ETIOLOGY AND DIAGNOSTIC CRITERIA OF CERVICAL EROSION.

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Every year, about 300 thousand women die from cervical cancer. The pathology of cervical erosion occurs, on average, in 20 out of 100 women and is asymptomatic. The mucous membrane of the vagina of a healthy woman produces a secretion that protects the uterus during sexual intercourse, eliminates infection, and facilitates the penetration of sperm for future conception into the cervical canal and cavity. Changes in the biocenosis of the vagina, infections lead to changes in the mucous membrane of the cervix.

There are cases when the mucous membrane of the cervix changes, completely partially capturing the surface. In these cases, the doctor sees:

- thinned mucous membrane, small cracks, ulcers from which blood is released;
- red areas on the mucous membrane – can be of different shapes and sizes;
- a red ring of tissue that seems to creep onto the cervix.

In this case, it is worth specifying the definition of the term “erosion”, because all three signs, although they indicate a disease, are completely different in nature.

Wounds and cracks on the cervix are true erosion, lasting one to two weeks and then healing.

Cervical lesions can become overgrown with both regular and atypical epithelium. This condition is diagnosed most often and is called ectopia - it can be congenital and not be a pathology, and can pass without treatment by the age of 23-25.

The mechanism of mucosal thinning/epithelial replacement is unknown, but one of the popular versions is hormonal imbalances due to decreased immunity.

Reasons that provoke the appearance of erosion:

- hormonal disorders (early onset of sexual activity, late pregnancy, menopause);
- papilloma viruses, sexually transmitted infections, HIV;
- disturbed vaginal flora (one of the possible causes is unprotected sexual intercourse);
-development of chronic inflammatory processes (abdominal cavity, internal genital organs);
- viral diseases suffered previously;
-long-term use of hormonal contraceptives;
-previously suffered injuries during the insertion of an IUD/abortion/surgeries in the uterine cavity;
- eversion/rupture of the cervix during childbirth;
- excess weight coupled with an inactive lifestyle;

-psychosomatics;
- permanent state of stress;
- diabetes mellitus, adrenal/thyroid dysfunction.

Usually, cervical erosion in women occurs without pronounced symptoms. It is discovered accidentally during a routine gynecological examination. Less often, the patient encounters non-specific symptoms:
- a small amount of bloody discharge after sexual intercourse;
-unpleasant sensations during intimate contact;
- discomfort or slight burning in the genital area;
-increase in the volume of daily mucous discharge from the vagina;
-discomfort or aching pain in the lower abdomen.

If cervical erosion occurs due to an infection or hormonal imbalance, the signs of the underlying disease come to the fore.

Classification of cervical erosion

There are several types of classification of cervical erosion. Depending on the structure, the following forms are distinguished:
-true erosion: direct tissue defect;
- pseudo-erosion (ectopia): in turn, it can be follicular, papillary or mixed, depending on its structure.

The methods for diagnosing cervical diseases are: examination of the cervix in mirrors, visual assessment of the cervix after treatment with acetic acid (VIA), cytological examination, HPV testing, colposcopy, and cervical biopsy. Pathological examination of biopsy material is used to verify the diagnosis.

It is recommended that all patients undergo an analysis of anamnestic data in order to identify risk factors for the development of CIN. The level of evidence for the recommendation is C (the level of reliability of the evidence is 5). The risk factors for the development of CIN are early onset of sexual activity, a large number and frequent change of sexual partners, smoking, concomitant sexually transmitted infections, a large number of pregnancies and births, the presence of immunocompromising diseases (hepatitis B, C, HIV), immunosuppressive therapy, long-term use of combined oral contraceptives (COCs - according to the Anatomical Therapeutic Chemical Classification (ATC) - Progestogens and Estrogens (Fixed Combinations)). It is necessary to clarify the age of sexual debut, the number of sexual partners [6].

In case of “contact” bloody discharge from the genital tract, clarify its duration, the presence of a history of surgical interventions on the cervix, HPV infection, and evaluate the results of previously performed cervical screening [10].

CIN I/II/III, including preinvasive cervical cancer (CIS), do not have pathognomonic clinical manifestations and are diagnosed only by morphological methods [7].

Physical examination It is recommended that all patients undergo a speculum examination of the vagina and cervix to detect cervical pathology [12].

Ectropion appears as the presence of cylindrical epithelium on the exocervix, sometimes in combination with deformation of the external os. True erosion of the cervix is characterized by the presence of a bright red defect with clear irregular edges on the unchanged exocervix, represented by "torn" stratified squamous epithelium, often with edema, vascular dilation, fibrinous plaque and contact bleeding [12].

Laboratory diagnostic tests It is recommended that all women aged 21 to 65 years undergo cytological examination of a cervical microslide at 3-year intervals to detect CIN [2].

Cytological examination (traditional and liquid cytology) are the main methods of diagnosing the condition of the cervix. It is necessary to take into account the low reproducibility of the results of repeated smears taken within 1.5 months after the initial ones. Revision of abnormal smears is recommended. About 10% of traditional cytological smears are inadequate, which is associated with improper technique of material collection and preparation of the preparation [3].

Liquid-based cytology is more effective for detecting CIN, primarily due to the many-fold reduction in the number of inadequate smears [5].

It is recommended to perform a molecular biological study of cervical canal discharge for human papillomavirus (Papilloma virus) for the entire group of human papillomavirus (at least 12 types) for all women aged 30 to 65 years in order to identify the risk group for precancer [3] [16].

The level of evidence for recommendations is C (the level of reliability of evidence is 5). It is recommended to perform a molecular biological study of cervical canal discharge for human papillomavirus (Papilloma virus) in order to identify the risk of cervical cancer as a screening method in all women over 30 years of age every 5 years (in HPV-negative women) and annually in HPV-positive women [16].

The level of evidence for the recommendation is C (the level of certainty of the evidence is 5). It is advisable to carry out HPV testing for all women as a screening method from the age of 30 in combination with a cytological examination of a cervical sample (co-test) [16]

It is recommended to perform a molecular biological study of cervical canal discharge for human papillomavirus (Papilloma virus) in patients with a cytological conclusion of ASCUS, ASC-H, LSIL, HSIL, regardless of age [11].

The level of evidence for recommendations is C (the level of reliability of evidence is 5). It is advisable to conduct genotyping (partial or complete) and determine the viral load to assess the risk of CIN progression to invasion, as well as to select treatment tactics and monitor the effectiveness of treatment.

Conclusions . Cervical erosion is one of the pressing problems. The most convenient and effective way to prevent the disease is to undergo preventive medical examinations by women of reproductive age. For this purpose, women's clinics conduct examinations of the cervix of women using a modern colposcope application. In addition, cytological studies have been introduced in inpatient settings, so it is imperative that each patient diagnosed with cervical erosion undergo this examination. Only then will it be possible to cure this disease and prevent dangerous diseases.

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