UCF and 4 UCF-a and no further deterioration was observed.

Such findings indicated that C-C Scopy was significant in the laser conization for CIN in the non-UCF cases and that it enabled the positive treatment for UCF-a cases.

137. Long-term Follow-up of Dysplasia of the Uterine Cervix

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We followed up the groups for 2 to 7 years up to March, 1986 that were judged and classified as IIIa (317), IIIb (182), IV (192), V (87) in mass screening for cervical cancer for 5 years in 1979–1983. The results were as follows.

1) The cancer detection rates for the groups were 8.8% in IIIa, 30.8% in IIIb, 71.8% in IV, 96.5% in V. Of the detected cancer cases the detection rate within one year was 64.5% in IIIa while it was more than 90% in IIIb, IV, V, respectively.

2) The majority of no cancer cases showed dysplasia on punch biopsy. The cases that were negative more than three times in cytology two years after follow-up were 55.5% in IIIa, 59.6% in IIIb, 7.8% in IV, while the cases that showed fluctuation of findings were 30.5%, 21.4%, 17.7% respectively.

It was speculated that those showed no findings might have been vanished by taking biopsy. As is often the case with the limits of ambulatory cancer detection, the through control of follow-up must be emphasized.

138. Peritoneal Cytology in Patients with Carcinoma of the Uterine Cervix

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Peritoneal cytology was obtained in 125 patients with carcinoma of the uterine cervix at the time of laparotomy. The incidence of positive peritoneal cytology was 11.2%. Positive peritoneal cytology was found four times more frequently in adenocarcinoma than in squamous cell carcinoma. The incidence of pelvic lymph node and paraortic lymph node metastasis was higher in patients with positive peritoneal cytology than in patients with negative peritoneal cytology. The 2-year survival rate in patients with positive peritoneal cytology was 30.0% and it was 82.7% in patients with negative peritoneal cytology. 28.6% of patients with positive peritoneal cytology developed peritonitis carcinomatosa. This fact suggests the need of systemic therapy when peritoneal cytology is positive. It was concluded that it is very important to obtain peritoneal cytology routinely at the time of laparotomy in patients with carcinoma of the cervix.

139. Diagnosis of Early Carcinoma of the Endometrium by Using Endometrial Cytology and Hysteroscopy

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Diagnostic accuracy of cytology from endometrial cavity and routine outpatient endometrial biopsy for endometrial carcinoma and methods for the early detection have been evaluated. During a 7-year period, 11225 women were screened for endometrial carcinoma with endometrial cytology. The cytology samples were positive in 75 (0.65%) of these 11225 patients and suspicious in 337 (2.99%). Eighty cases of these women had a pathological diagnosis of endometrial cancer and 1 of these patients was diagnosed falsely negative by cytology.

The initial smears taken from uterine corpus were positive or suspicious in 85.1% out of 136 cases with endometrial cancer and the carcinoma was accurately diagnosed in 79.7% by the initial biopsy. Twenty-nine cases out of 136 patients could not be diagnosed by repeating these routine diagnostic methods. Out of these 29 cases, 11 with negative endometrial biopsy had been detected to be positive or suspicious by cytology, 18 had been found to be endometrial hyperplasia by biopsy. Twenty-two cases out of these 29 patients were diagnosed correctly by hysteroscopy and following curettage. Preinvasive cancers in 60.0% were diagnosed by hysteroscopy, whereas only 10.1% of these were diagnosed by routine diagnostic method.

It is concluded that endometrial cytology is a useful procedure for screening of endometrial cancer and hysteroscopy combined with cytology is a valuable method to detect early endometrial cancer with good prognosis.