

THE OPTIMIZATION OF EARLY DIAGNOSIS OF CERVICAL CANCER AND ITS RECURRENCES

PhD Ortikova Khilola Ubaydullaevna¹,

Esankulova Bustonoy Sobirovna²,

Sharipova Nigina Yusupovna²

1. Samarkand State Medical University
2. Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Samarkand Branch.

Abstract

Research aim: To investigate the outcomes of early diagnosis of recurrent cervical cancer after comprehensive and combined treatment. **Materials and methods:** The study utilized data from the comprehensive examination and treatment of 87 female patients with cervical cancer, who were treated at the Samarkand Branch of the Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology from 2021 to 2023. Various diagnostic methods, including radiological, clinical-laboratory, ultrasound, radiographic, morphological, and statistical approaches, were employed to achieve the research objectives. Based on the research goal and tasks, all patients were divided into two groups: the control group included 32 (36.78±5.17%) patients with cervical cancer who underwent comprehensive and combined treatment without recurrence for three years, and the second group comprised 55 (63.22±5.17%) patients with the same diagnosis, but with early recurrence detected after comprehensive and combined treatment at the preclinical stage. Patients were further classified into several subgroups.

Key words: cervical cancer, MRI, colposcopy.

Results:

The study involved the examination of 87 patients suspected of recurrent cervical cancer (RCC). Disease progression was observed in 55 patients diagnosed with recurrent cervical cancer. These indications were related to ultrasound features. Additionally, cytological examination using KP revealed echo-negative recurrence in 6 (10.9%) cases. Local recurrence was diagnosed in 16 (29%) patients, and regional recurrence occurred in 21 cases (38.1%). Ultrasound examinations of patients with RCC showed that the sensitivity of transvaginal ultrasound (TVUS) in detecting recurrence up to 1 cm was 80.0%, 1-2 cm – 87.5%, and more than 2 cm – 85.7%. The specificity of TVUS in detecting RCC up to 1 cm was 62.5%, 1-2 cm – 71.4%, and more than 2 cm – 66.7%. The diagnostic accuracy up to 1 cm was 84.2%, 1-2 cm – 80.8%, and more than 2 cm – 84.2%. Comparative evaluation of magnetic resonance imaging (MRI) results in patients with RCC showed that the sensitivity of MRI in detecting

<https://conferencea.org>

recurrence up to 1 cm was 66.7%, 1-2 cm – 83%, and more than 2 cm – 87.5%. The specificity of MRI in detecting RCC up to 1 cm was 83.3%, up to 2 cm 94.1%, and more than 2 cm – 83.3%. The diagnostic accuracy of MRI up to 1 cm was 90.5%, 1-2 cm – 93.9%, and more than 2 cm – 95.5%. Colposcopy sensitivity in differentiating normal tissue from cervical cancer recurrence ranged from $86.9\pm 4.7\%$, with specificity ranging from $67.4\pm 3.5\%$. Tumor recurrence up to 1.0 cm was detected in 29 (52.7%) cases, 1.0 to 2.0 cm in 19 (34.5%) patients, and more than 2.0 cm in 7 (12.7%) cases.

Conclusions

In the diagnosis of recurrent cervical cancer after comprehensive and/or combined treatment, the value of colposcopy is significantly higher than that of ultrasound and MRI. The sensitivity of colposcopy for recurrence up to 1 cm was $95.5\pm 1.2\%$, specificity $60.2\pm 4.3\%$, and accuracy $76\pm 2.8\%$.