

The value of endocervical curettage during loop electrosurgical excision procedures in predicting persistent/recurrent preinvasive cervical disease

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Abstract

Objective

To evaluate the usefulness of endocervical curettage (ECC) during loop electrosurgical excision procedures (LEEPs) in predicting the risk of persistence/recurrence of cervical intraepithelial neoplasia grade 2 or higher (CIN2+) and informing clinical decision-making after LEEP.

Methods

The present retrospective study included women undergoing LEEP for CIN2+ at a teaching hospital in Chile between January 1, 2007, and December 31, 2014. Demographic, pathologic, and follow-up data were collected. Associations between predictors and treatment failure (persistent/recurrent disease) were examined; a Cox model was used to assess the effects of different variables on the failure rate.

Results

The analysis included 330 women with a mean follow-up of 29.4 months; 188 women underwent ECC at the time of LEEP. On multivariate analysis, a positive ECC was the only variable significantly associated with persistence/recurrence ($P=0.001$). In the Cox model, positive ECC ($P=0.001$) and positive margins ($P=0.009$) were independently associated with higher failure rates. When faced with positive ECC findings, clinicians tended to perform additional treatment instead of advising follow-up.

Conclusion

Positive findings from ECC performed during LEEP were a better predictor of persistent/recurrent disease than margin status, after adjusting the individual variable effect in the Cox modelling. The performance of ECC is recommended during any LEEP performed for CIN2+; in particular, it should never be omitted if endocervical disease is suspected.