

# Carcinoma Cervix: A Retrospective Study

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Carcinoma cervix was a leading cause of death in women in USA, fifty years ago<sup>1</sup>. Terris and Oalman<sup>2</sup> and Ratkin<sup>3</sup> have repeatedly demonstrated a relationship between several parameters of sexual activity and carcinoma cervix. Epidemiological data suggested a sexually transmitted agent as risk factor based on, early age at first intercourse, multiple sexual partners and a male partner with multiple sexual partners<sup>4,5</sup> in causation of carcinoma cervix. Human papilloma virus is currently considered an important factor in cervical oncogenesis<sup>6</sup>. Host gene mutations are also found to be associated with carcinoma cervix<sup>7</sup>. Other potential risk factors are use of oral contraceptives<sup>8-10</sup>, cigarette smoking, genital infections and lack of circumcision in male sexual partner<sup>4,5</sup>. We conducted a study to see the prevalence of carcinoma cervix in Multan.

## Material, Methods and Results

A total of 244 specimens received at Department of Pathology, Nishtar Medical College, Multan during years 1987-1996 were considered in this study. The samples consisted of either biopsies or hysterectomy specimen which were stained with Hematoxylin and Eosin. The specimens were histologically determined and were divided according to age and type of carcinoma.

Of the total squamous cell carcinoma cervix was seen in 94.2% (n=230), adenocarcinoma in 4.5% (n=11) and carcinoma in situ in only 0.8% (n=2) cases, while remaining 0.40% cases had other types of carcinoma. Of 230 cases of squamous cell carcinoma, 150 were well differentiated (65.2%); 29 cases were moderately differentiated (12.6%) and 51 were poorly differentiated (22.1%). Peak incidence of carcinoma cervix was found in 41-50 years (35.2%) followed by 51-60 years (25.8%) and 31-40 years (20.5%). Disease was infrequent in 61 years and above.

## Comments

No form of cancer better documents the remarkable effects of prevention, early diagnosis and curative therapy on the mortality rate than carcinoma cervix<sup>1</sup>. Our results show that 94.2% cases had squamous cell carcinoma which is similar to previous report of PMRC<sup>11</sup>, while carcinoma in situ was found in 0.8% cases. In developed countries the rate of occurrence and mortality of carcinoma cervix has dropped by 40% in the last few years<sup>12,13</sup>. Van Nagell et al<sup>14</sup> and Ratman M. et al<sup>15</sup> reported that 95% of squamous cell carcinomas are well and moderately differentiated and just a small subset of carcinoma cervix (<5%) fall in poorly differentiated type. Our results show that 77.8% cases are of well and moderately differentiated type and a high percentage of poorly differentiated type of carcinoma cervix (22.7%).

The reason for drop in the occurrence of carcinoma cervix and low percentage of poorly differentiated carcinoma cervix in modern world is because PAP smear screening is done as a routine procedure. Using PAP's smear abnormal cells can be detected on cytological examination quite early<sup>16</sup>.

In the present study the peak incidence of carcinoma cervix was found in age group 41-50 years. This observation is similar to those of Roohi and Sahi<sup>17</sup>, but differ from Perveen et al<sup>18</sup>, who reported more cases in early age group. The number of cases after the age of 61 years and above are less in our study as compared to those of Dumn and Schweitzer<sup>12</sup>. This difference may be due to decreased life expecting in our country.

High incidence of cervical cancer in our country is mostly because of delayed diagnosis. For early detection of the disease it is recommended that the gynecologists and obstetricians should do the PAP smear screening of all women visiting them and women should be educated about the value and harmlessness of PAP smear and its high yield in early detection of any viral infection, dysplasia or neoplasia.

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