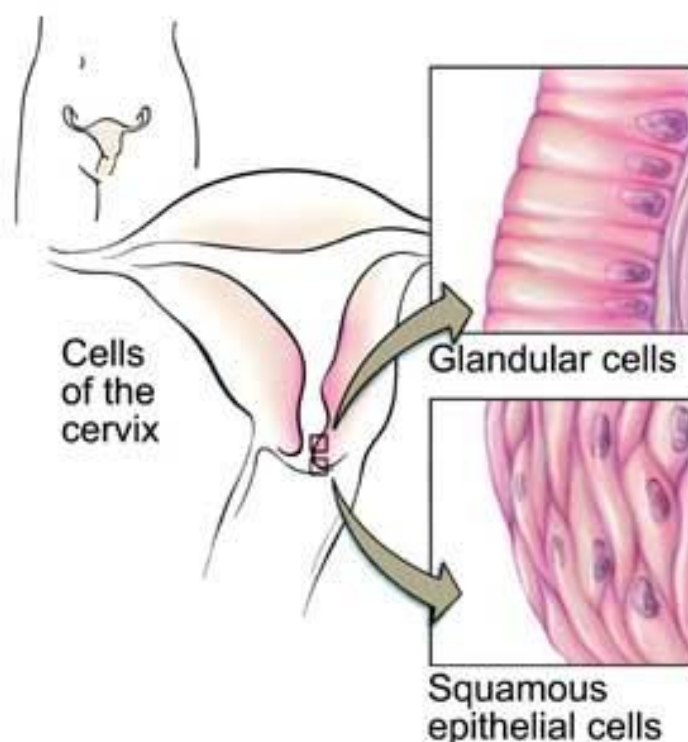


Patient information

Glandular abnormalities of the cervix

What are they?

Most pre-malignant changes on the cervix (CIN) arise from the squamous cells on the outer edge. In around 10% of cases changes take place in the glandular cells, which line the inner part of the cervix (the cervical canal). These may include CGIN (cervical glandular intraepithelial neoplasia) and SMILE (stratified mucin-producing intraepithelial lesions). CIN and glandular abnormalities (CGIN) may co-exist.



Cervical screening can usually predict the presence of these abnormalities. If left untreated they may progress to cancer, known as adenocarcinoma of the cervix.

Glandular changes on a smear may also be due to changes in the lining of the womb and occasionally from changes in the fallopian tubes or ovary. If this is suspected then further investigations may be required.

How are glandular abnormalities of the cervix treated?

The cervix is examined with the colposcope, but glandular abnormalities may be more difficult to identify as they may lie within the cervical canal and may not look obvious. For this reason small biopsies are not reliable and a LLETZ loop biopsy is usually recommended as an initial treatment. This is usually sufficient as 95% of glandular abnormalities occur within 25mm of the outside of the cervix.

Follow-up after treatment

It is important that all women have careful follow up after treatment for glandular abnormalities of the cervix (CGIN) as there is a risk of recurrence. However, if the LLETZ treatment has removed all the abnormal tissue (this is confirmed after the biopsy is examined by the histology department):

- the risk of recurrent CGIN is 2.6% (less than 3 women per 100)
- the risk of developing a cancer is 0.35% (about 3 women in every 1000)

Follow up after complete excision of glandular abnormalities (CGIN)

1. At 6 months after treatment a cervical smear is carried out **in the community**. You will receive a reminder letter when your smear is due. In line with the new NHS Cervical Screening Programme guidance your smear will initially be tested for the HPV virus and if this is negative, you will then:
2. At 12 months (18 months after treatment) a further cervical smear is carried out **in the community**. You will receive a reminder letter when your smear is due. In line with the new NHS Cervical Screening Programme guidance your smear will initially be tested for the HPV virus and if this is negative, you will then:
3. Return to normal 3 yearly recall

If the smear is positive for the HPV virus, cytology will be carried out and you will be sent an appointment to be seen in the Colposcopy Clinic.

Further treatment for glandular abnormalities

In some women, the first LLETZ biopsy may not completely remove all the abnormal tissue and a second LLETZ biopsy may be recommended to ensure that tissue margins are negative.

There may be situations where a hysterectomy may be considered the safest option:

- In older women where there is doubt about the upper margin (upper edge of the abnormal cells) and where fertility is no longer required
- Positive margins continue, despite treatment
- Abnormal (high-grade) smears persist, despite treatment
- Adequate follow-up smears are not possible, e.g. due to scarring of the cervix

If a hysterectomy is carried out and the glandular abnormality (CGIN) is completely removed, vault smears are required at 6 and 18 months and are carried out in the Colposcopy clinic.

If you need any further advice / information

Please contact the colposcopy office: 01284 713061

Useful web links:

<http://www.cancerscreening.nhs.uk/cervical/publications/nhscsp20.html>

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nhs.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
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