Results In this study, 621 women were evaluated with a positive high-risk HPV (HPV-16 =184, HPV-18 =69, and HPV-others=368). From 184 positive HPV-16, 37 cases had CIN3 + (20%), which this rate was 8% in NILM, 20% in ASCUS, 15% in LSIL. Out of 69 positive HPV-18, 11 cases had CIN3 + (15.9%), which this rate was 4.7% in NILM, 10% in ASCUS, 16.6% in LSIL. Out of 368 HPV-others positive, only 7 cases had CIN3+ (1.9%), which this rate was 3.2% in NILM, with no case of CIN3+ in ASCUS, and LSIL.

Conclusion According to our findings, it seems colposcopy examination in patients with positive others high-risk HPV should be considered only in high-grade (ASCH, HSIL, and ACG) Pap smear results.

Disclosures The authors indicate no conflict of interest.

#223 RECURRENCE-FREE SURVIVAL OF CERVICAL ADENOCARCINOMA IN SITU FOLLOWING LLETZ, CONISATION OR HYSTERECTOMY

Abstract #217 Figure 1 The cervical intra-epithelial neoplasia risk according to the different HPV genotype and Pap smear results

Results

Recurrent-free survival of cervical adenocarcinoma in situ following LLETZ, conisation or hysterectomy

CONCLUSION

Conclusion

Conisation is a safe treatment for AIS compared to hysterectomy. For LLETZ the recurrence and progression rates are slightly elevated but still low, indicating that LLETZ could be offered as superior fertility-sparing treatment in women motivated to adhere to stringent follow-up.

Disclosures

Nothing to disclose.