

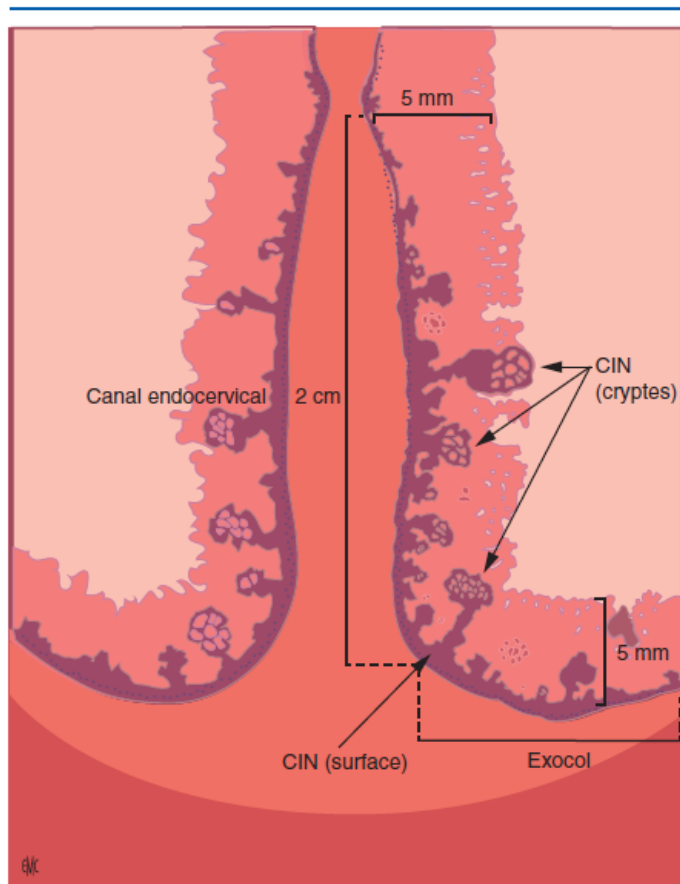


# CONISATION

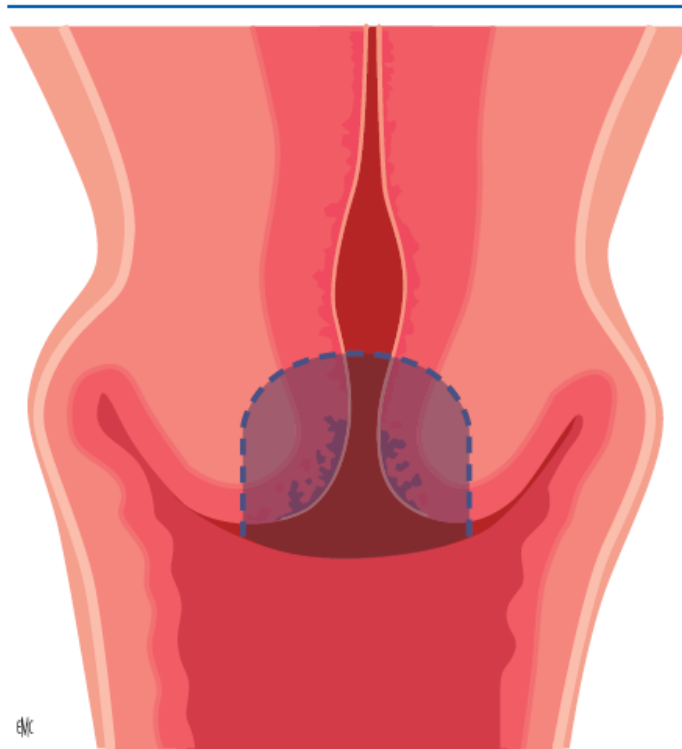
## *Les lésions évitables*

Dr Nicolas CASTAING  
CH4V St CLOUD  
GENESIS 2024

# Conisation: *Les lésions évitables*



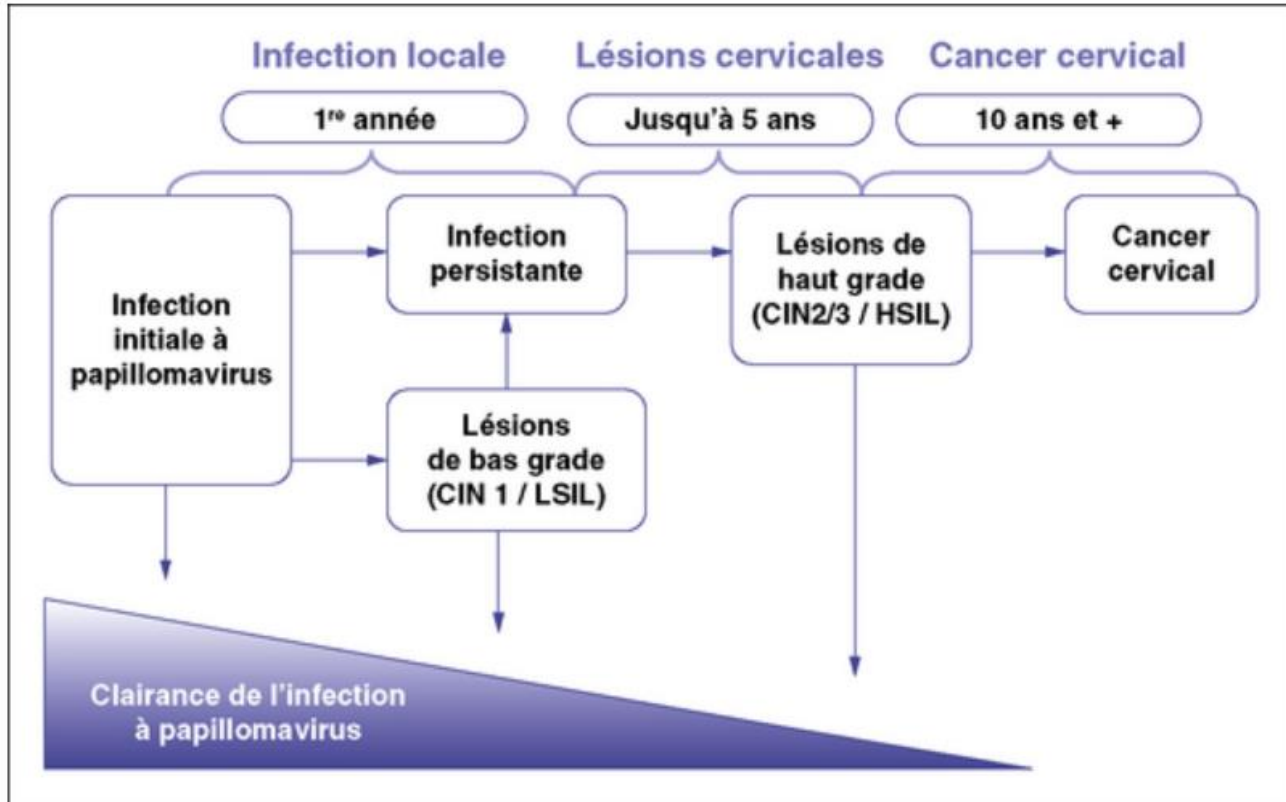
**Figure 1.** Schéma illustrant la profondeur des cryptes glandulaires [1].



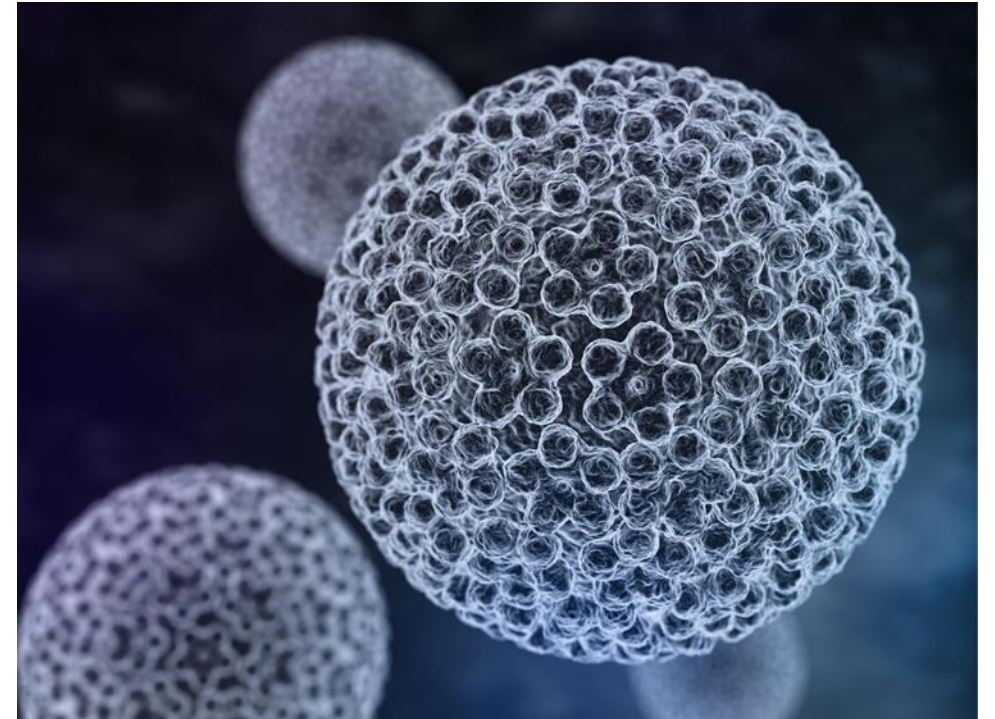
**Figure 2.** Schéma illustrant la forme du cône nécessaire pour l'ablation des éventuelles lésions dans la profondeur des glandes [2].

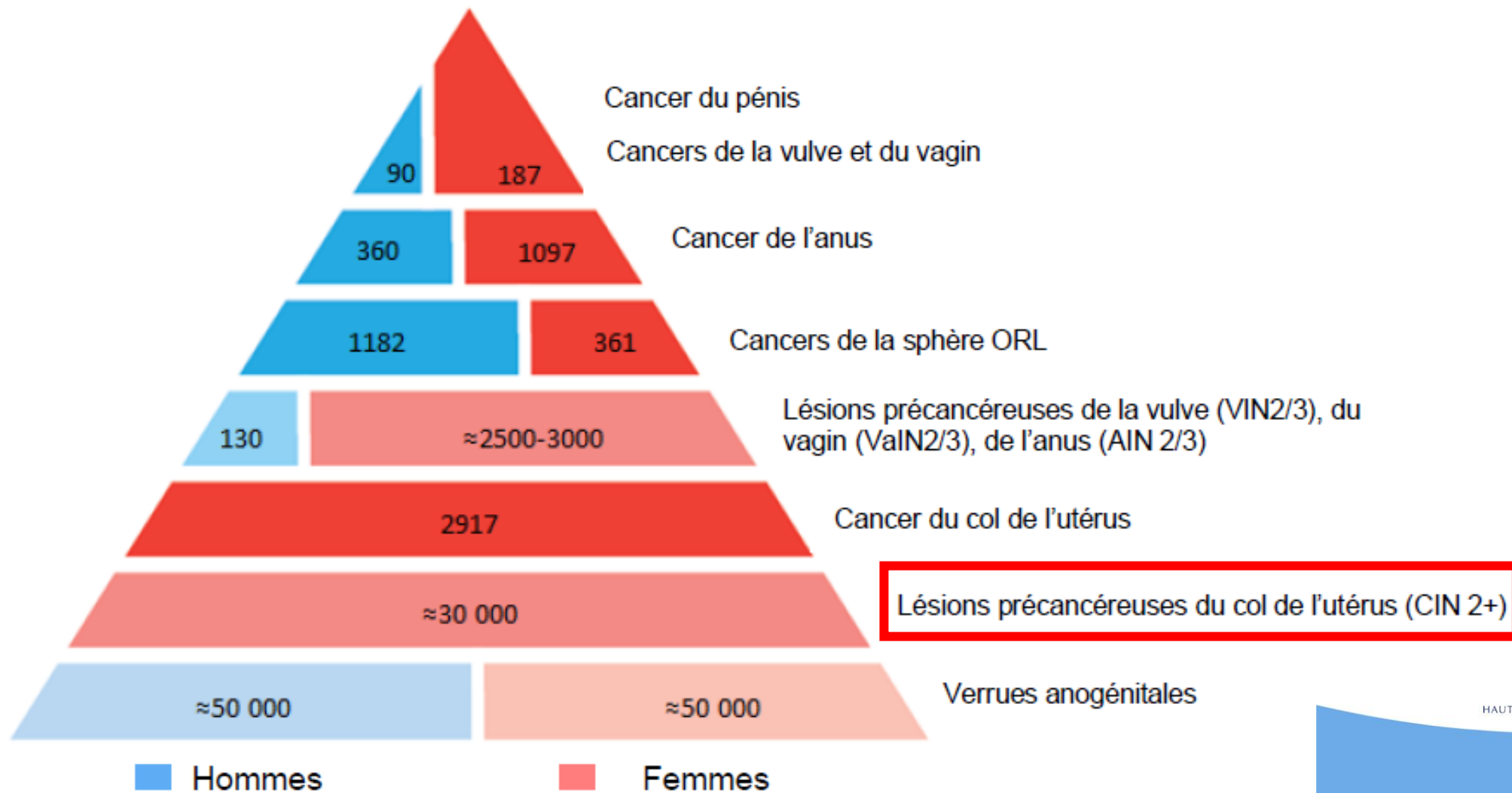
Pas de liens  
d'intérêts  
pour cette  
présentation

# Infection à HPV et lésions précancéreuses



Source : Cancer du col - Médecine Key





\* La représentation graphique ci-dessus n'est pas à l'échelle

HAS

HAUTE AUTORITÉ DE SANTÉ

RECOMMANDATION VACCINALE

Elargissement de la vaccination  
contre les papillomavirus aux garçons

# Prévention et dépistage du cancer du col de l'utérus

12ème cancer féminin en France avec environ 3000 cancers  
par an, il s'agit pourtant d'un cancer évitable !



# HSIL: évitables après vaccination !

## Analysis of cervical cancer and abnormality outcomes in an era of cervical screening and HPV vaccination in Australia

PDF | 1.5Mb

[Other formats](#)



DOWNLOAD PUBLICATION



Publication | Release Date: 02 Sep 2019 | Topic: [Cancer screening](#) | 99



This is the third report from an Australian-first project, combining screening, cancer, death, and HPV vaccination data to demonstrate the effects of screening and HPV vaccination on cervical cancer, precancerous abnormalities and cervical screening behaviour.

Screen-detected cervical cancers were less likely to cause death than those diagnosed in never-screened women, and HPV-vaccinated women were more likely to participate in cervical screening, and less likely to have a high-grade abnormality.

ISSN: 2651-9623 (Online)

ISBN: 978-1-76054-607-6 (Online)

Cat. no: CAN 129

Pages: 144

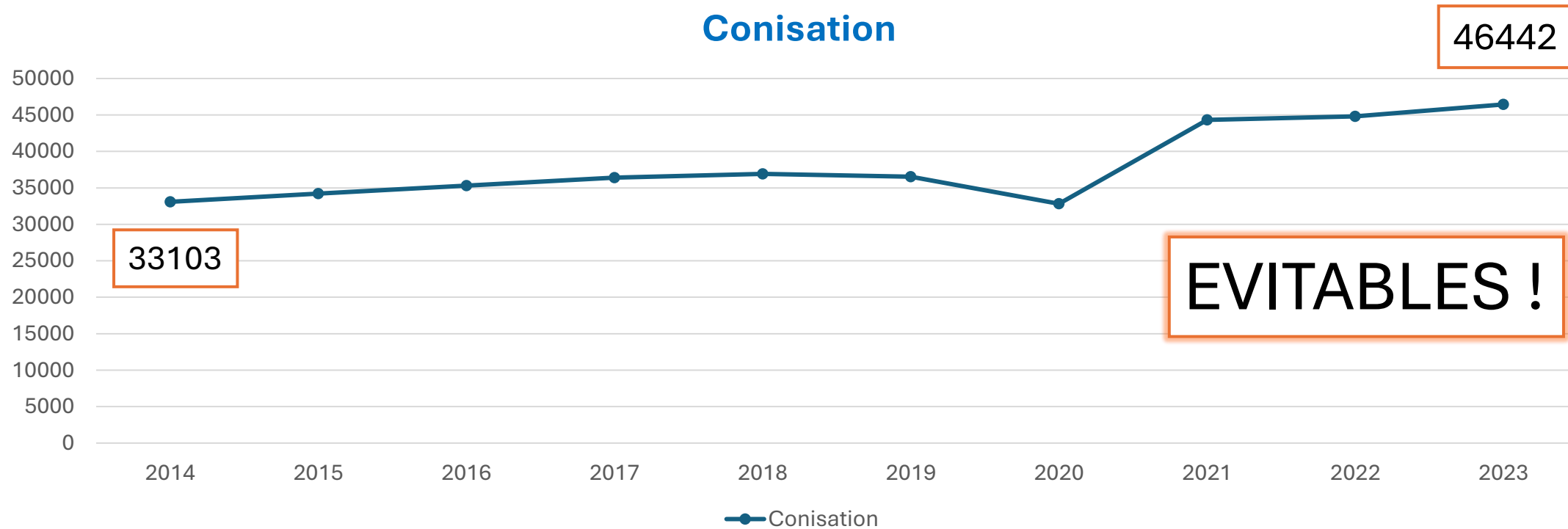
Participation in cervical screening was higher in HPV-vaccinated women than in unvaccinated women

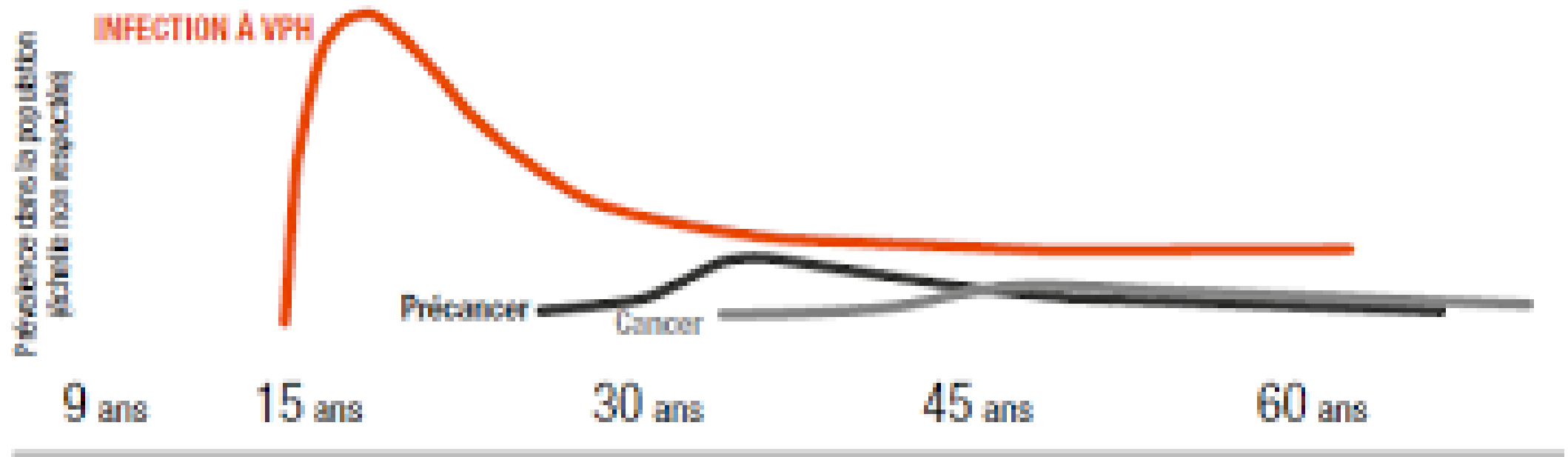
Screen-detected cervical cancers were less likely to cause death than those in women who had never screened

Fewer high-grade cervical abnormalities occurred in HPV-vaccinated women than in unvaccinated women

Most cervical cancers (more than 70%) occurred in women who had never screened or who were lapsed screeners

# Conisations en France (*PMSI*)





**PRÉVENTION PRIMAIRE**

**PRÉVENTION SECONDAIRE**

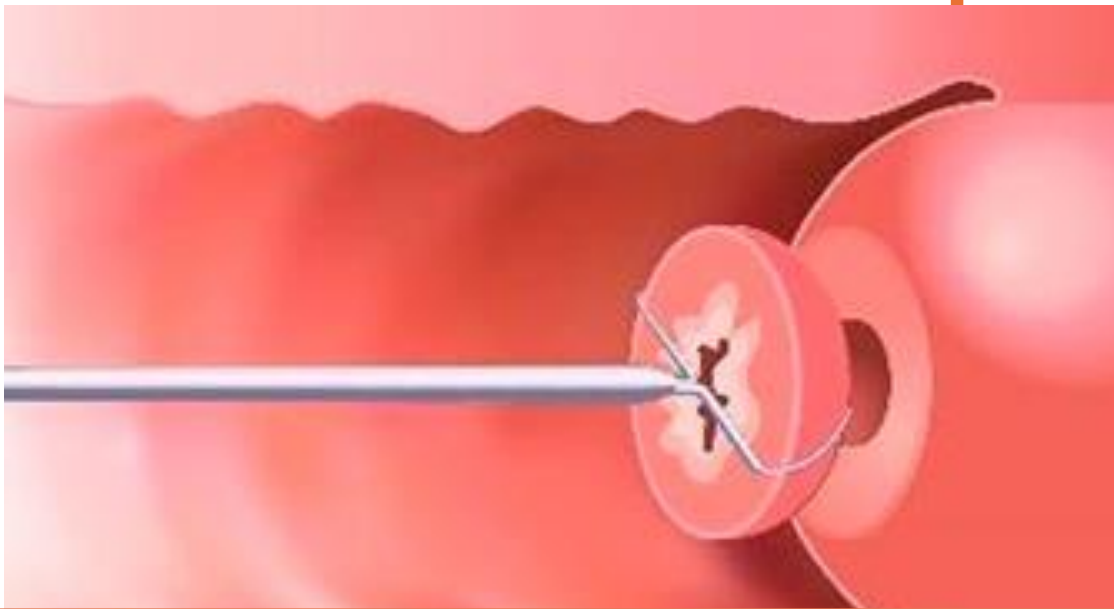
**PRÉVENTION TERTIAIRE**



**CONISATION**



**Conisation:** retirer un « cône » de col de l'utérus emportant la lésion et la zone de transformation



EMC

■ 41-685

**Traitement des néoplasies intraépithéliales du col de l'utérus : laser, cryothérapie, conisation, résection à l'anse**

X. Carcopino, J.-L. Mergui, W. Prendiville, C. Taranger-Charpin, L. Boubli

### Main results

Twenty-nine trials were included. Seven surgical techniques were tested in various comparisons. No significant differences in treatment failures were demonstrated in terms of persistent disease after treatment. Large loop excision of the transformation zone appeared to provide the most reliable specimens for histology with the least morbidity. Morbidity was lower than with laser conisation, although the trials did not provide data for every outcome measure. There were not enough data to assess the effect on morbidity when compared with laser ablation.

# Conisation: Pourquoi ?



Cochrane Database of Systematic Reviews

## Surgery for cervical intraepithelial neoplasia (Review)

Martin-Hirsch PPL, Paraskevaidis E, Bryant A, Dickinson HO

- **Diminue le risque d'évolution vers le cancer du col de l'utérus**
- Taux de guérison > 90%
- Taux de récurrence faible mais
  - 5% si marges saines
  - 18% si marges non saines
  - Risque de cancer du col X 2-5 vs pop. générale
- Nécessite suivi régulier!



To cut or not to cut – that is the question: a comparative analysis of long-term follow-up after complete and incomplete electroconization of the cervix due to high-grade squamous intraepithelial lesion

Barbara E. Suchońska, Matgorzata E. Gajewska\*  
and Joanna M. Blok 

1st Department of Obstetrics and Gynecology, Medical University of Warsaw, Warsaw, Poland

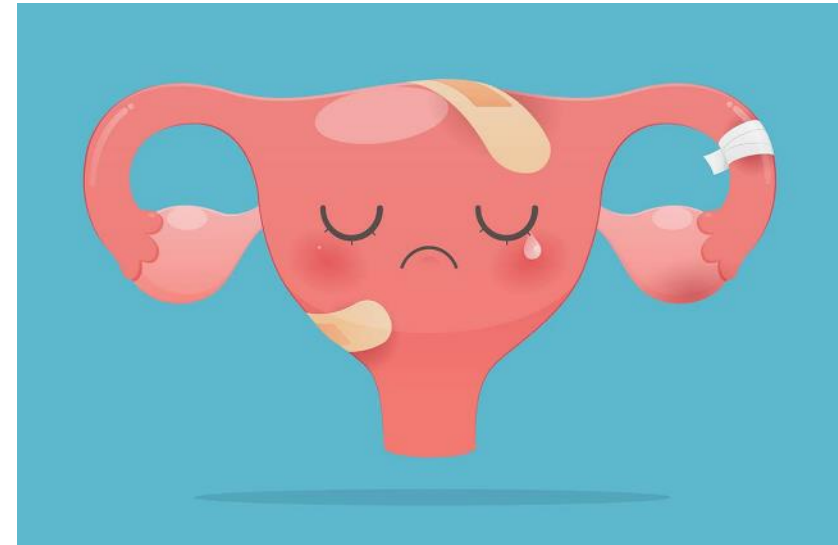


**EVITABLE ???**

# Conisation: Morbidité (1)



---

- **Accouchement prématuré** RR : 1,70 (IC à 95 % : 1,24-2,35)
- **Rupture prématurée des membranes** RR : 2,69 (IC à 95 % : 1,62-4,46)
  
- Facteurs péjoratifs:
  - Hauteur et volume du cône
  - Nombre de procédures
  - Délai conisation- grossesse < 6 mois
  
- Hypothèses:
  - Raccourcissement du col
  - Modification du microbiote vaginal/ Mucus cervical
  - Impact HPV+



RESEARCH ARTICLE

## The effect of cold-knife conization on pregnancy outcomes in patients with cervical lesions

Yue Gao , Huali Wang , Yunyun Xiao

Department of Gynecology, Dalian Women and Children's Medical Group, Dalian, Liaoning, People's Republic of China

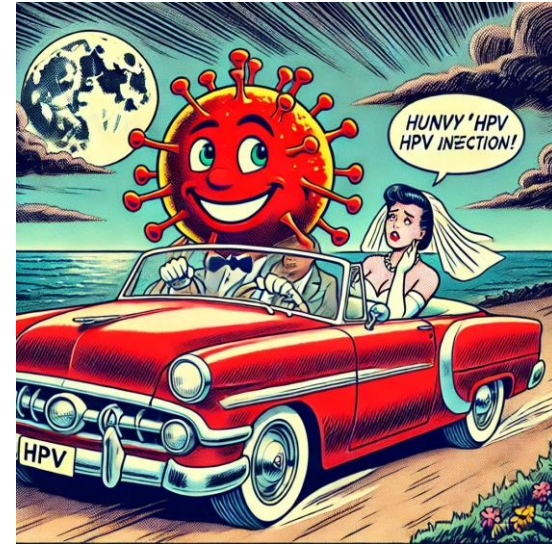
# Conisation: Morbidité (2)

Mais aussi...

**Atteinte de la qualité de vie !**

Anxiété HADS: 59%

Troubles sexualité FDRS-r: 53%



Observational Study > J Sex Med. 2022 Feb;19(2):257-262. doi: 10.1016/j.jsxm.2021.11.006.  
Epub 2021 Dec 12.

## The Effect of Cervical Conization on Women's Sexual Function and Psychological Health, A Prospective Observational Study

Nadav Michaan<sup>1</sup>, Noa Loboda<sup>2</sup>, Ifat Ochshorn<sup>2</sup>, Yossi Tzur<sup>2</sup>, Aviad Cohen<sup>2</sup>, Dan Grisaru<sup>2</sup>, Ido Laskov<sup>2</sup>

Affiliations + expand

PMID: 34911661 DOI: 10.1016/j.jsxm.2021.11.006

Abstract

FULL TEXT LINKS

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ACTIONS

“ Cite

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# Conisation: Affiner les indications !

- **Lésions histologiques malpighiennes intraépithéliales de Haut Grade:**
  - **Cin3**
    - Cin2: HSIL peu étendue, jonction vue, absence de signes évoquant invasion et < 30 ans: proposer surveillance cyto:colpo 6 mois pdt 24 mois.
- **Lésions histologiques malpighiennes de Bas grade:** surveillance 24 mois, plutôt destruction laser. Curetage Endocol si ZT3.
- **Conisation diagnostique** (discordance cyto/histo évoquant du Haut Grade et persistant à 6 mois)
- **Adénocarcinome *in situ***
- **Cancer du col stades précoces**

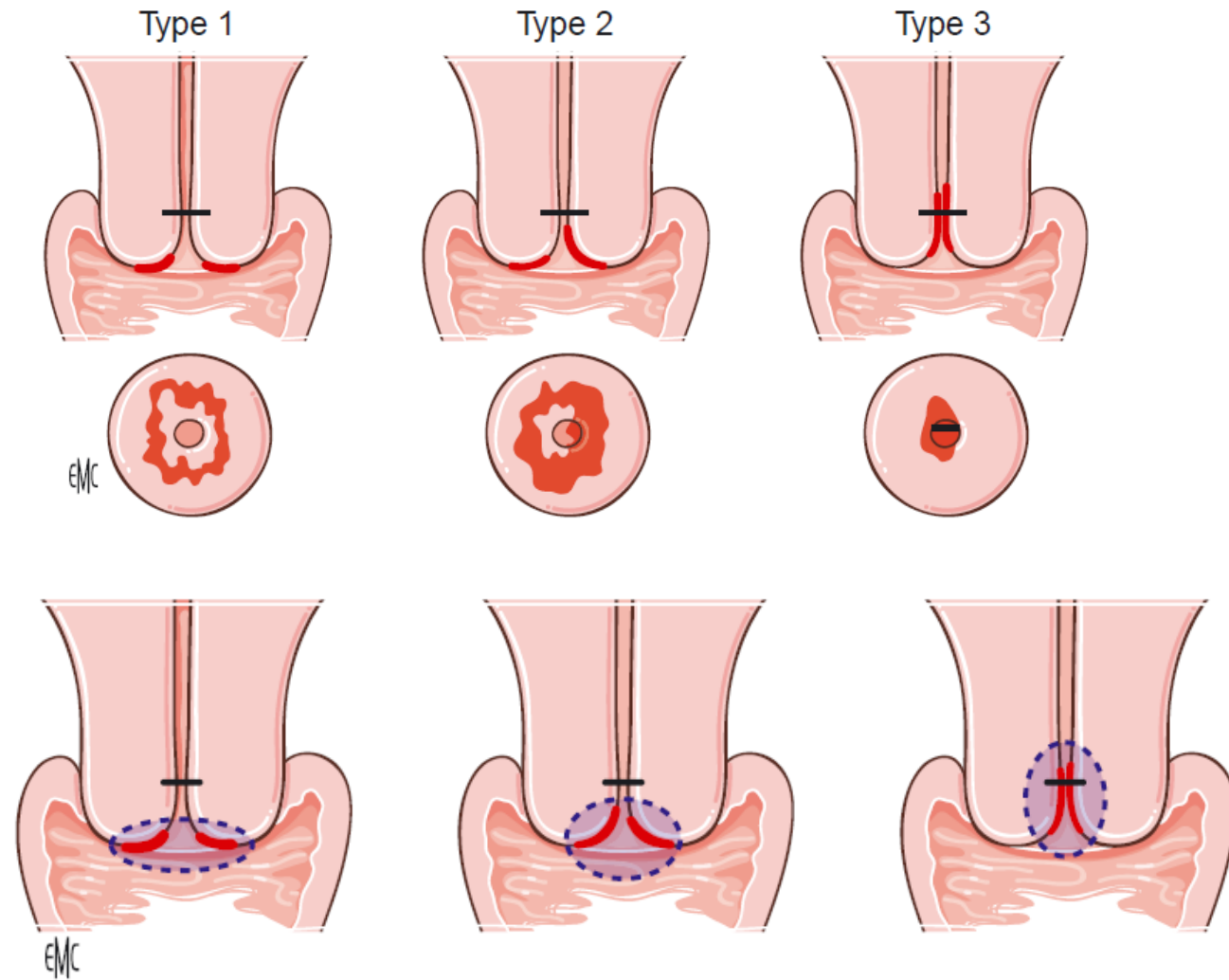
Institut national du cancer (INCa). Conduite à tenir devant une femme ayant une cytologie cervico-utérine anormale – Thésaurus – INCa ; 2016. <https://ansfl.org/document/inca-2017-cat-devant-une-femme-ayant-une-cytologie-cervico-uterine-anormale/>.

# Conisation: ACOG 2019

- According to the 2019 American Society of Colposcopy and Cervical Pathology (ASCCP) guidelines, women diagnosed with high-grade squamous intraepithelial lesions (HSIL) cervical intraepithelial neoplasia grade 2 (CIN2) **and less than 25 years old or 25 years of age who wish to have children can be temporarily monitored, but if CIN2 persists for two years or progresses** to cervical intraepithelial neoplasia grade 3 (CIN3), a cervical conization is required

Perkins RB, Guido RS, Castle PE, Chelmow D, Einstein MH, Garcia F, et al, 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. J Low Genit Tract Dis. 2020 Apr; 24(2):102–131. <https://doi.org/10.1097/LGT.0000000000000525> PMID: [32243307](https://pubmed.ncbi.nlm.nih.gov/32243307/).

Eviter les résections excessives !



**Figure 7.** De l'importance d'un geste thérapeutique réalisé sous guidage colposcopique direct afin de garantir une résection en marge saine pour un volume réséqué minimal. En haut : réalisation d'un geste stan-

EMC

Conisation 

J. Chevreau, A. Foulon Docteur en médecine, Ph.D et J. Gondry Docteur en médecine, Ph.D

Gynécologie, 2022-01-01, Volume 37, Numéro 1, Pages 1-7, Copyright © 2021 Elsevier Masson SAS



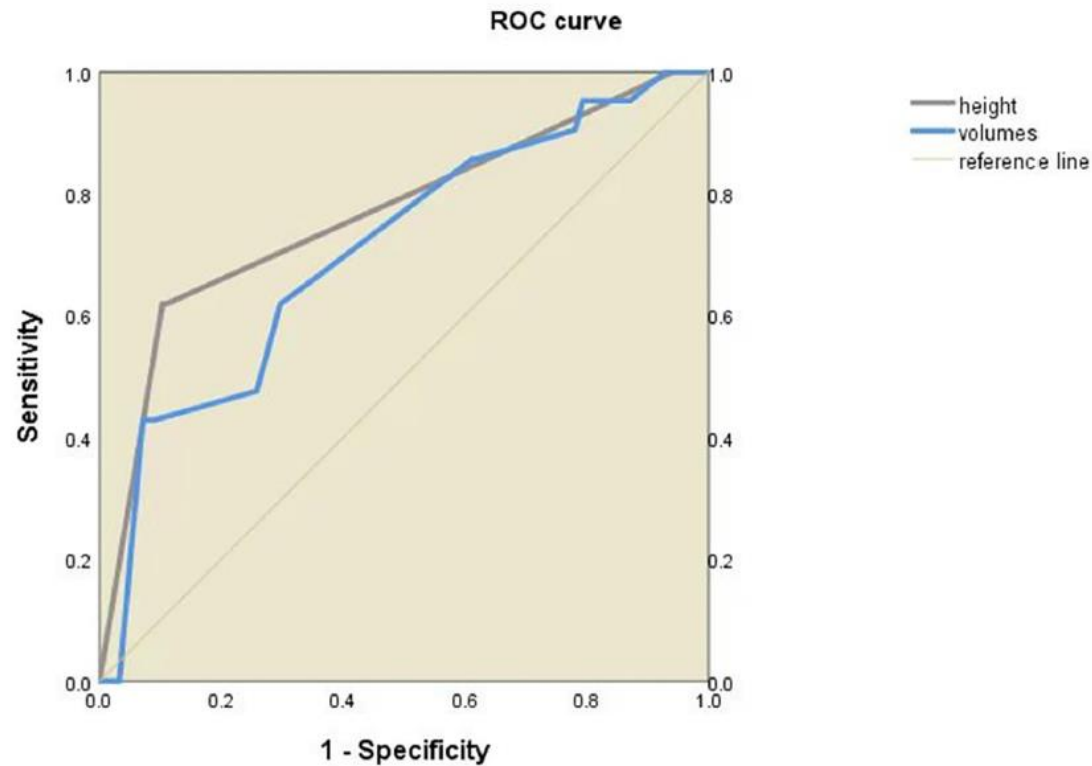


Fig 1. Preterm delivery is predicted using the ROC curve with cone height and volume.

<https://doi.org/10.1371/journal.pone.0278505.g001>

Castanon A, Landy R, Brocklehurst P, Evans H, Peebles D, Singh N, et al. Risk of preterm delivery with increasing depth of excision for cervical intraepithelial neoplasia in England: nested case-control study. *BMJ*. 2014 Nov 5; 349:g6223. <https://doi.org/10.1136/bmj.g6223> PMID: [25378384](https://pubmed.ncbi.nlm.nih.gov/25378384/).

# Hauteur et volume du cône

- Risque X 5 si > 20mm
- Seuil >15mm ou > 2.6 cm<sup>3</sup> ?
- **Objectif: Hauteur +/- 10mm**

## European guidelines for clinical management of abnormal cervical cytology, Part 2

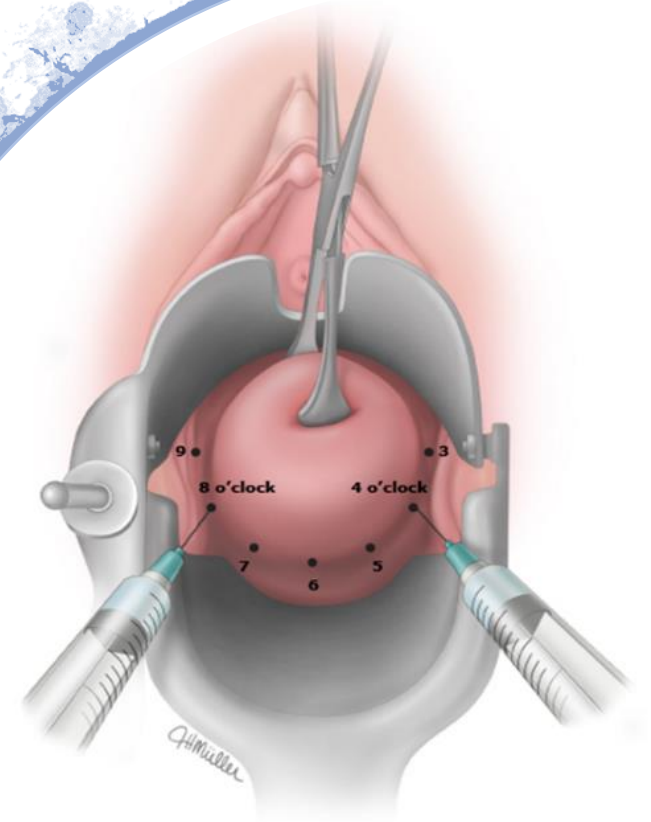
J. Jordan\*, P. Martin-Hirsch<sup>†</sup>, M. Arbyn<sup>‡</sup>, U. Schenck<sup>§</sup>, J.-J. Baldauf<sup>¶</sup>, D. Da Silva\*\*, A. Anttila<sup>††</sup>, P. Nieminen<sup>‡‡</sup> and W. Prendiville<sup>§§</sup>

When performing the excision the following recommendations should be followed:

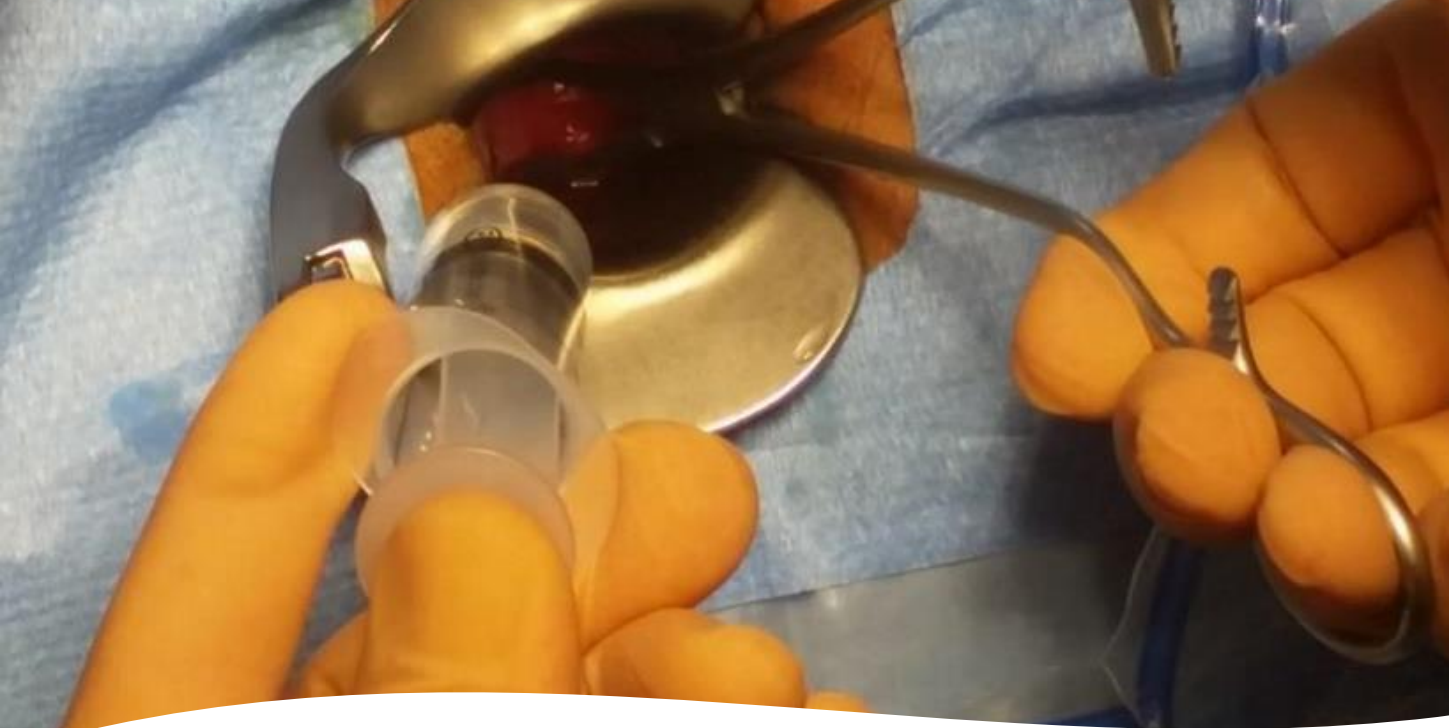
1. The procedure should be carried out under colposcopic control.
2. The lesion together with the entire TZ should be removed.



# Bloc Para-cervical & Pré médication orale

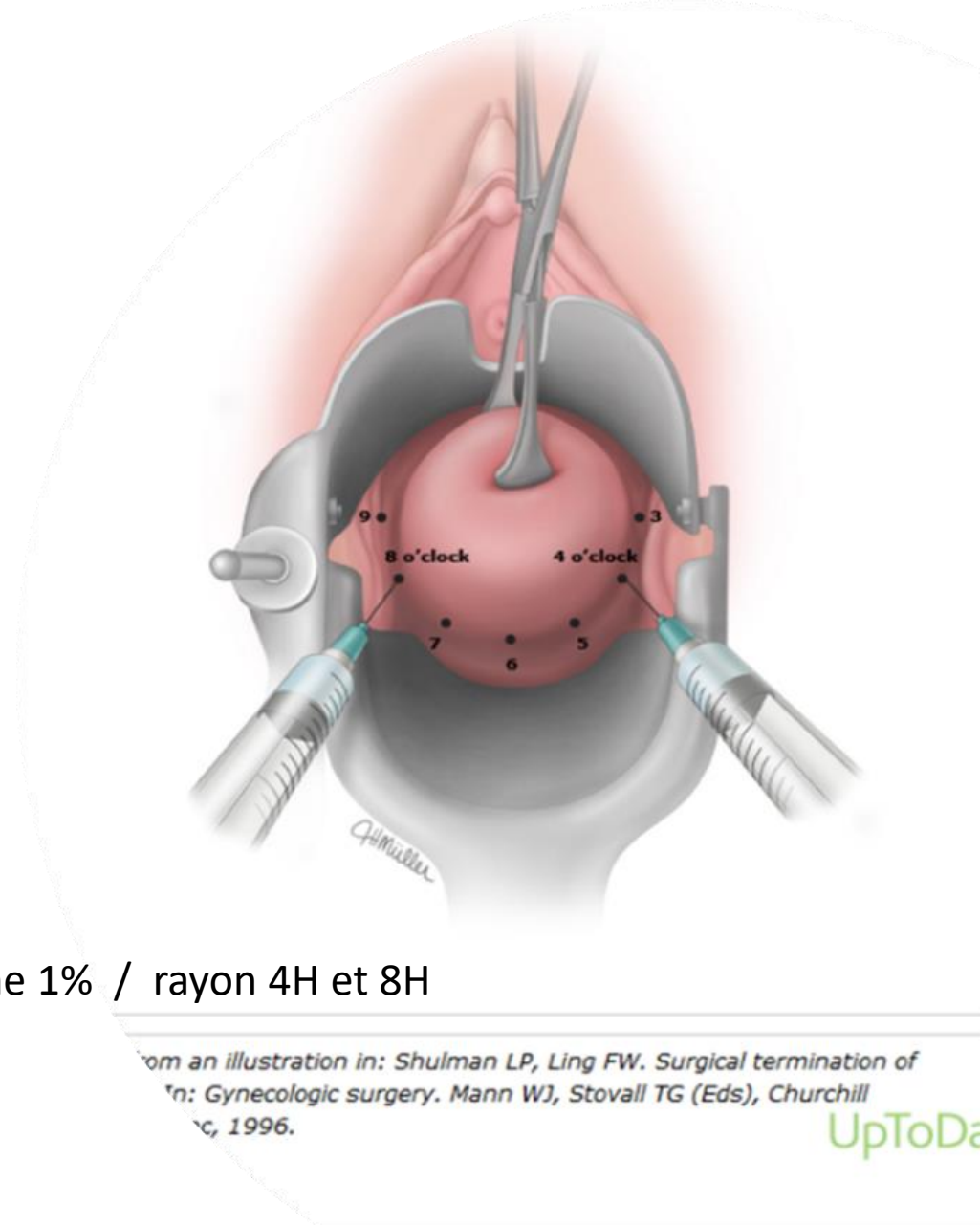


from an illustration in: Shulman LP, Ling FW. Surgical termination of  
pregnancy. In: Gynecologic surgery. Mann WJ, Stovall TG (Eds), Churchill  
Livingstone, 1996.



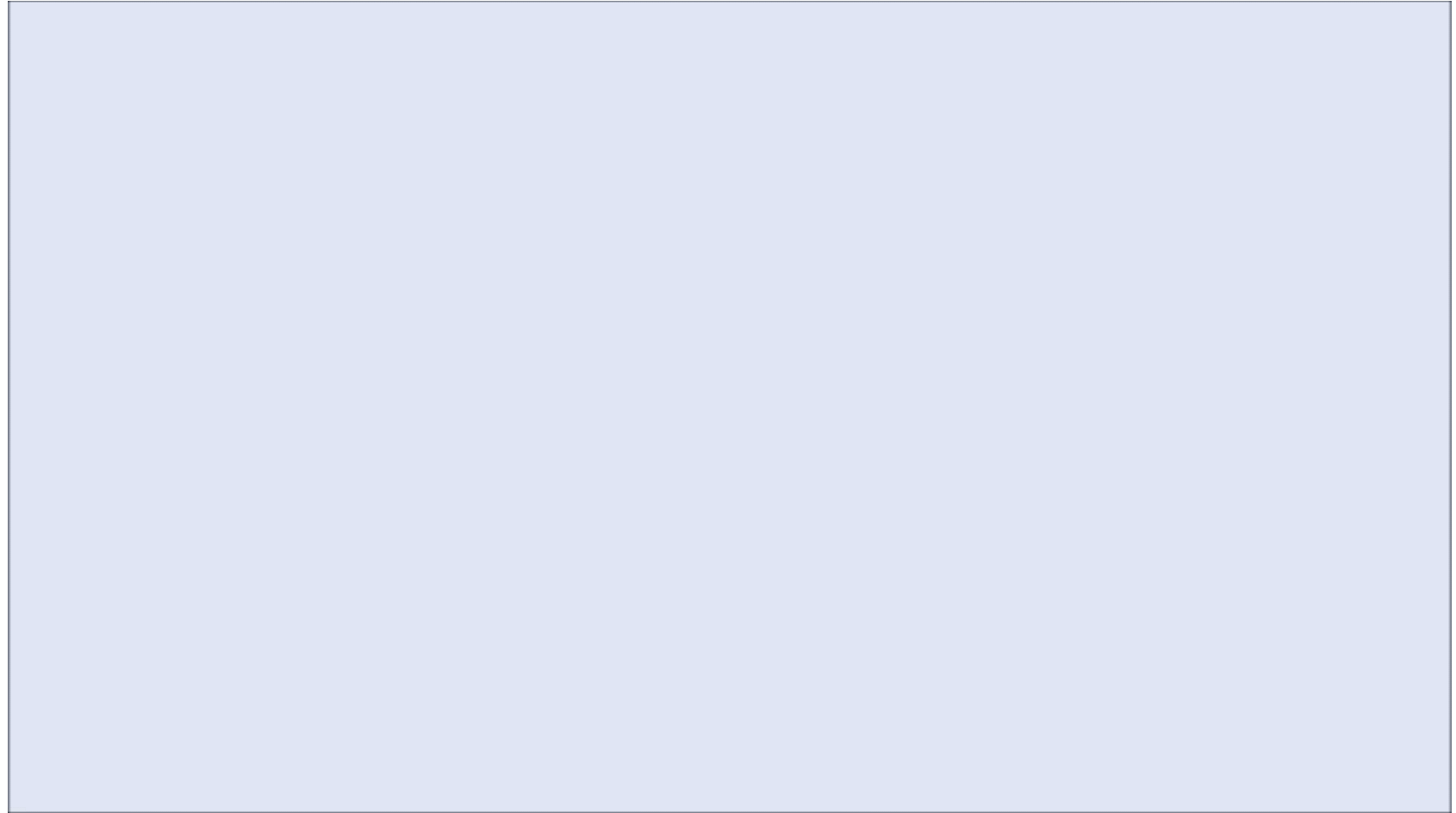
## HSC OP: bloc Paracervical

- Aiguille 88 mm 20G
- Infiltration lente 2 X 10 ml Xylocaïne 1% / rayon 4H et 8H
- Sans dépasser 30ml
- Profondeur 1,5- 3 cm



from an illustration in: Shulman LP, Ling FW. Surgical termination of pregnancy. In: Gynecologic surgery. Mann WJ, Stovall TG (Eds), Churchill Livingstone, 1996.

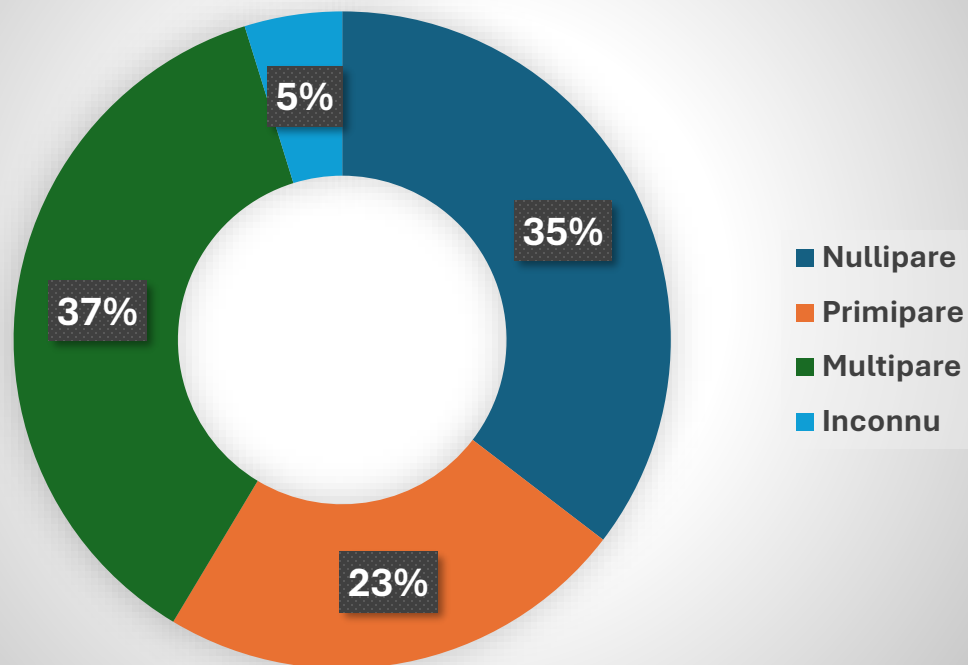
# Résection anse diathermique sous AL



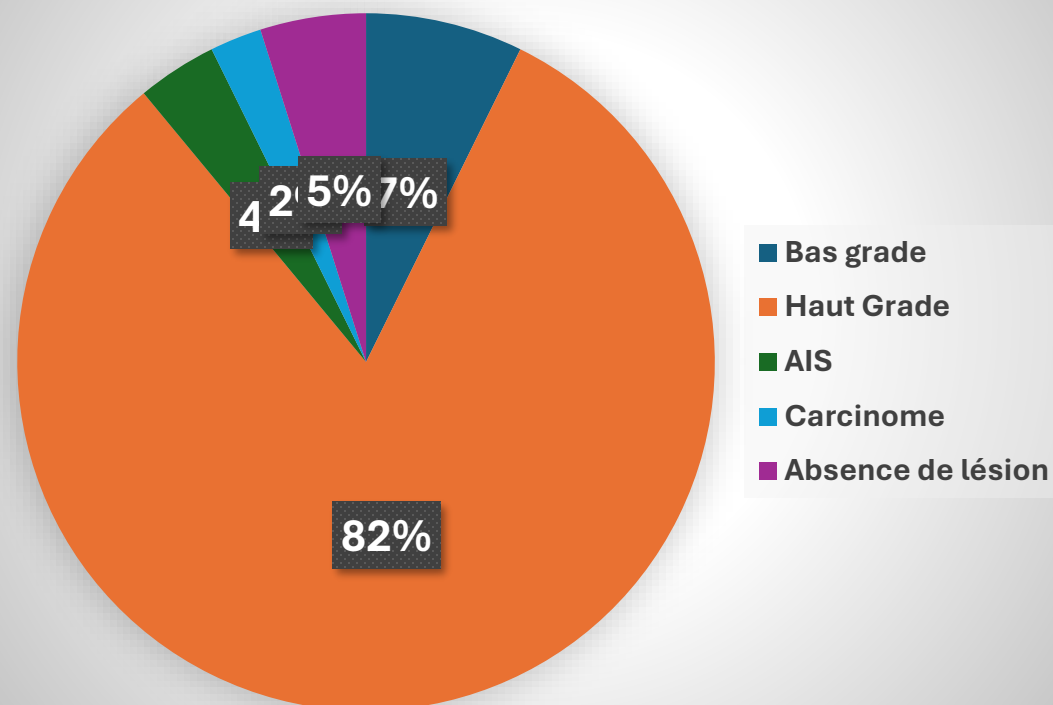
# Conisation: Résultats CH4V

N = 82 Age: 40,4 [22-78]

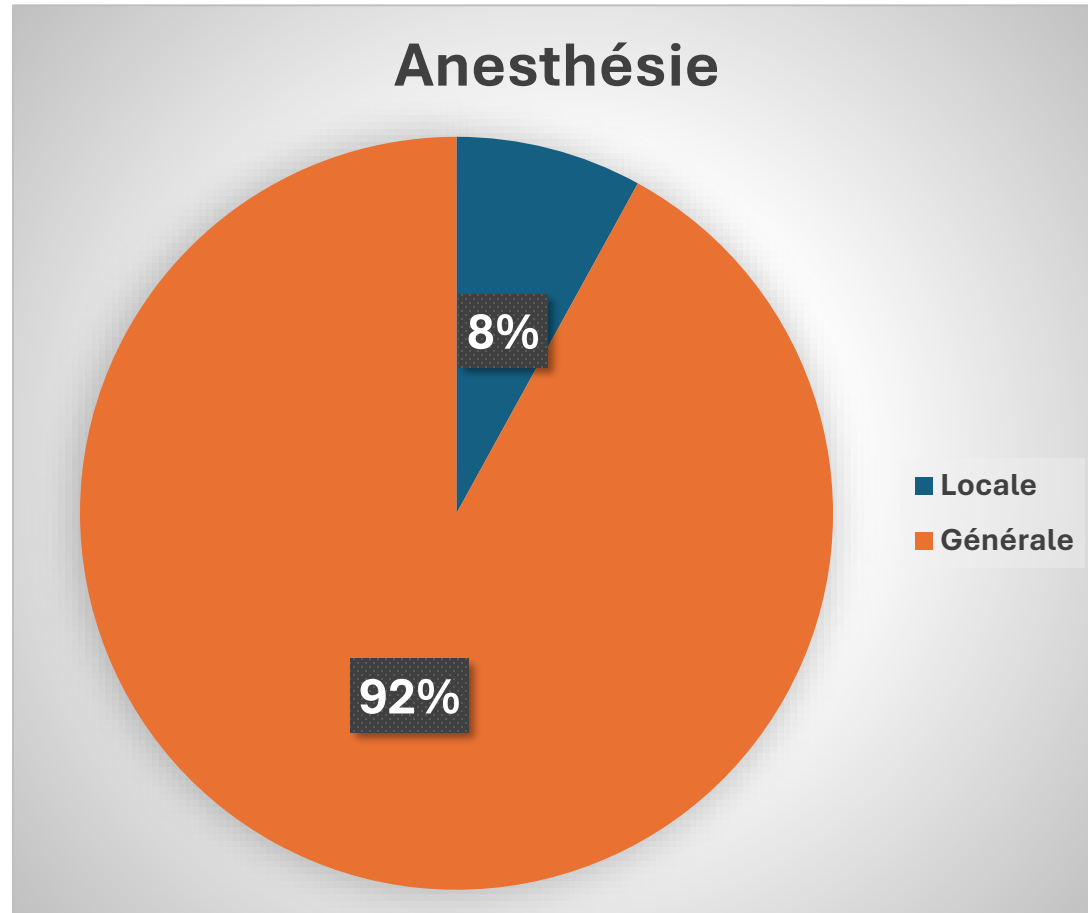
## Parité



## Anatomo-pathologie



# Conisation AL: Résultats CH4V



- Hauteur du cône: 9,7 mm [4-30]
- *Non In Sano*: Endocervical 31,7%
- Pas de reprise pour saignement

# RESULTATS

TYPE Original Research  
PUBLISHED 15 August 2024  
DOI 10.3389/fonc.2024.1421738

To cut or not to cut – that is the question: a comparative analysis of long-term follow-up after complete and incomplete electroconization of the cervix due to high-grade squamous intraepithelial lesion

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1st Department of Obstetrics and Gynecology, Medical University of Warsaw, Warsaw, Poland

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Récidives HSIL 2 ans: Pas de différence significative entre marges saines ou non saines (9 vs 11%).

---

HPV + persistant est le fdr majeur: x 38

---

Eviter les reprises pour les femmes avec projet de grossesse !

---

Surveillance par test HPV et vaccination pour améliorer les résultats



# Surveillance: Test HPV 6 mois

- The clearance of HPV was 79.6%, 80.8% and 87.8% at eight, 12 and 24 months post-conization respectively

## ➤ Bas Grade:

- Négatif: Retour à la surveillance de base
- Positif: Colposcopie

## ➤ Haut Grade:

- Négatif: Test HPV 3 ans
- Positif: Colposcopie

RESEARCH

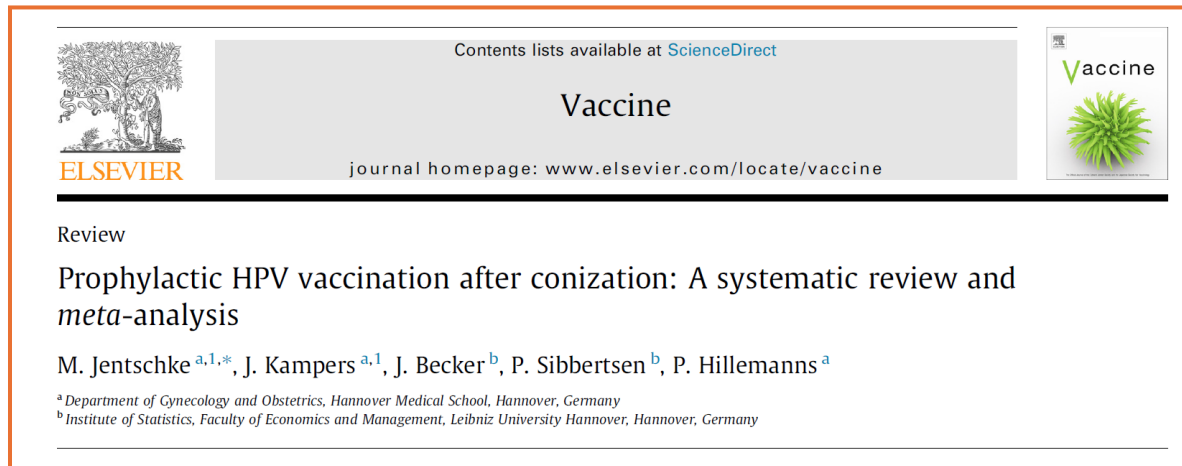
Open Access

Post-conization surveillance in an organized cervical screening program with more than 23,000 years of follow-up

Avalon Sundqvist<sup>1</sup>, Johanna Nicklasson<sup>1</sup>, Pernilla Olausson<sup>2</sup> and Christer Borgfeldt<sup>1</sup>



Marges non saines (22-30% des cas)... Eviter les reprises !



- **Conclusion:** Meta-analysis showed a significant risk reduction of developing recurrent cervical intraepithelial neoplasia after surgical excision and HPV vaccination compared to surgical excision only.
- Récidive HSIL: RR 0.41; 95% CI [0.27; 0.64]
- no differences between women under 25 years (RR 0.47 (95%-CI [0.28; 0.80]) and women of higher age (RR 0.52 (95%-CI [0.41; 0.65])).
- 45 vaccinations pour éviter un CIN2+...

## Conisation: *LES LESIONS EVITABLES ?!*

---

- ✓ **Eviter le cancer du col mais pas que...**
- ✓ Eviter les non-indications
- ✓ Eviter les erreurs techniques
- ✓ Eviter l'anesthésie générale
- ✓ Eviter les séquelles et l'anxiété
- ✓ Eviter les reprises et les hystérectomies inutiles
- ✓ Eviter les pertues de vue
- ✓ Eviter les récives



Merci pour elle

