

## Early Diagnosis of Cervical Cancer Caused by HPV

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**Abstract:** Cervical cancer is an oncological disease that affects the mucous membrane of the cervix. The disease most often proceeds without symptoms. They appear only with the development of complications. In these cases, the signs of cervical cancer include: spotting from the genital tract, chronic pelvic and lower back pain, menstrual cycle disorders, urination and defecation. In most cases, HPV types 16 and 18 are detected. HPV infection in the population, according to various studies, ranges from 80 to 95%. It is important to understand that it is not the fact of detecting a papillomavirus infection that is crucial, but the duration of its presence in the body. Cancer is preceded by the occurrence of precancerous diseases called intraepithelial neoplasia or cervical dysplasia. This is a precancerous disease that often turns into cancer without treatment. The development of oncopathology from the stage of dysplasia to cancer takes 7-10 years. During this period, the disease does not manifest itself clinically in any way

**Key words:** cervical cancer, examination in mirrors, HPV types, cytological scraping, biopsy with histological conclusion, endocervical curettage.

### Introduction

The disease most often proceeds without symptoms. The clinical picture is manifested only in the case of complications, which are expressed by the following symptoms:

- spotting from the genital tract after sexual contact or gynecological examination;
- spotting from the genital tract during postmenopause;
- intermenstrual spotting from the genital tract;
- changing the nature of menstrual discharge;
- heavy bleeding that is difficult to stop;
- discharge from the genital tract with a putrid odor;
- chronic pelvic and lower back pain;

- violation of urination and defecation;
- swelling of the legs

## Results and Discussion

Histologically (according to the structure of tissues), the following types of cervical cancer are distinguished:

squamous cell carcinoma arising from the epithelial cells of the cervical canal and exocervix (the outer part of the cervix, which is available for examination in mirrors), its proportion is about 70-80% of all cases;

adenocarcinoma or glandular cancer arising from the epithelium of the cervical glands accounts for about 10-20% of all cases;

low—grade cancer - 10% of all cases;

other histological types of malignant tumors — less than 1% (vitreous cell carcinoma, neuroendocrine tumors, adenobasal cancer, etc.)

## Conclusions

The prognosis for cervical cancer depends on the stage of the disease. In oncology, it is customary to evaluate the five-year survival rate:

at stage I , it is 88.8 %

at stage II — 74 %;

at stage III — 51.4 %;

at stage IV — 7.8% [10].

Prevention is aimed at identifying the problem at the stage of precancerous disease, when a complete cure is possible and the risk of recurrence is low.

To do this, it is recommended to undergo the following examinations:

smear for oncocytology (pap test) - once a year;

colposcopy — also once a year (on any day except menstruation days);

PCR diagnostics for HPV - with each change of sexual partner or once every five years.

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