

manifestation are the chest wall and abdomen, but they can occur at the extremities and in the head/neck region. Due the high incidence of breast carcinoma, these cutaneous manifestations are the most common metastases seen by dermatologists. **Methodology** We retrospectively reported 20 cases of cutaneous metastasis from breast carcinoma diagnosed at salah azaiez institute Tunisia between 2015 and 2021.

Result(s)* there were a total of 20 cases of cutaneous metastasis from breast cancer. The average time interval between diagnosis of breast cancer and cutaneous presentation was 4years. The cutaneous sites of involvement included the head and neck (5) , the trunk (10), the extremities (3), and multiple sites (2). The age range was 38–83 <months, and the average survival following diagnosis was 3 years. The treatment consisting on surgical resection and chemotherapy in the majority of cases. Histological examination showed that in 4 cases skin metastasis change molecular profile.

Conclusion* Skin metastasis from breast cancer is frequent . The diagnosis is easy by biopsy or surgical excision. The molecular profile is variable according to the behavior and the aggressiveness of the primary tumor, an in-depth histological study is necessary to dictate the management.

Prevention of gynaecologic cancer

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PREDICTOR FACTORS FOR CONSERVATIVE MANAGEMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA GRADE 2: CYTOLOGY AND HPV GENOTYPING

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Introduction/Background* Cervical intraepithelial neoplasia (CIN) grade 2 is classified as high-grade intraepithelial lesion (HSIL) due to its potential for developing cancer. Persistent human papillomavirus (HPV) infection is an established risk factors to develop cervical cancer and its precursor lesions. The management of CIN2 remains under discussion,

spontaneous progression and regression rates are around 11-18% and 50-61% respectively at 24 months of follow-up. The purpose of this study was to evaluate the role of HPV genotyping and previous cytology result to predict the evolutions of CIN2 managed conservatively.

Methodology A prospective observational study was conducted at Hospital del Mar in Barcelona from January 2012 to May 2017. Women with new diagnosis of CIN2 were invited to undergo conservative management for 24 months. Complete regression, partial regression, persistence, and progression to CIN3 were defined as final outcomes.

Result(s)* 291 of the 300 included patients completed the 24-months follow-up. Of them, 214 patients (73.5%) showed regression; 43 (14.8%) persistence of CIN2, and 34 (11.7%) progression to CIN3. In multivariable analysis, HPV-16 infection (odds ratio [OR] 1.97 [95% confidence interval {CI} 1.13-3.43]) and previous cytology (OR 3.46, 95% CI 1.99-6.02) significantly increased the risk of persistence or progression of CIN2 lesions (CIN2+). All HPV-negative lesions regressed ($p < 0.001$). According to patients' age, no significant differences between age at diagnosis and final diagnosis were found.

Conclusion* The regression rate of CIN2 lesions supports conservative management in selected patients regardless of their age. Patients with CIN2 biopsy and negative HPV test had a high rate of regression and should be offered follow-up without excisional treatment. Women with HPV-16 and HSIL cytology had an increased risk of CIN2+, their treatment should be individualized, and excisional treatment should be considered.

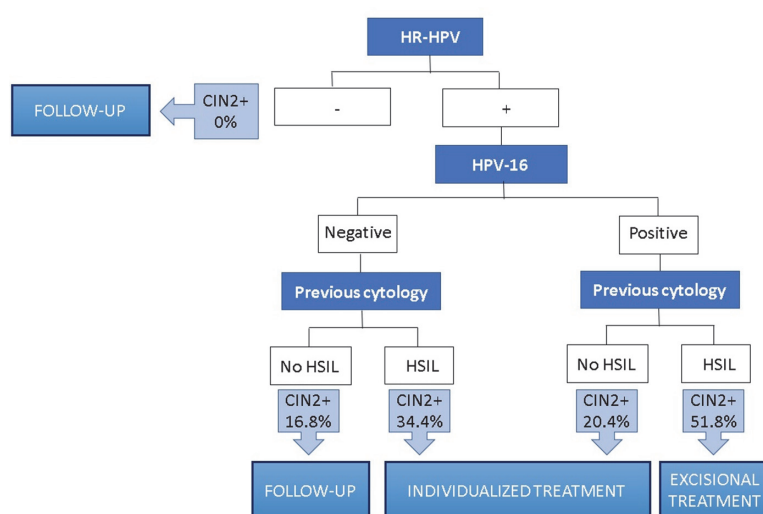
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"SEE AND TREAT": AN ADVOCATED PERSPECTIVE FOR PRE INVASIVE LESIONS OF THE CERVIX

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Introduction/Background* Secondary prevention of cervical cancer should remain a key priority for women's health globally for decades to come, especially in developing countries. A



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