### **BRIEF COMMUNICATION**

# RETROSPECTIVE STUDY OF CERVICAL CARCINOMA:1988-1992 Feleke Bojia, B&., MD, Dip. Pad1<sup>1</sup>, Amare Dejene, BSc., MSc. <sup>1</sup>, Yared Mekonnen, BSc. <sup>1</sup>

#### INTRODUCTION

Carcinoma of the cervix is one of the most frequently seen malignant neoplasms in the female genital tract (1).

The disease is unknown in virgins, of very low incidence in Jews, intermediate in frequency in Muslims and high among Caucasians and African races. The average age is 48 years, the range being 20-80 years (1).

The Pathology Section of NRIH receives biopsy specimens from five hospitals in Addis Ababa and from one or more hospitals of seven administrative regions, namely from three hospitals, in Wollega, one hospital in Arsi, two hospitals in Tigray and one hospital in Eritrea.

There is no previously documented study to show the pattern of this disease in our country. We, therefore, believe that the assessment of age distribution and frequency of occurrence is of great importance in setting up the general background of the pattern of occurrence of the disease in order to be able to suggest possible preventive measuring.

## **METHODS**

A.systematic sampling technique was used to select the samples which are included in the study. Accordingly, every 5d1 record was selected out of a total of 10,000 documented cases so that 2126 cases were included in the study. Of these, 178(8.4%) (Table 1) were specimens from the cervix, out of which 54(30%) (Table 2) were found to have carcinoma of the cervix.

New sections of all 54 cases of carcinoma of the cervix were prepared. The slides were stained by hematoxylin and eosin method and cases of adenocarcinoma of the cervix were stained by special technique of alcian blue for differentiation from endometrial carcinoma (2). All sides were reviewed independently by two pathologists. The histologic types were identified and compared according to their mode of occurrence (3).

Data were entered in a microcomputer using Dbase III + and analysis were conducted using SPSS PC+ and EPI-INFO.

### **RESULT**

Carcinoma of the cervix was found to affect both reproductive age groups and the elderly in about the same proportion in our study (Table 3).

The age range is 25-70 years with a mean age of occurrence of 44.5 years. The disease shows an increasing pattern with age, ranging from 11.4% for those women of age 20-29 to 41.7% for those

women of age 40-49. In comparison with the 178 specimens of the cervix, carcinoma of the cervix is by far the most frequently occurring lesion of the cervix (30.4%) in our study (Table 1).

According to our result, the most frequently occurring histologic type is a well differentiated keratinizing type and moderately differentiated non-keratinizing type of squamous cell carcinoma of the cervix, 73.2% (Table 2).

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### DISCUSSION

Carcinoma of the cervix may occur at any age from the second decade of life to seility (4). The peak incidence of invasive lesion occurs around 45 years of age and invasive lesions at 30 years (4). However, the peak incidence of carcinoma of the cervix in our study is 49 years and above, suggesting a positive trend of occurrence.

Table 1: Comparative Analysis of Cervical Lesions From the Cervix

Cervical Lesions	Frequency	Percent
Cervical carcinoma	54	30.4
Cervical cervicitis	42	23.6
Cervical polyp	24	13.5
Cervical biopsy	22	12.4
Cervical dysplasia	3	1.7
Cervical nabothian cyst	3	1.7
Others	30	16.7
Total	178	100

Table 2: Histologic Types of Carcinoma of the Cervix (1988-1992)

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Histologic Types	No. (percent)			
CIN(Cervical intra epithelial neoplasia)	7(12.9)			
Keratinizing & non-keratinizing squ. carcinoma	41(75.9)			
Adenocarcinoma	1(1.9)			
Adeno Sq. Carcinoma	5(9.3)			
Total	54(100)			

Table 3: Age Distribution of Cervical Carcinoma

Age	Cervical Carcinoma	Total (%)	
	(%)		
< 19	0	5	
	(0.0)	(2.8)	
20-29	4	35	
	(11.4)	(19.8)	
30-39	15	57	
	(26.3)	(32.2)	
40-49	20	48	
	(41.7*)	(27.1)	
50+	15	32	
	(46.9)	(18.1)	
Total	54	177	
	(30.5)	(100.0)	

But, the fact that a considerable percentage occurs between 30-39 years still poses the gravity of the disease in our country. The fact that the frequency of occurrence of well differentiated keratinizing type and moderately differentiated squamous cell carcinoma is significantly high as compared to other histologic types indicates a better prognosis for Ethiopian Patients. Since the principal factor which will improve the prognosis of cancer of the cervix at present, apart from improvements in techniques for treatment and organizing gynecological oncology centers, is mass cervical cytologic screening (6).

We, therefore, believe mass cervical cytologic screening, early diagnosis and due treatment of cervical carcinoma will significantly reduce the incidence of the disease in our society.

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