

CLINICAL AND PATHOLOGICAL PRESENTATION OF INVASIVE CERVICAL CANCER IN HIV INFECTED WOMEN AT KNH.

DR. NJOKI FERNANDES 2010

ABSTRACT

Introduction: In Kenya, cervical cancer is the leading cancer among women. HIV prevalence is also high at 7.4%. Studies have pointed to an association between HIV infection and invasive carcinoma of the cervix and a faster progression to more advanced stages of carcinoma of the cervix, the latter with higher treatment failures and more recurrences.

Objective: To evaluate and compare the clinical and pathological presentation of invasive cervical cancer in patients who are HIV positive with those who are HIV negative.

Design: Cross sectional study

Methodology

Recruitment: Eligible patients who present with **invasive cervical cancer** were recruited. Physical examination and EUA **were** done and cervical biopsy taken to confirm the diagnosis. **A HIV test was also** administered after counseling. The clinical and pathological features of patients **found to be HIV positive were** compared with those found to be HIV negative

Setting: Kenyatta National Hospital Department of Obstetrics and Gynecology; Gynecology Outpatient Clinic (Clinic 18), Radiotherapy Clinic and Acute Gynecology Ward (Ward 1D)

Participants: 150 newly diagnosed patients with invasive cervical cancer were identified from the three sources indicated above and recruited into the study if they were willing and fulfilled the inclusion criteria

Results: The mean age for the participants was 44 years (range between 25 and 71 years). However the mean age for HIV positive participants was significantly lower than those without HIV (41 yrs vs. 46 yrs) ($p=0.002$). A staggering 70.7 % had never had a previous pap smear, and this population reported higher stages of cervical cancer ($p=0.004$). A large proportion (83.3%) of the participants had advanced disease. HIV seroprevalence in this population was 47.3% . Of these 71 patients, only 52.1% of them were on HAART. In the patients who had HIV, 54.9% had poorly differentiated tumors ($p=0.002$). The mean CD4 count for the HIV positives was 304. Those on HAART had a higher CD4 count than those not on HAART ($p=0.004$). The patients residing in Nairobi had lower clinical stages of cervical cancer ($p=0.003$)

Conclusions: HIV was highly prevalent among patients with ICC. Pap smear penetration was very low in this population. HIV infection was associated with poorer histological differentiation of the tumors. The age at presentation was also significantly younger in those patients with HIV. Use of HAART was not widespread in the population that was HIV positive.

Recommendations: Screening for cervical cancer needs to be more widespread in the country. HIV testing and cervical cancer screening should be done routinely for all women at whichever point of contact. All HIV positive patients with ICC should be on HAART regardless of CD4 count. HIV positive patients should be followed up more closely for cervical cancer. Government policy should be in place to encourage the implementation of the above recommendations.