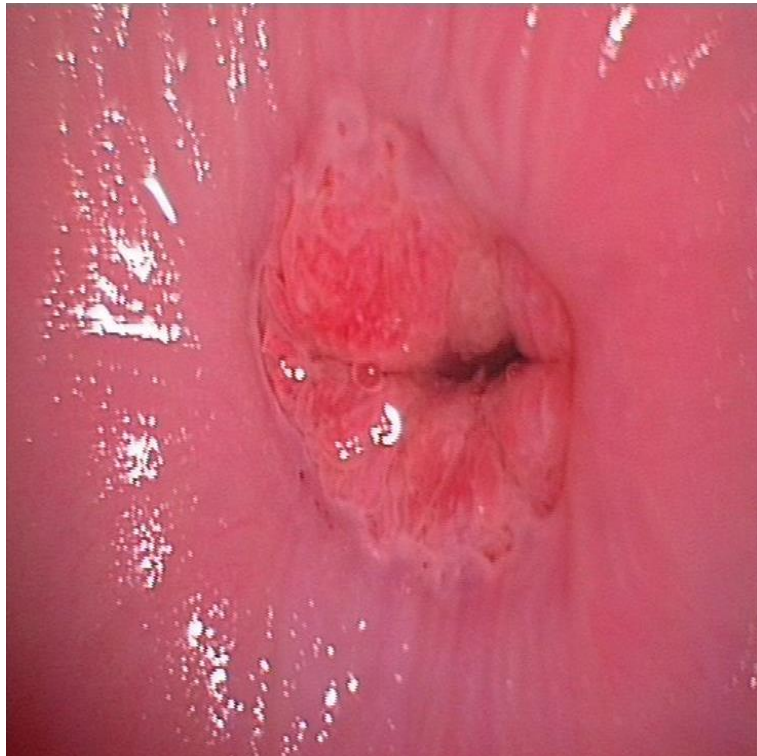


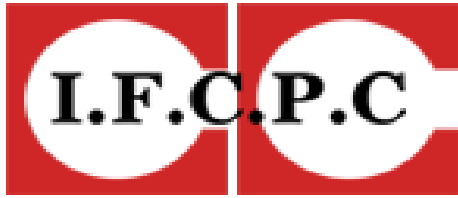


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❑ Esiti di trattamento





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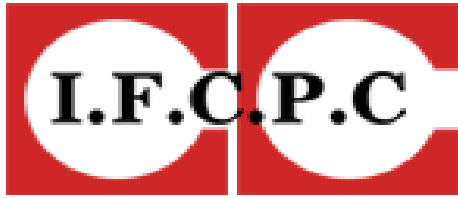
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☐ Endometriosi

Presenza di tessuto endometriale in sede cervicale:

☐ Ghiandole endometriali

☐ Stroma citogeno



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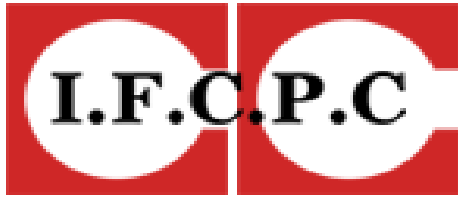
☐ Endometriosi

ISTOGENESI

Impianto di tessuto endometriale mestruale su soluzioni di continuo dell'epitelio cervicale.

Fattori favorenti:

- ☐ Trattamenti escissionali o distruttivi
- ☐ Biopsie
- ☐ Traumi



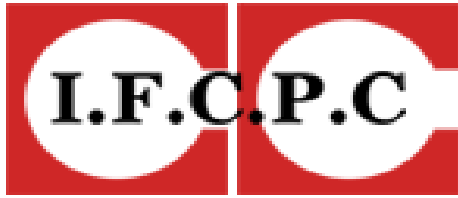
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□ Endometriosi

EPIDEMIOLOGIA

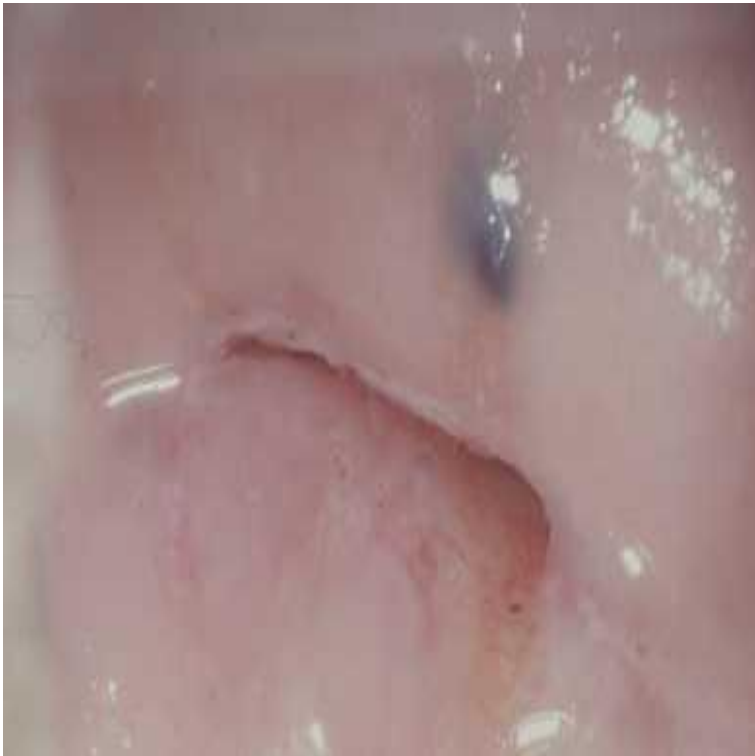
Riscontro colposcopico dallo 0.1 allo 0.5%



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□ Endometriosis



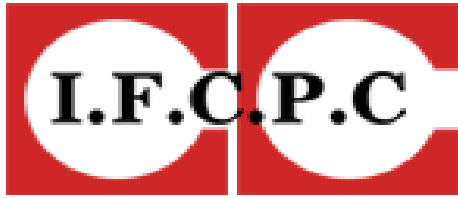


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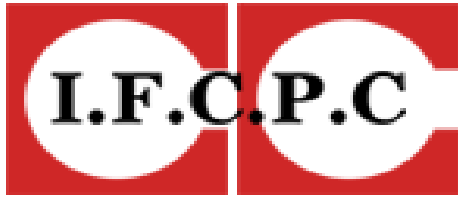


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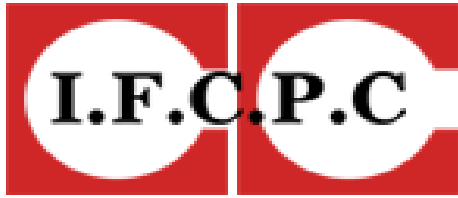


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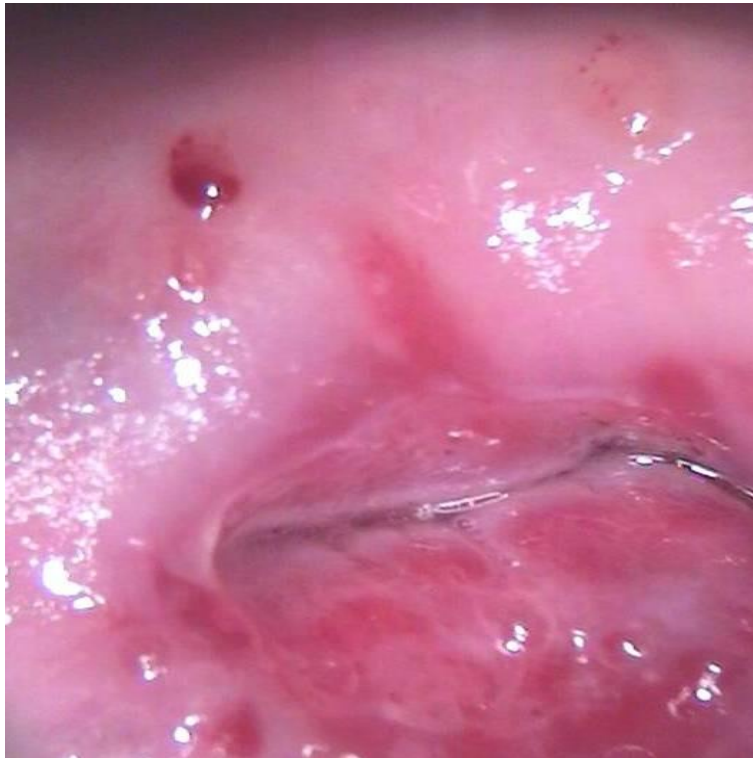


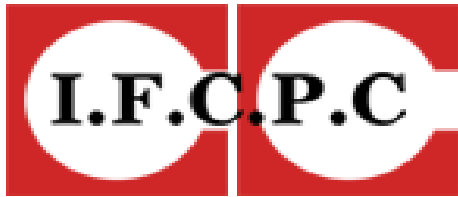


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□ Endometriosis



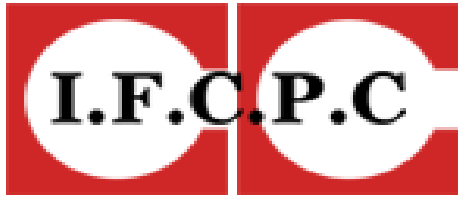


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□ Endometriosis





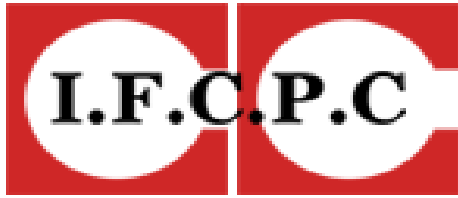
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☐ Endometriosi

DIAGNOSI DIFFERENZIALE

- ☐ Quadri puntiformi
- ☐ Riscontro poco frequente
- ☐ Preferire diagnosi DESCRITTIVA
- ☐ Necessaria la conferma istologica



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☐ Endometriosi

DIAGNOSI DIFFERENZIALE:

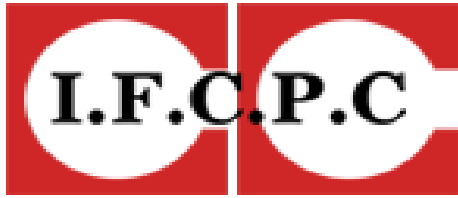
☐ Soffusioni emorragiche successive a trattamento.

Non variazioni di volume e caratteristiche durante il ciclo.

☐ Piccoli emangiomi.

Non variazioni di volume durante il ciclo.

In genere multipli.



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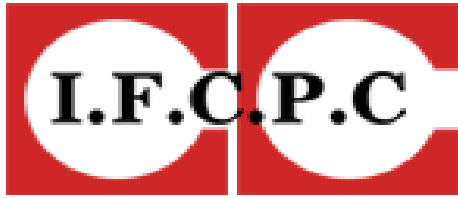
☐ Endometriosi

DIAGNOSI DIFFERENZIALE:

☐ **Cisti di Naboth emorragiche.**

Sono in genere più rosse e con vasi superficiali tipici, dicotomici.

☐ **Deciduosì ipertrofica.**



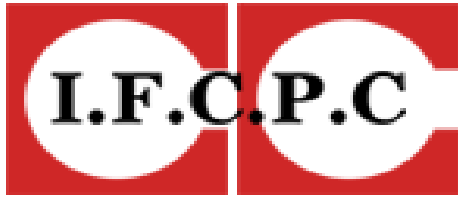
The International Federation
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MISCELLANEA

□ Endometriosis

DIAGNOSI DIFFERENZIALE





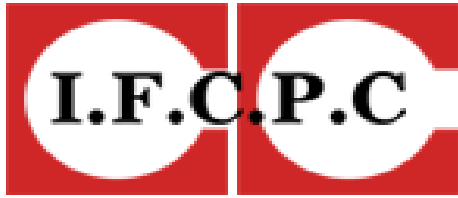
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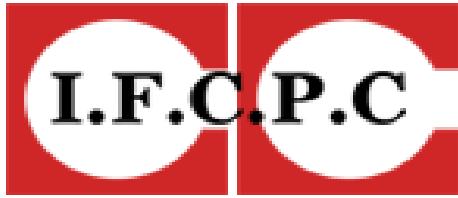
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MISCELLANEA

☐ Endometriosi

CLINICA

- ☐ Più frequente nella seconda decade di vita
- ☐ Spotting intermestruale, premestruale e post coitale
- ☐ Spesso asintomatica



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MISCELLANEA

☐ Endometriosi

TERAPIA

☐ Biopsia (diagnostica/terapeutica)

☐ Trattamento distruttivo

NOTA:

Le lesioni asintomatiche non vanno trattate