

AGE AND PREVALENCE OF CERVICAL CARCINOMA IN SUBSEQUENT HYSTERECTOMY FOLLOWING A CONIZATION PROCEDURE QUESTIONED

To the Editor:

I carefully read the article by Wun et al [1] and question their use of the term “severe CIN”, which is not a well known standard term. I believe the correct terminology should be “severe dysplasia” or simply “CIN 3” since CIN was used throughout the article. Also, of the 253 women that underwent LEEP for CIN and the 248 women that subsequently received simple hysterectomy; were there too many unnecessary hysterectomies? Why not manage conservatively and then follow up?

I am also interested in the Pap smear results, colposcopic findings, or other clinical characteristics of the five patients of CIN 1 receiving conization in Table 2. What was the diagnosis of the 20 patients of proven cervical cancer before conization? Were all nine women diagnosed with cervical cancer post-conization CIN 3? Were all 11 women that had cervical cancer missed by conization turn out to be in FIGO stage Ia1? In Table 1, the total CIN patient number was 233 and in Table 2, the total CIN was 244 (CIN 1 + 2 + 3 = 5 + 10 + 229). To avoid confusion, Table 1 should have probably listed the 11 women where diagnosis of cervical cancer was before conization. In Table 2, the analysis should have listed missed cervical cancer cases separately instead of being including in CIN because those patients were actually considered as and turned out to have invasive

cancer but not CIN. Table 3 could then have been omitted.

Finally, I do not understand why the age of patients with cervical cancer missed by conization was compared with CIN as shown in Table 4. “The age difference between missed and confirmed cervical carcinoma groups was significant ($p < 0.05$), i.e. those missed tended to be older.” The comparison was between cervical cancer ($n = 11$) and total CIN ($n = 233$); indeed, a cervical cancer patient is usually older than a patient with CIN. Comparison should have been carried out between missed cervical cancer cases, as the author stated, missed by conization ($n = 11$, average age 65.1) and confirmed cervical cancer cases after conization ($n = 9$, average age 61.7).

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Reference

1. Wun TH, Chiu WW, Wang CH, et al. Age and prevalence of cervical carcinoma in subsequent hysterectomy following a conization procedure. *Taiwan J Obstet Gynecol* 2009;48:254-7.