

SELECTED ABSTRACTS

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Paul D. Urnes

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Fred J. Duboe

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Standard colposcopic procedures were carried out upon all patients, with examination of the uterine cervix following a thorough cleansing with 3 per cent acetic acid solution to enhance the visibility of vascular and epithelial changes. Punch biopsy and endocervical curettage were performed upon all the patients 'except for 13 who were excluded from the analysis. Colposcopic findings included inflammatory changes in 15 patients, mild dysplasia in 35, moderate dysplasia in 61, severe dysplasia in 22, carcinoma in situ in 17 and a recurrence of carcinoma in one patient.

Final histologic diagnoses included chronic cervicitis in 39 patients, moderate squamous dysplasia in 38, carcinoma in situ in 31, mild squamous dysplasia in 29, severe squamous dysplasia in 18, adenocarcinoma of the endocervix in one patient and recurrence adenocarcinoma in one. Over-all, 7 per

cent of those referred for moderate dysplasia showed carcinoma in situ at histologic examination. While 74 patients were referred with an initial cytologic diagnosis of moderate dysplasia, only 38 of all 157 patients who underwent biopsy proved to have moderate dysplasia.

When both cytologic and colposcopic results were combined, the accuracy rate for predicting the severity of a lesion was approximately 85 per cent. No false-negative reports were found at any level of severity of preclinical lesions when the more significant finding, cytologic or colposcopic, was tabulated. When the less severe diagnosis of the two findings was used, however, false-negative reports were present at every level of severity in precancerous lesions. A few false-positive reports were present, regardless of whether the more or the less severe of the combined findings was considered.

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According to the author, the Allen-Masters syndrome is poorly understood today largely because virtually no practicing gynecologist has an accurate conception of the syndrome. Thus, even when fully in view, the syndrome escapes detection.

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IN THIS ARTICLE, observations of the uterine cervix using the acetic acid test and the naked eye are compared with those using acetic acid and the colposcope. The cervixes are evaluated independently by the two authors and, when appropriate, were then compared with the cytologic and histologic results. A total of 2,400 patients were examined. No selection of patients was done according to normal

or abnormal cytologic findings.

As expected, there was little difference between evaluations of the cervix with the colposcope and those with the naked eye. Sixteen instances were rated as atypical with the naked eye and were thought to be a physiologic transformation zone with the colposcope. With the naked eye, five patients were classified as being suspect because of a very flat, white epithelium that required the colposcope for it to be clearly identifiable; an insignificant histologic appearance was found in all five- of these patients. Of those patients diagnosed with the colposcope and the naked eye as having an atypical transformation zone, 54 per cent had findings of normal benign lesions at histologic examination. One hundred and thirty-seven patients had intraepithelial neoplasia of the uterine cervix, and six had preclinical invasive carcinoma; no invasive carcinoma was included in the study.

The results of this study seem to answer the question of whether or not careful observation with the naked eye, a good light and acetic acid is an accurate way of assessing the transformation zone of the uterine cervix. There seemed to be a slight increase in the diagnosis of atypical or suspected transformation epithelial changes with the naked eye that could be delineated more accurately by an experienced colposcopist.

George D. Wilbanks

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David W. Cromer

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It is concluded that a regimen of 200 mgm./day for six months should be the lowest treatment dosage of danazol, while only occasionally will a patient, require the maximum dosage of 600 mgm./day. The best candidates for danazol therapy are infertile women with mild to moderate endometriosis. If the disease is extensive and pelvic organs are distorted, however, danazol may be a good preoperative or postoperative agent.

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Morteza M Dini

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THE CLASSIFICATION, cause and treatment of chronic dystrophies of the vulva are discussed in this article. Recently, members of the International Society for the Study of Vulvar Dystrophy suggested that instances of chronic vulvar dystrophy be classified into: hyperplastic dystrophy with or without atypia, lichen sclerosus and mixed dystrophy or lichen sclerosus with epithelial hyperplastic foci with or without cell atypia. The cause of vulvar dystrophy is still unclear; therefore, treatment must be dictated by the clinical signs and symptoms. Surgical intervention is recommended in instances of cell atypia, after the failure of repeated medical therapy, and in instances of anatomofunctional changes preventing normal sexual activity.

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