

IFCCP 2011 NOMENCLATURE

MISCELLANEA

Gian Piero Fantin





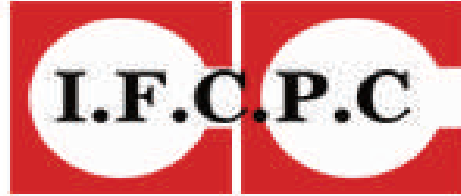
International Federation for Cervical Pathology and Colposcopy
Internationale Federation für Zervixpathologie und Kolposkopie
Federación Internacional de Patología Cervical y Colposcopia
Fédération Internationale de Pathologie Cervicale et Colposcopie

2011 IFCPC Nomenclature¹

Accepted in Rio World Congress, July 5, 2011

Nomenclature Committee chairman: Jacob Bornstein MD

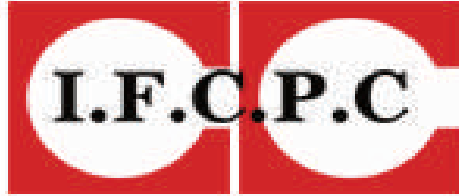
2011 IFCPC colposcopic terminology of the cervix ¹		
Miscellaneous finding	Congenital transformation zone, Condyloma, Polyp (Ectocervical/ endocervical) Inflammation,	Stenosis, Congenital anomaly, Post treatment consequence, Endometriosis



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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



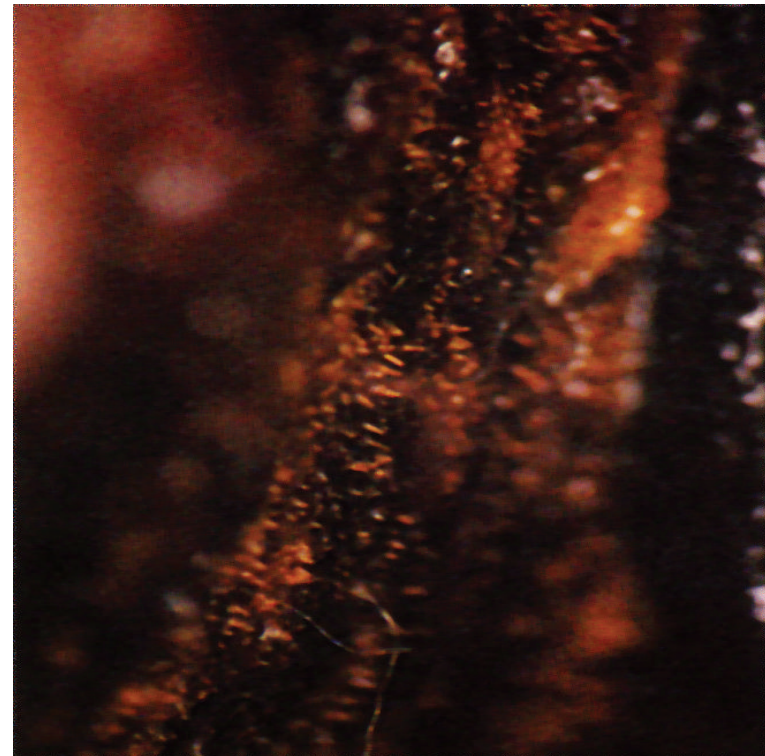
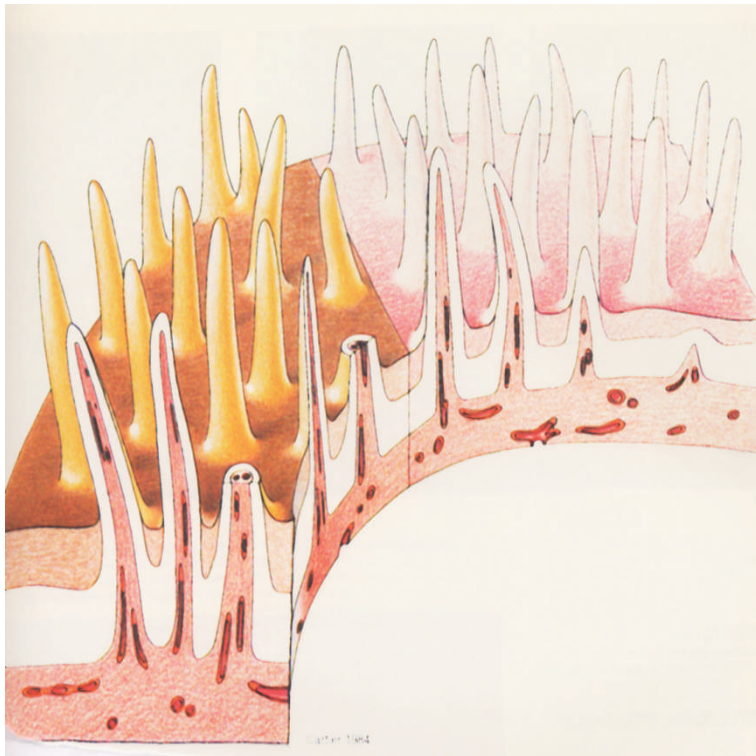


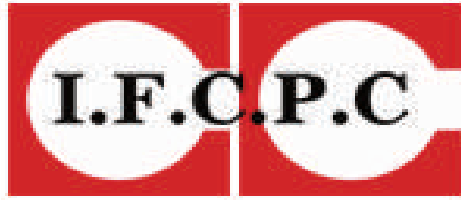
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□ Condiloma

Condilomatosi subclinica (Spikes)



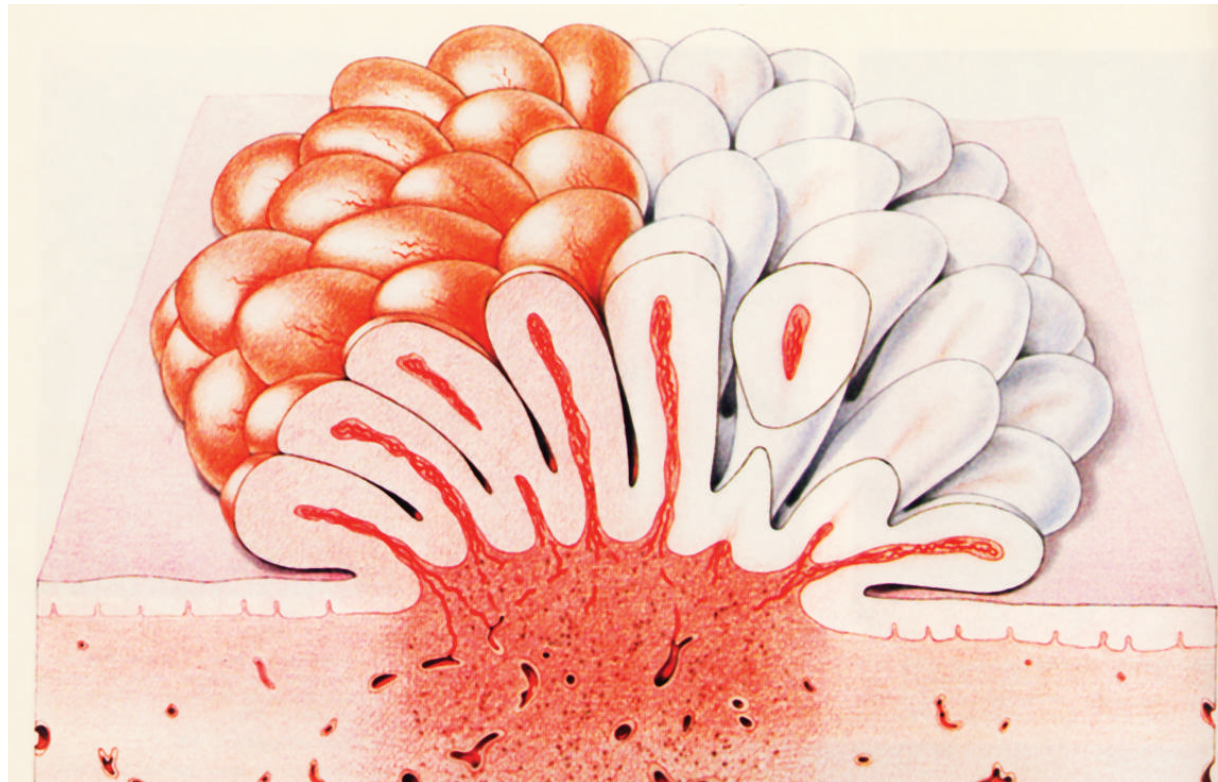


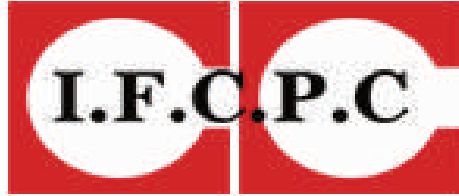
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□ Condiloma

Condilomatosi florida



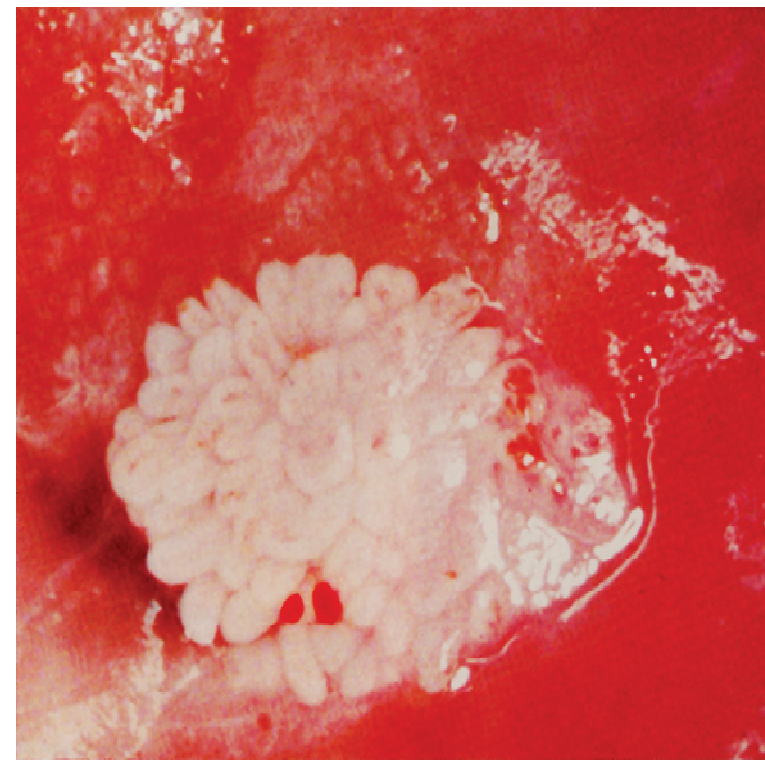
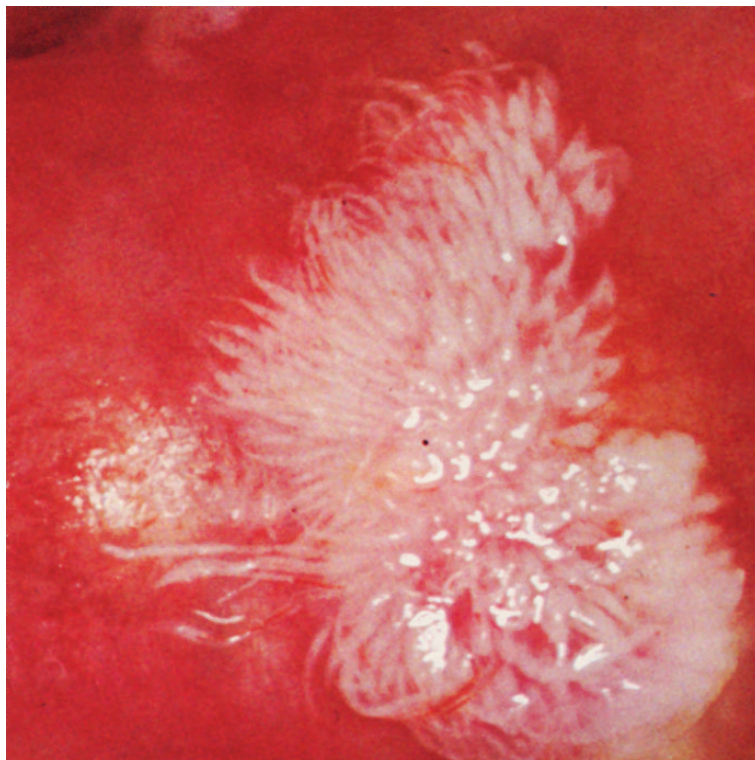


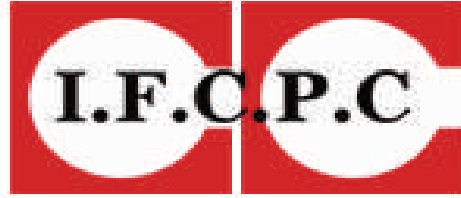
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□ Condiloma

Condilomatosi florida

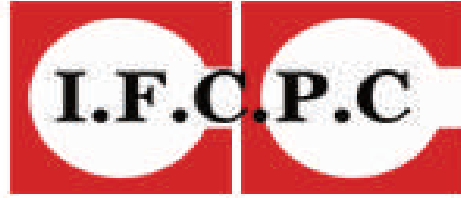




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- Polipo (Eso-Endocervicale)
 - Protrusione iperplastica focale della mucosa cilindrica endocervicale
 - Sessile o pedunculata
 - Composta da epitelio e stroma.

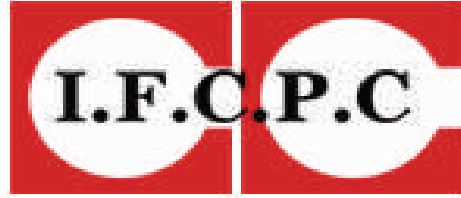


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□ Polipo (Eso-Endocervicale)

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



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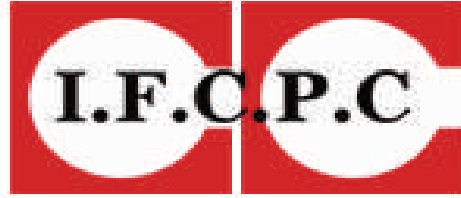
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Polipo cervicale

Incidenza:

c.a. 4 %

> 25 % dopo i 40 anni



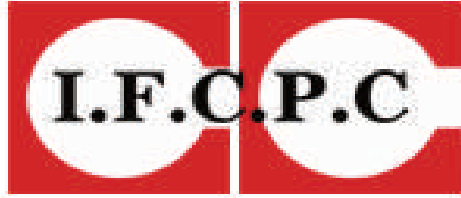
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❑ Polipo cervicale

DISTRIBUZIONE RISPETTO ALLA VARIETA' ISTOLOGICA

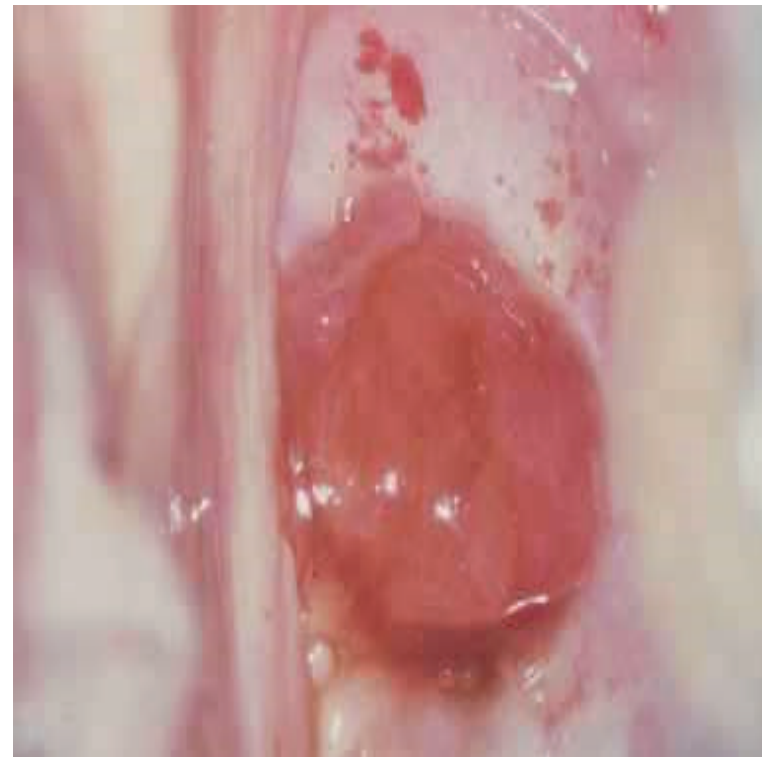
- ❑ Polipi mucosi fibro-ghiandolari: 75 – 80%
- ❑ Polipi adenomatosi: 15% (evoluzione del polipo mucoso)
- ❑ Polipi fibrosi: 4 – 20%
- ❑ Polipi angiomatosi: 1 – 1,5%

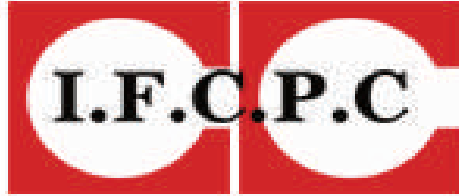


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□ Polipo cervicale



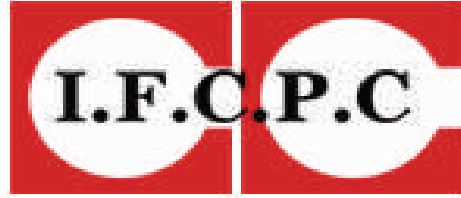


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□ Polipo cervicale





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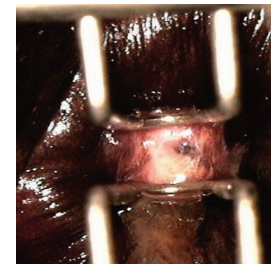
□ Polipo cervicale

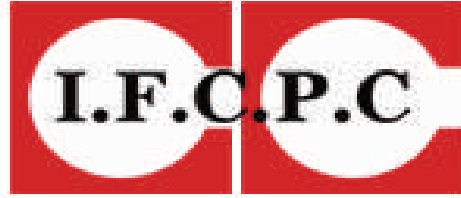
RICERCA DEL PUNTO DI INSERZIONE

□ Pinza portabatuffoli sottile



□ Speculum di Kogan



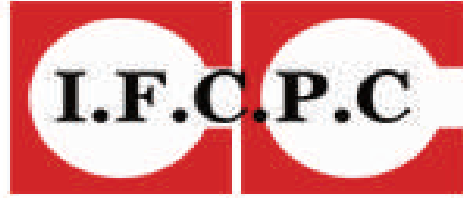


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□ Polipo cervicale

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

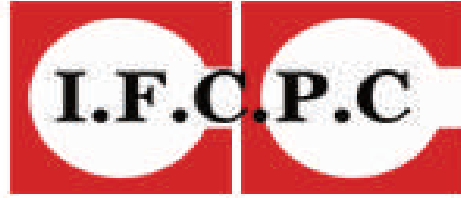


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□ Polipo cervicale

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.
- NEOPLASIA: evento estremamente raro
- ISCHEMIA e NECROSI: più comune nei polipi con peduncolo sottile e lungo

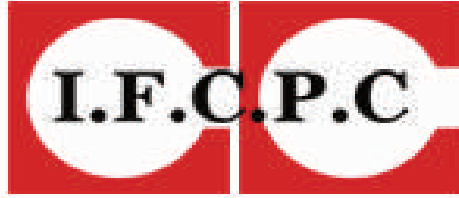


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□ Polipo cervicale



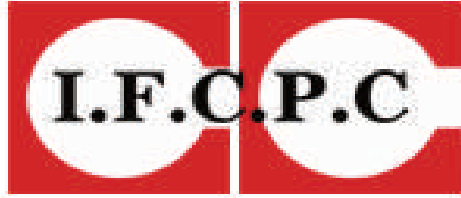


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□ Polipo cervicale

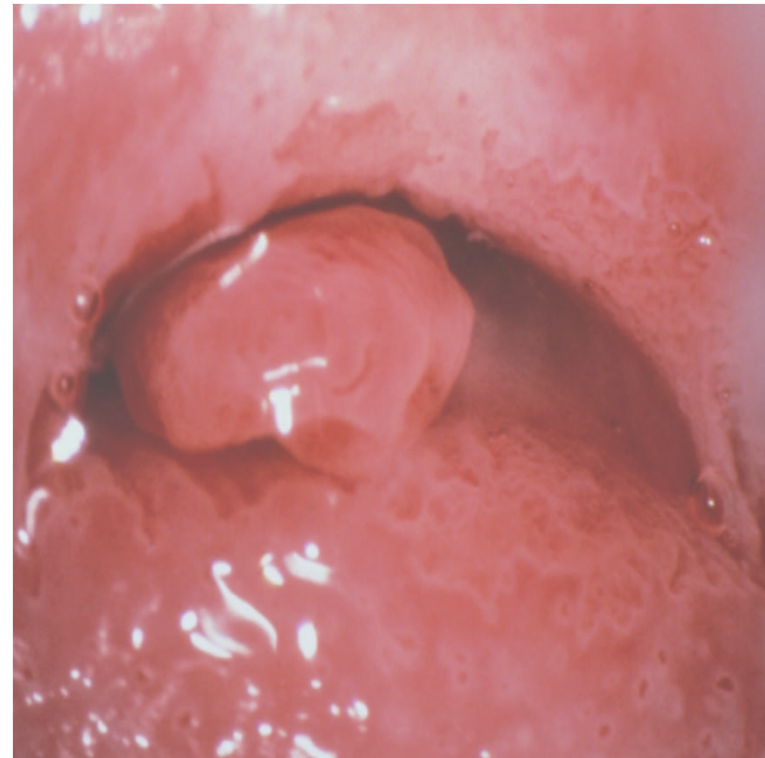


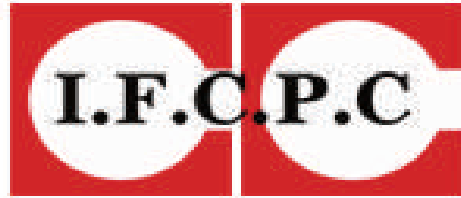


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□ Polipo cervicale



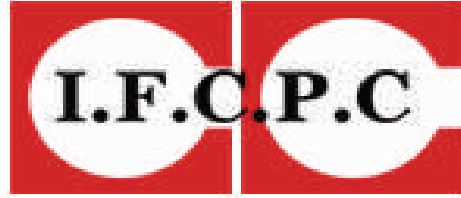


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□ Polipo cervicale

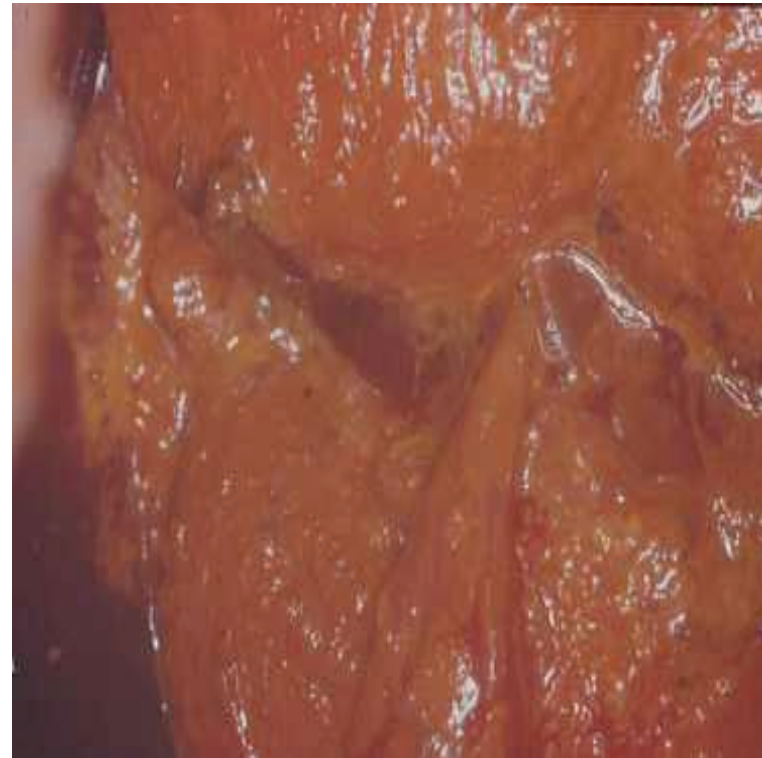


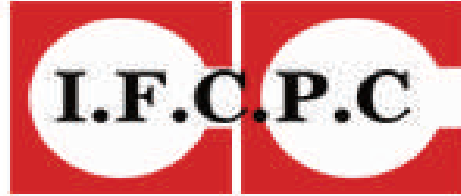


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□ Polipo cervicale





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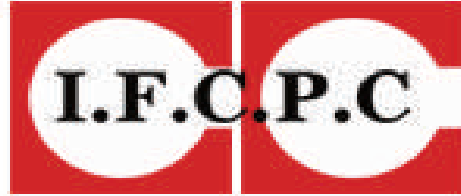
Polipo cervicale

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

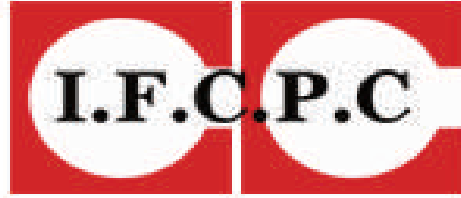
Prevalenza di displasia o di malignità

Esami istologici di 2246 polipi eso-endocervicali.

ETA' DELLE PAZIENTI: 16-95 ANNI

Nello :

- 0,1% → MALIGNITA'
- 0,5% → DISPLASIA
- 1,6% → MODIFICAZIONI REATTIVE

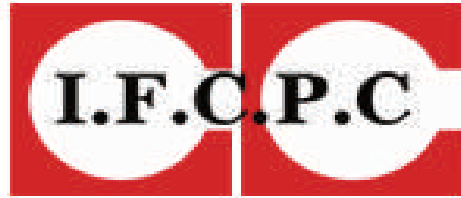


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DIAGNOSI DIFFERENZIALE: **FALSI POLIPI**

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



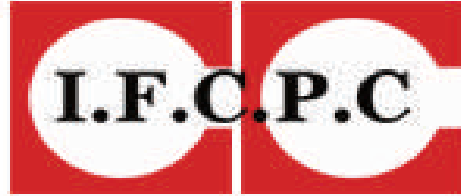
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- **Iperplasia polipoide endocervicale**





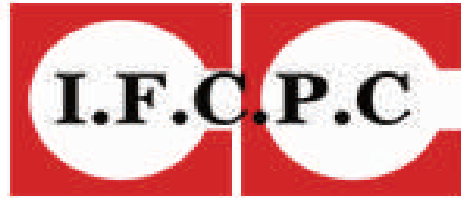
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

□ Cisti di Naboth





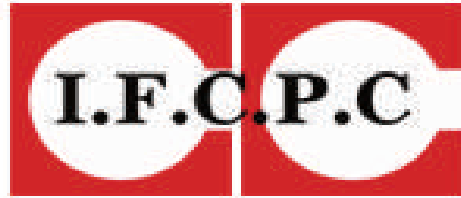
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- **Mioma in espulsione**





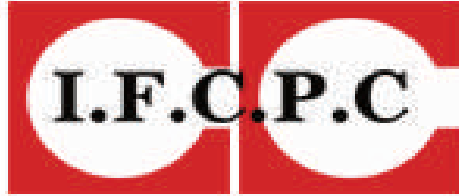
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- **Tessuto di granulazione**





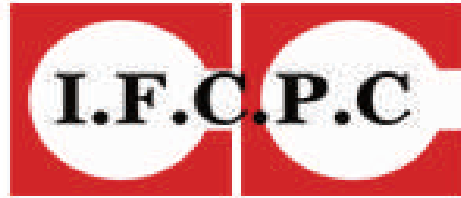
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- ❑ **Tessuto di granulazione**



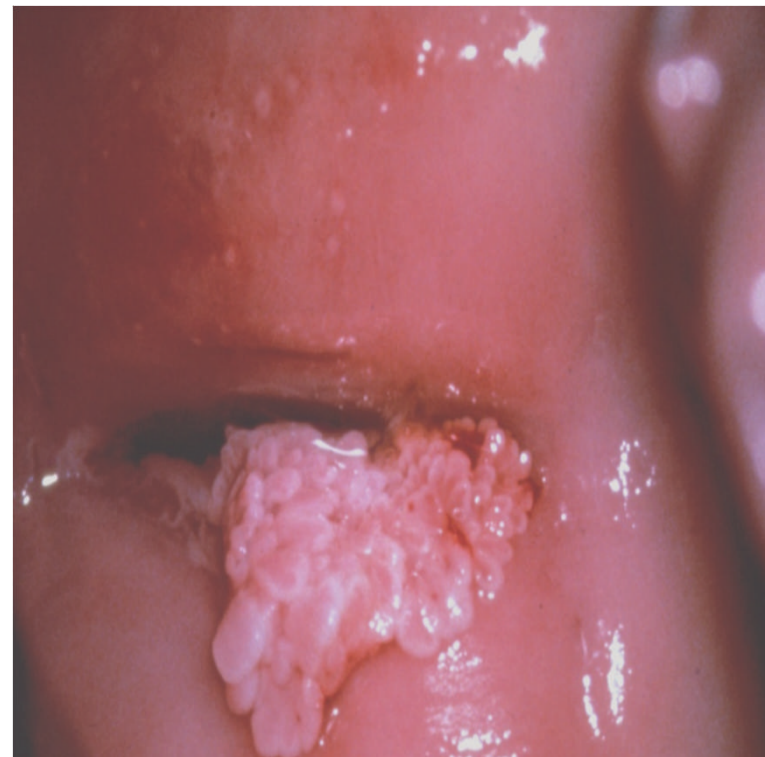
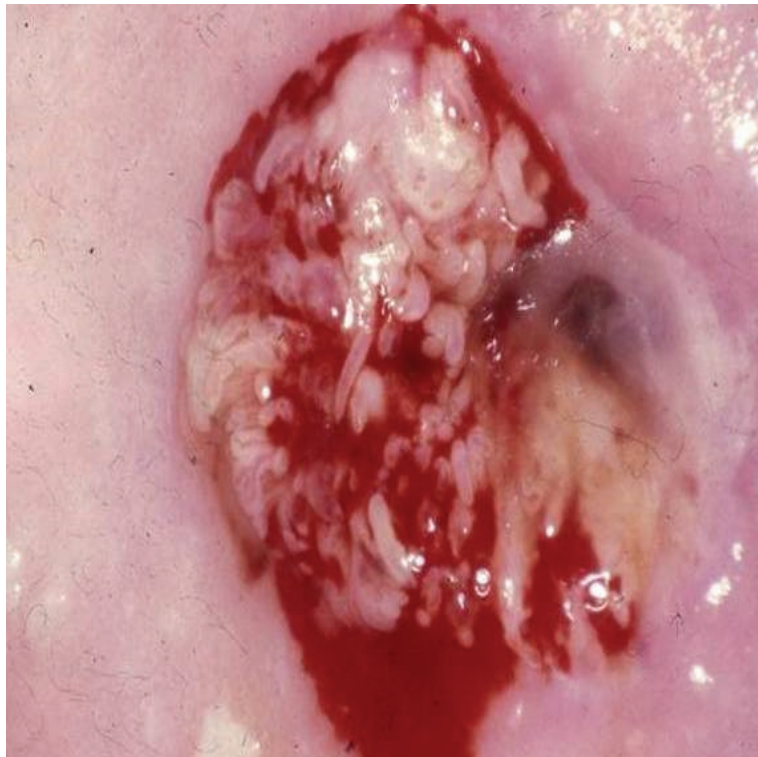


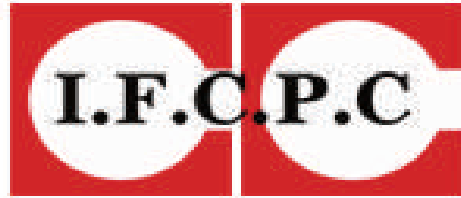
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DIAGNOSI DIFFERENZIALE: FALSI POLIPI

- **Condilomatosi florida: condilomi acuminati**

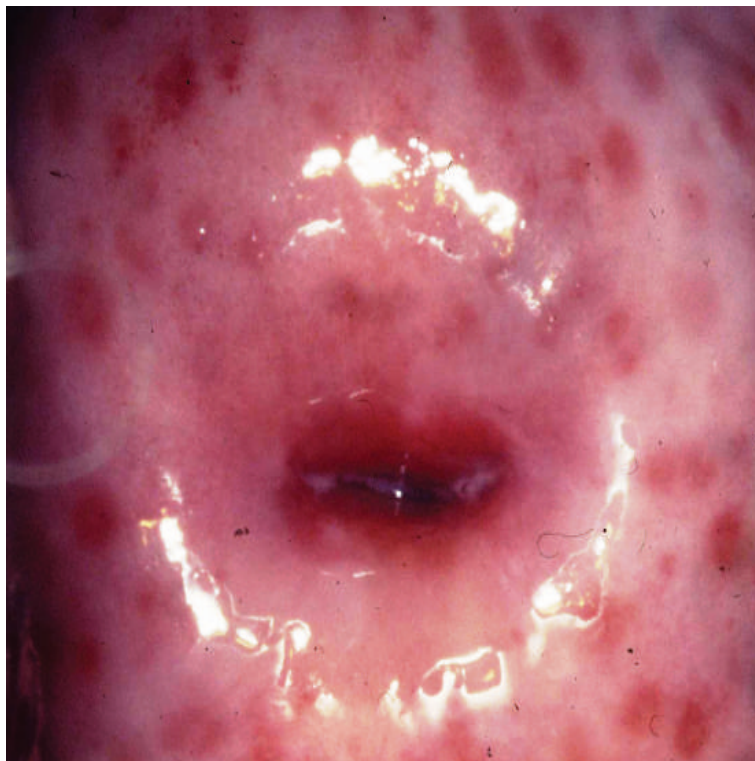


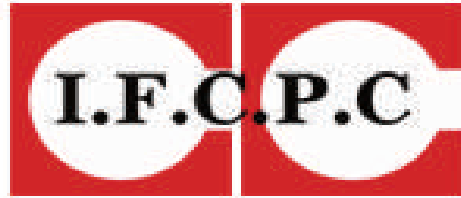


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□ Infiammazione



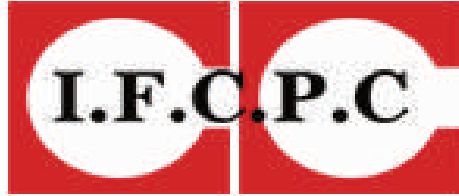


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☐ Stenosi



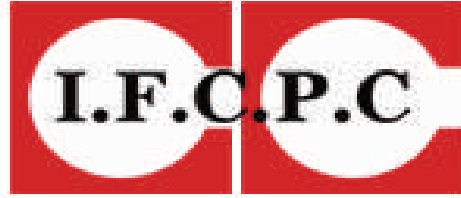


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□ Esiti di trattamento





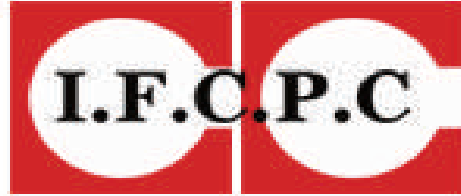
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Endometriosi

Presenza di tessuto endometriale in sede cervicale:

- Ghiandole endometriali
- Stroma citogeno



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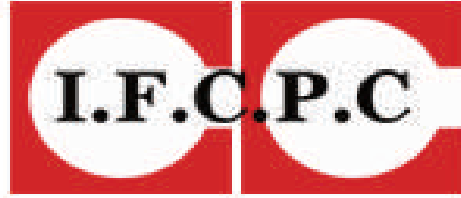
Endometriosi

Istogenesi

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

Fattori favorenti:

- Trattamenti escissionali o distruttivi in fase premenstruale
- Biopsie
- Traumi



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Endometriosi

EPIDEMIOLOGIA

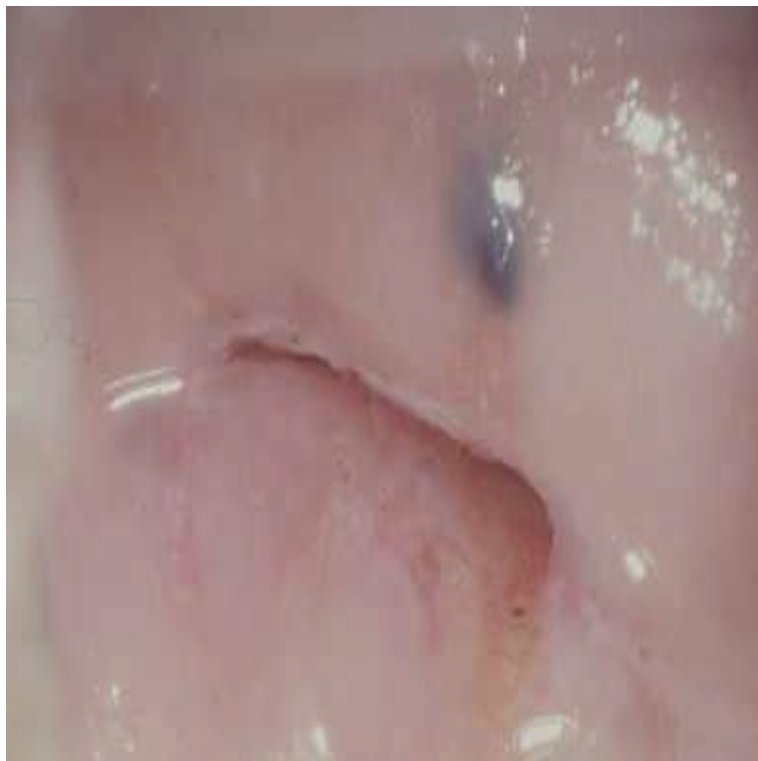
Riscontro colposcopico dallo 0.1 allo 0.5%

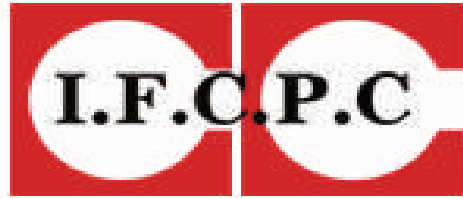


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□ Endometriosis



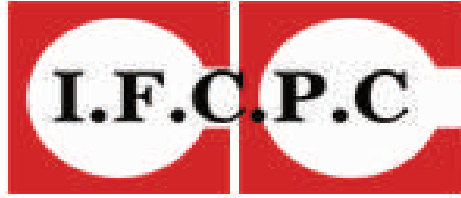


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□ Endometriosis



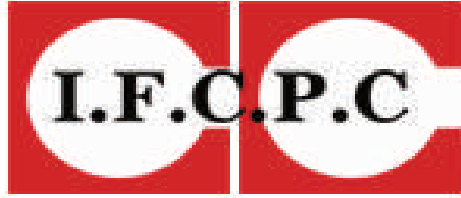


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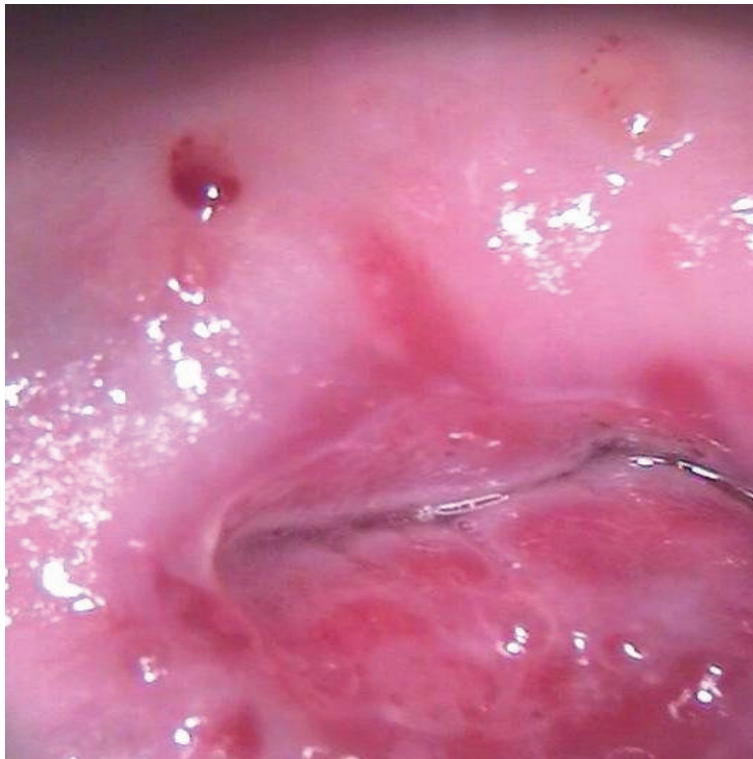


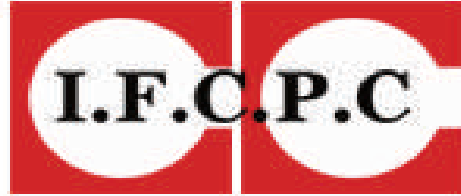


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□ Endometriosis





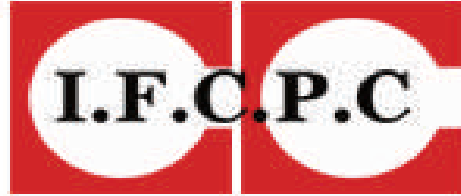
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Endometriosi

DIAGNOSI DIFFERENZIALE

- Quadri puntiformi
- 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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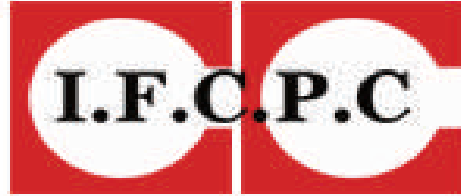
Endometriosi

DIAGNOSI DIFFERENZIALE:

Cisti di Naboth emorragiche.

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

Deciduosì ipertrofica.



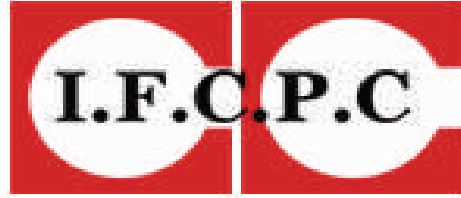
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Endometriosi

CLINICA

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



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Endometriosi

TERAPIA

- Biopsia (diagnostica/terapeutica)
- Trattamento distruttivo

NOTA: Le lesioni asintomatiche non vanno trattate