

Abnormal Cervical Cytology in Pregnancy

Purpose:

To provide guidelines for evaluation of the presence of abnormal cervical cytology during pregnancy.

Background:

Cervical cytology is the method of choice to screen for cervical cancer and dysplasia. The identification of an individual with an abnormal pap smear requires consideration of further diagnostic study. In general, this is accomplished with colposcopic evaluation to identify abnormal lesions, followed by cervical and endocervical sampling, as needed.

Here at UC Health, we follow the guidelines established by the American Society of Colposcopy and Cervical Pathology (ASCCP) and the American College of Obstetrics and Gynecology (ACOG).

Who should receive screening for cervical cancer screening in pregnancy?

- Patients who are age 21 or older.
- Sooner or more frequent screening may be indicated in special populations:
 - HIV+
 - Immunocompromised (i.e. organ transplant patient, long term steroid use)

What should be done with abnormal cervical cytology results?

Evaluation of an abnormal cytology or HPV test result should follow the risk-based framework and ASCCP management guidelines. These guidelines can be easily accessed with the updated ASCCP app or online (<https://app.asccp.org/>).

Pregnancy specific recommendations include:

- Avoid endocervical curettage, endometrial biopsy, and treatment without biopsy
- Diagnostic excisional procedure or repeat biopsy is recommended only if cancer is suspected based on cytology, colposcopy, or histology
- If histologic HSIL (CIN 2 or CIN 3) is diagnosed at the first colposcopy examination during pregnancy, surveillance colposcopy and testing (diagnostic cytology/HPV depending on age) is preferred every 12 to 24 weeks, but deferring colposcopy to the postpartum period is acceptable. Treatment is not recommended.
- If AIS is diagnosed during pregnancy, referral to a gynecologic oncologist is preferred, but management by a gynecologist skilled in the colposcopic diagnosis and treatment of AIS is acceptable
- Postpartum colposcopy should be delayed until 4 weeks postpartum.

References

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