

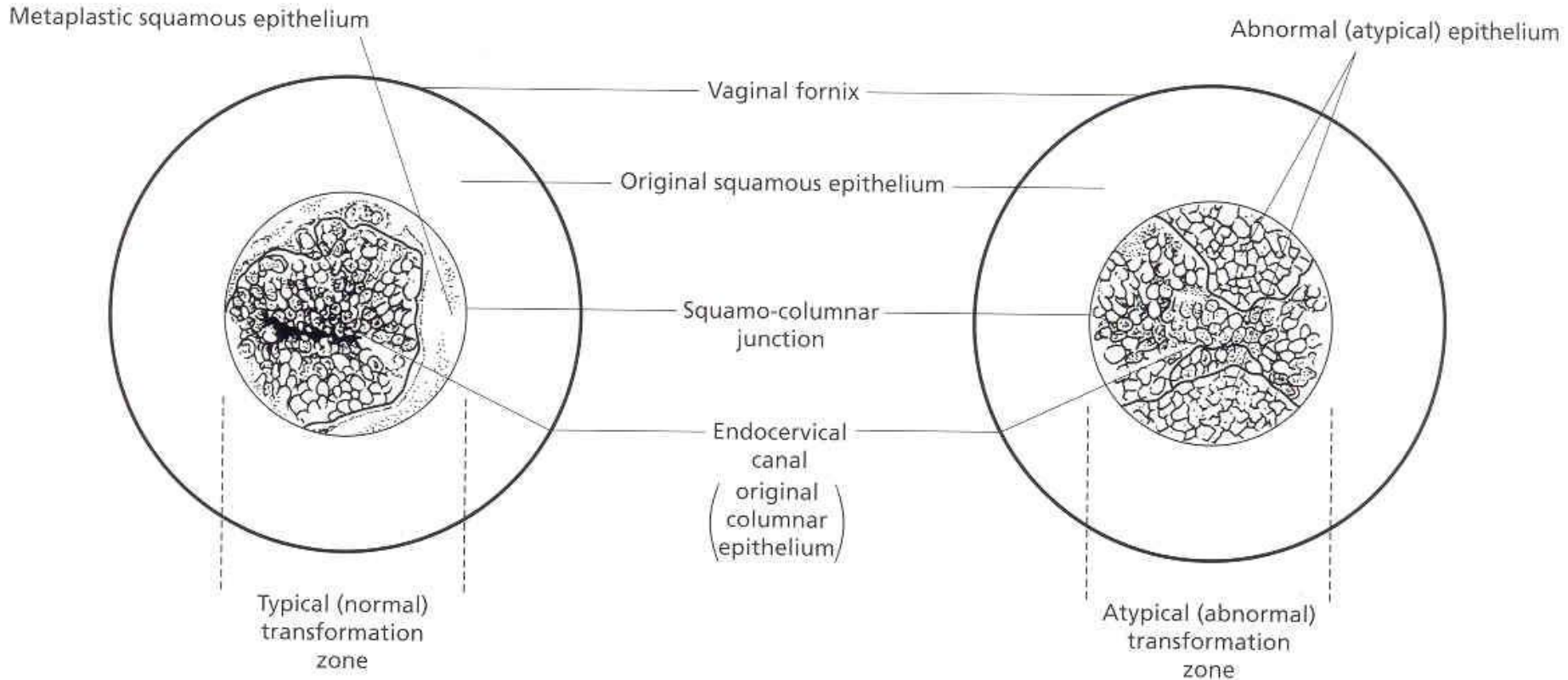


## Anormal Transformasyon Zonu Kolposkopisi

**Doç Dr Gökhan Tulunay**

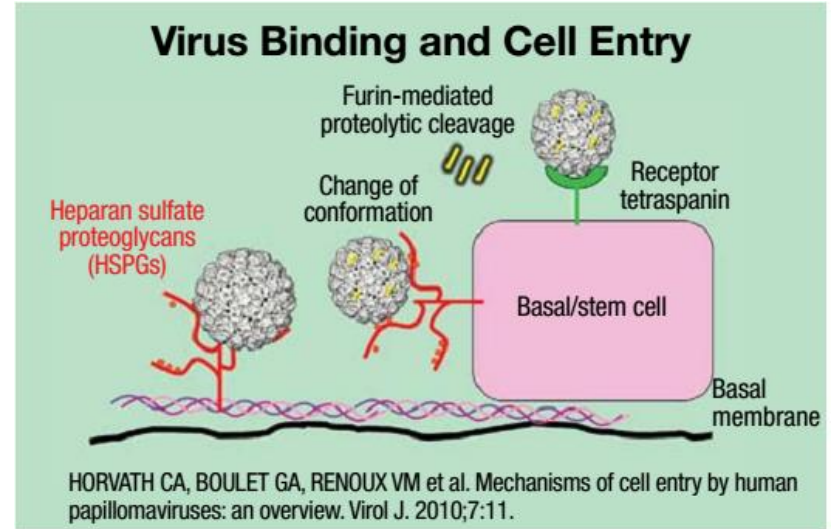
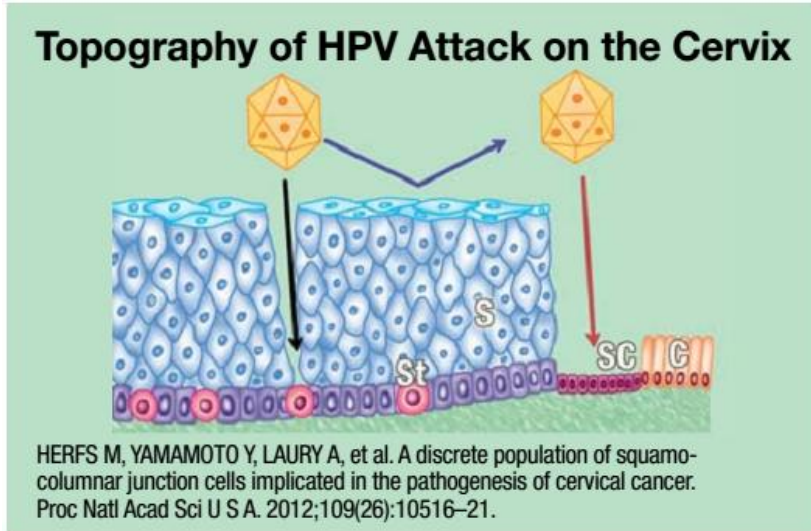
Etlik Zübeyde Hanım Kadın Hastalıkları EA Hastanesi-Jinekolojik Onkoloji Cerrahisi Kliniği

# Anormal transformasyon zonu



# Atipik transformasyon zonu

- ▶ HPV ve onkojenik kofaktörlerin etkisi altında normal metaplastik epitel hücreleri atipik metaplastik hücrelere değişir ve normal transformasyon zonunu (TZ) atipik transformasyon zonuna (ATZ) dönüştürme süreci başlar.



# Kolposkopik inceleme

- ▶ Yeterli veya yetersiz
  - ▶ İnflamasyon
  - ▶ Kanama
  - ▶ Skar
- ▶ Skuamokolumnar bileşke görünürlüğü
- ▶ TZ'u tipi

# 2011 IFCPC Terminologisi

<b>Abnormal colposcopic findings</b>	<b>General principles</b>	<b>Location of the lesion:</b> Inside or outside the T-zone, Location of the lesion by clock position <b>Size of the lesion:</b> Number of cervical quadrants the lesion covers, Size of the lesion in percentage of cervix,	
	<b>Grade 1 (Minor)</b>	Thin aceto-white epithelium Irregular, geographic border	Fine mosaic, Fine punctuation
	<b>Grade 2 (Major)</b>	Dense aceto-white epithelium, Rapid appearance of acetowhitening, Cuffed crypt (gland) openings	Coarse mosaic, Coarse punctuation, Sharp border, Inner border sign, Ridge sign
	<b>Non specific</b>	Leukoplakia (keratosis, hyperkeratosis), Erosion Lugol's staining (Schiller's test): stained/non-stained	
<b>Suspicious for invasion</b>		Atypical vessels <b>Additional signs:</b> Fragile vessels, Irregular surface, Exophytic lesion, Necrosis, Ulceration (necrotic), tumor/gross neoplasm	
<b>Miscellaneous finding</b>		Congenital transformation zone, Condyloma, Polyp (Ectocervical/endocervical) Inflammation,	Stenosis, Congenital anomaly, Post treatment consequence, Endometriosis

# Genel prensipler

- ▶ Lezyonun yerleşimi
  - ▶ TZ'nun içinde ya da dışında
- ▶ Lezyonun saate göre pozisyonu
- ▶ Lezyonun boyutu
  - ▶ Kapladığı servikal kadran sayısı
- ▶ Lezyonun boyutu
  - ▶ Serviksin yüzdesi olarak

## Grade 1 (minor) deęişiklikler

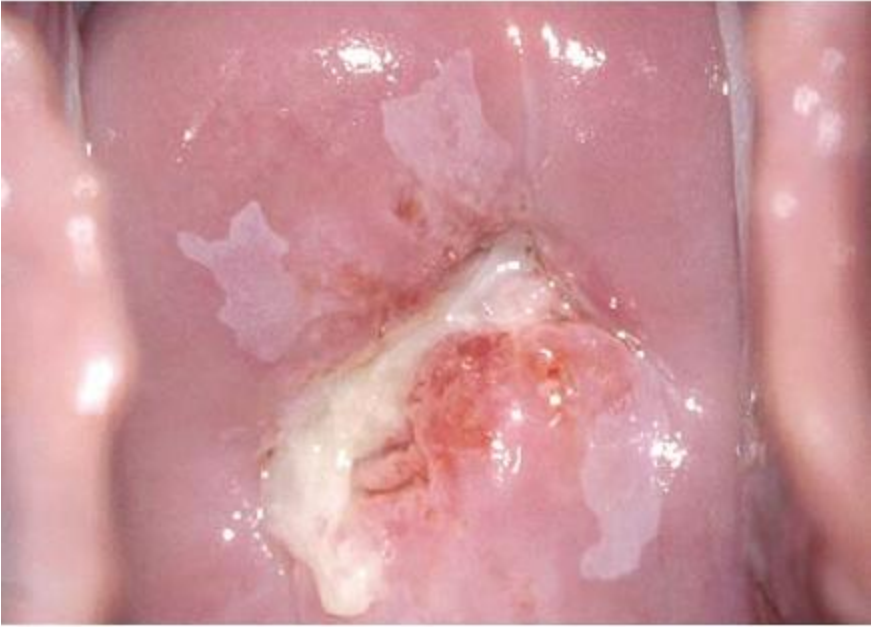
- ▶ İnce asetowhite (AW) epitel
- ▶ İrregüler, coęrafi kenarlar
- ▶ İnce punktasyon
- ▶ İnce mozaik

# İnce AW epitel





# İrregüler, cođrafi kenarlar (CIN 1)

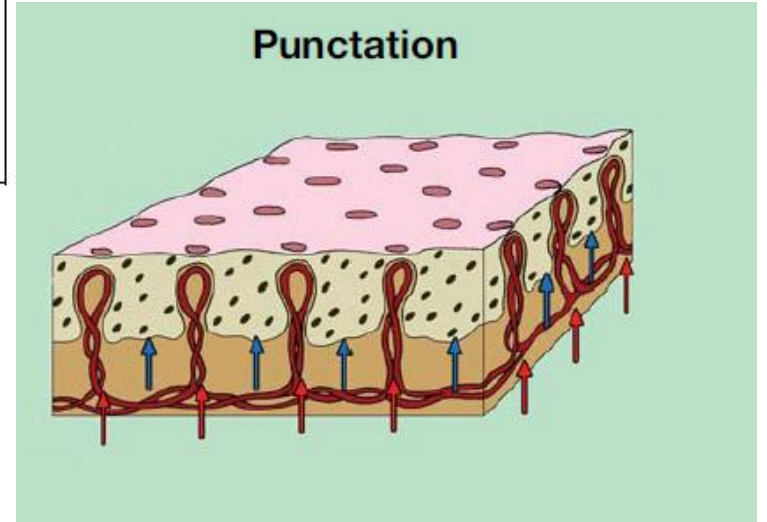
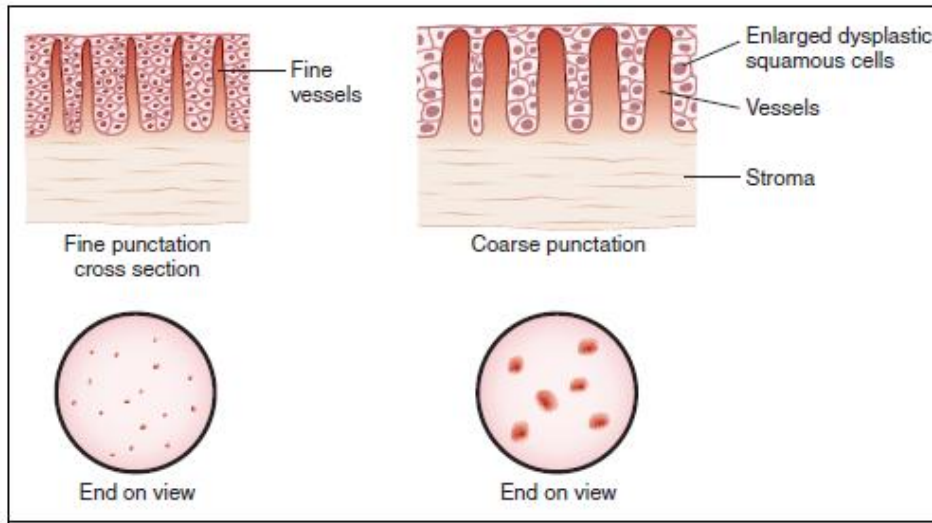


# İrregüler, cođrafi kenarlar (CIN 1)

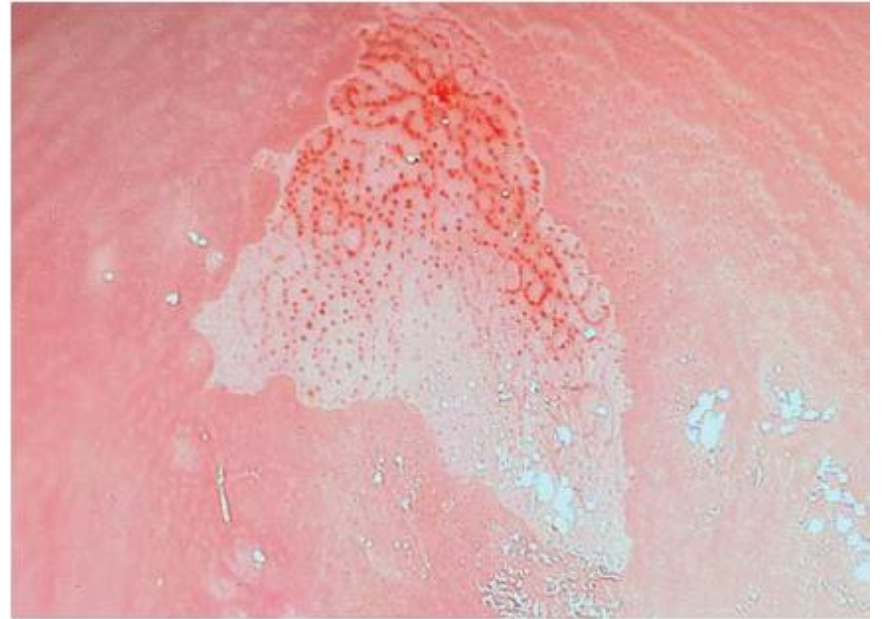


# Punktasyon

- Punktasyon stromal papilladaki kapillerlerin epitelden çıkış ve girişlerini yansıtan kolposkopik bulgudur.

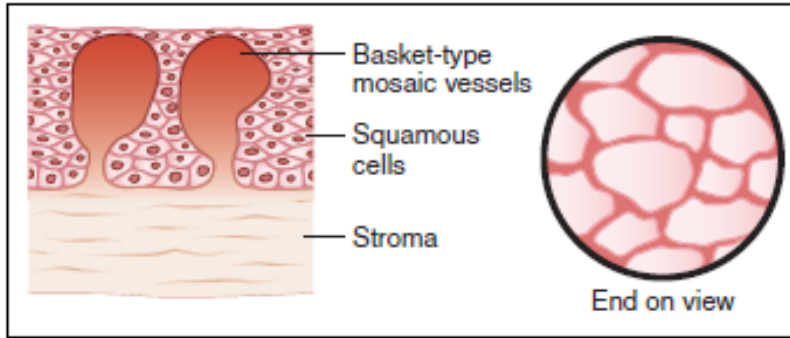


# İnce punktasyon

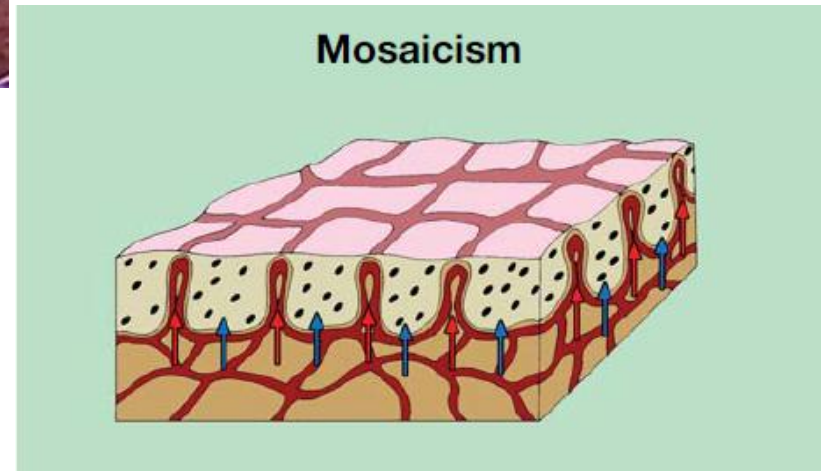


# Mozaik

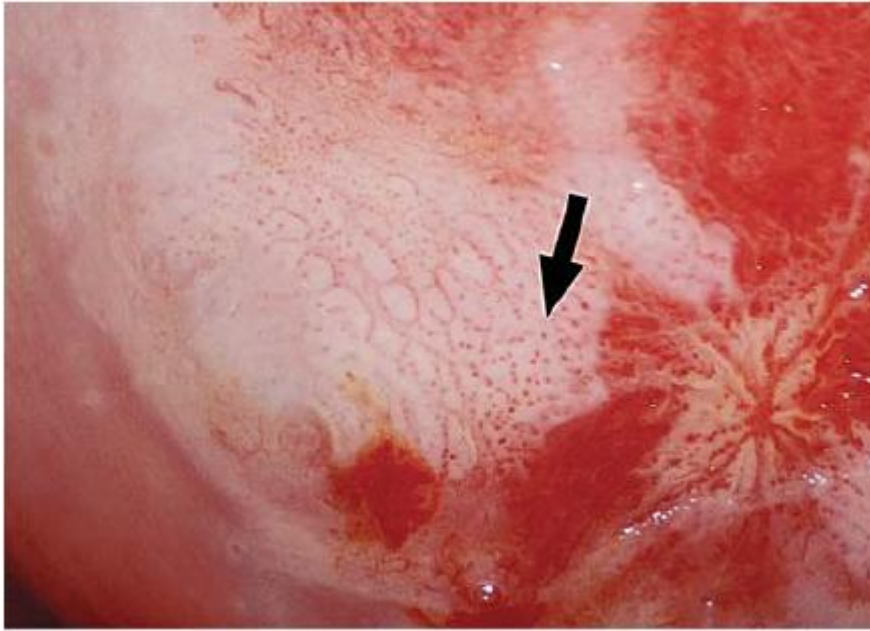
- ▶ Mozaik: stroma ve eşlik eden kapillerler skuamoz epitel adacıkları arasında “sıkıştırıldıklarında” parke taşı veya kümes teli şeklinde ortaya çıkan paterndir.



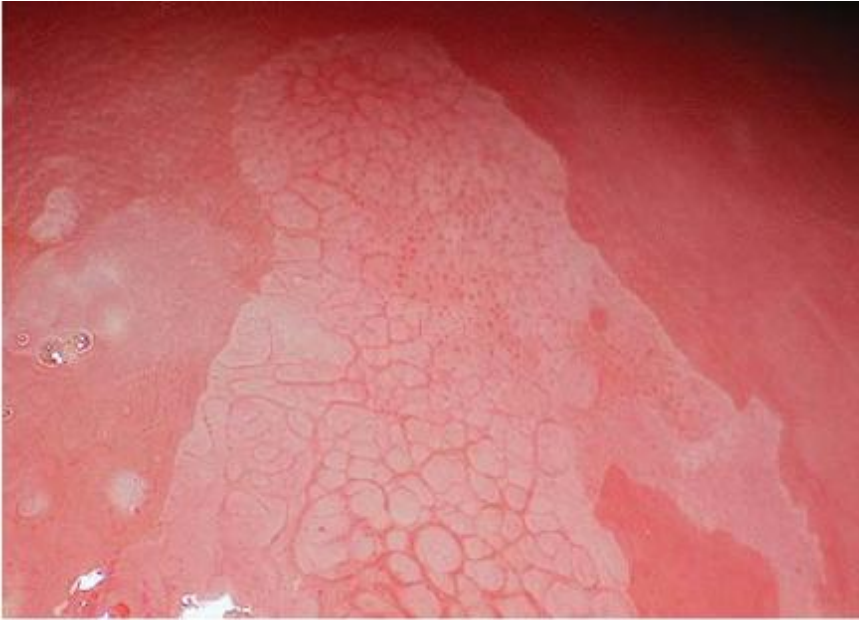
# Mozaik



# Mozaik



# İnce mozaik





## Grade 2 (major) deęişiklikler

- ▶ Dens AW epitel
- ▶ Asetik asit beyazlamasının hızlı oluşu
- ▶ Cuffed kript (gland) açıklıkları
- ▶ Kaba punktasyon
- ▶ Kaba mozaik
- ▶ Keskin sınır
- ▶ İner border işareti
- ▶ Ridge işareti

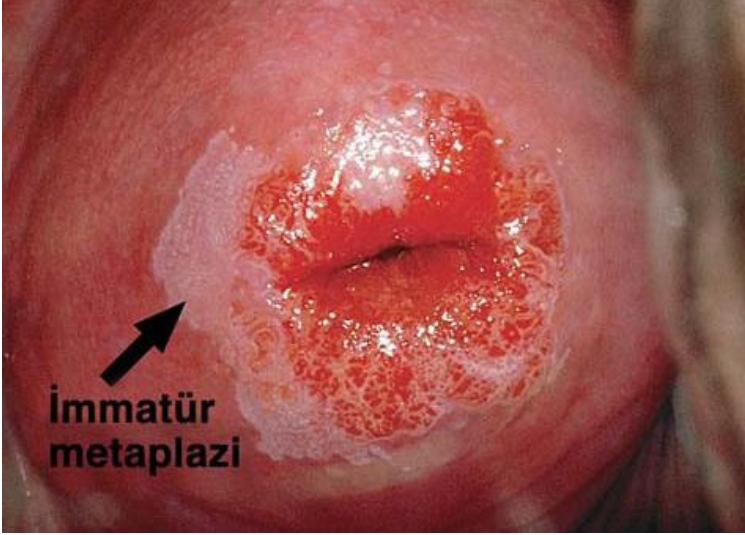
# Dens AW epitel



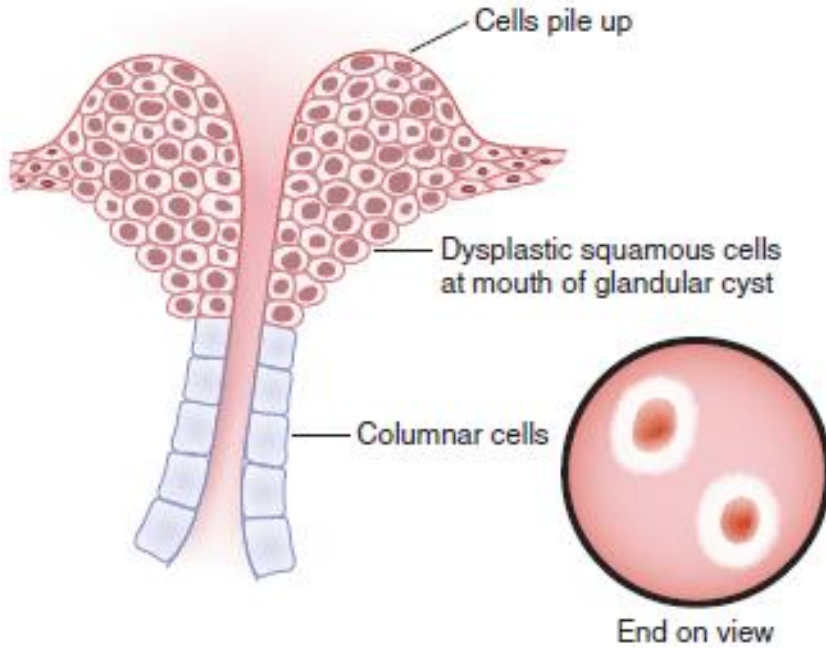
# Dens AW epitel (CIN 3)



# Asetik asit beyazlamasının hızlı oluşu



# Cuffed kript (gland) açıklıkları



# Kaba punktasyon



# Kaba mozaik

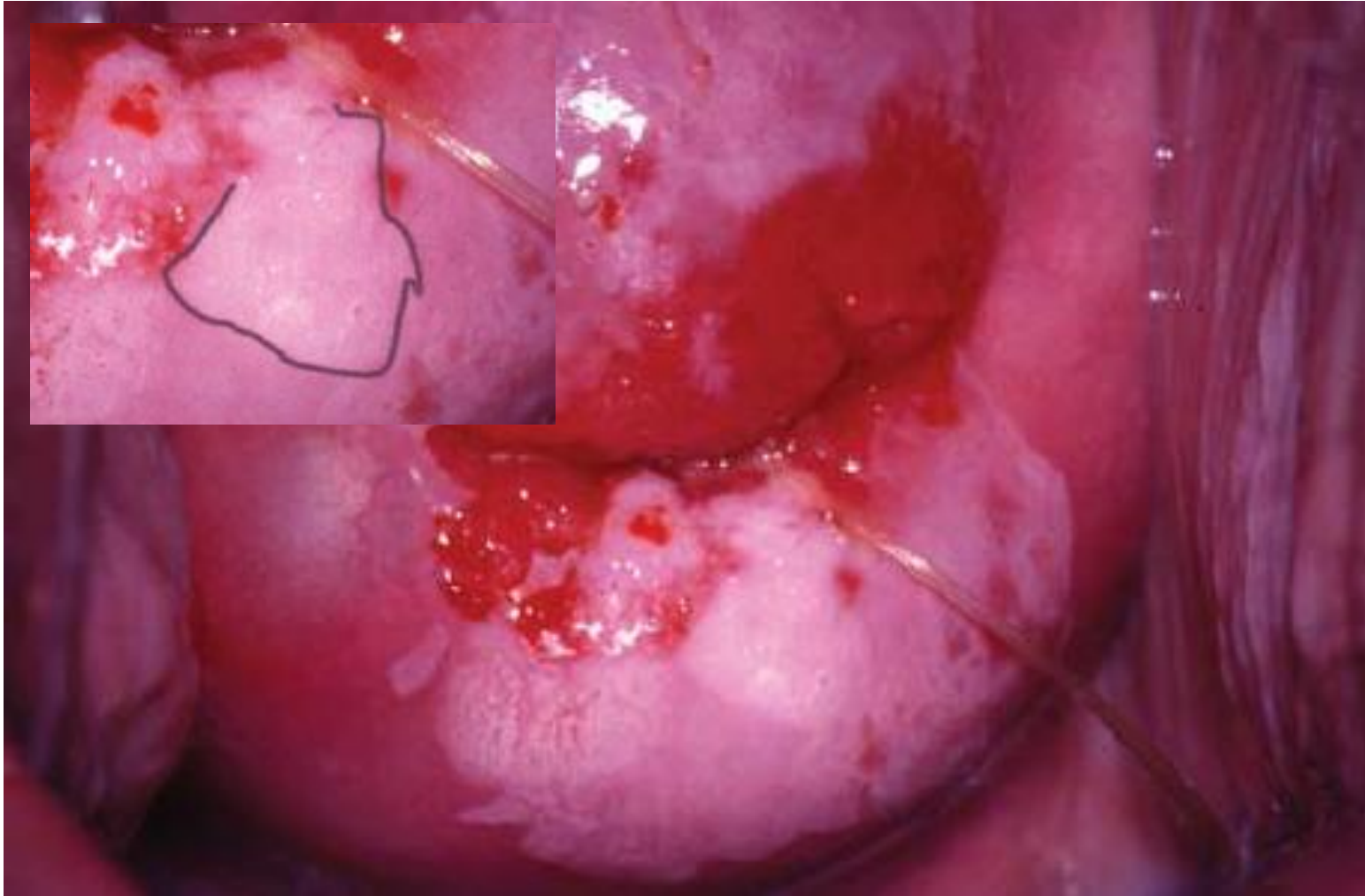


# Keskin sınır





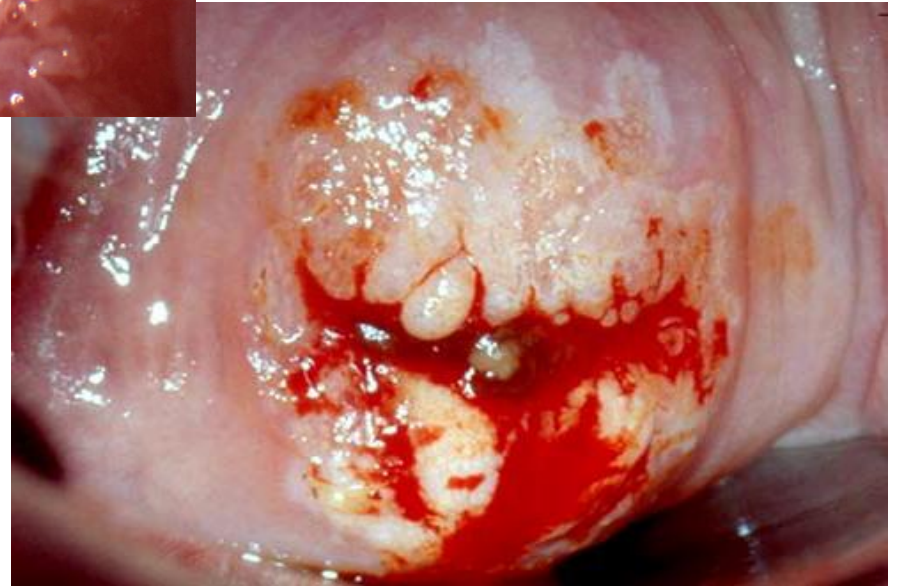
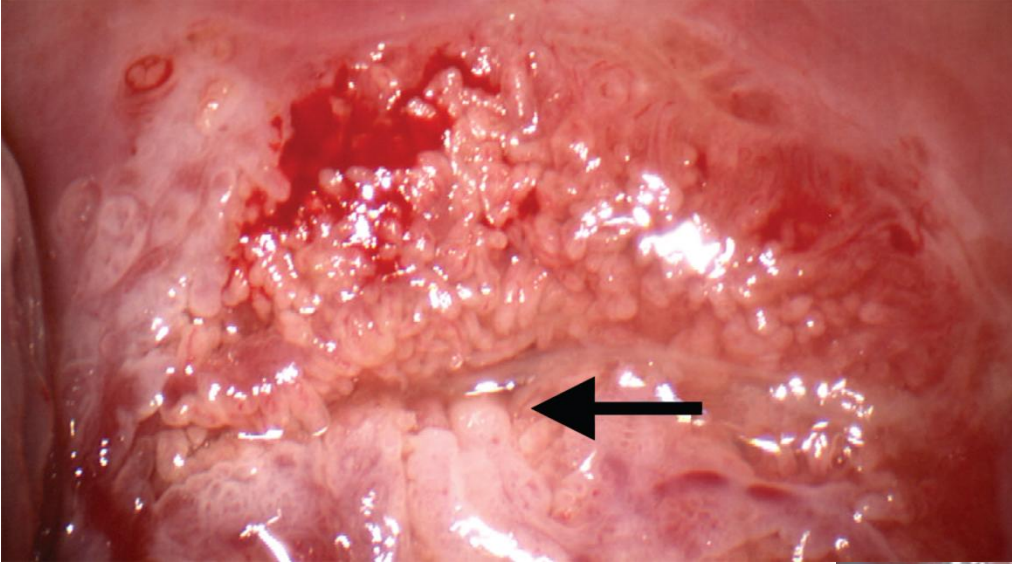
# İnner border işareti



# İnner border işareti



# Ridge işareti



# Ridge iřareti

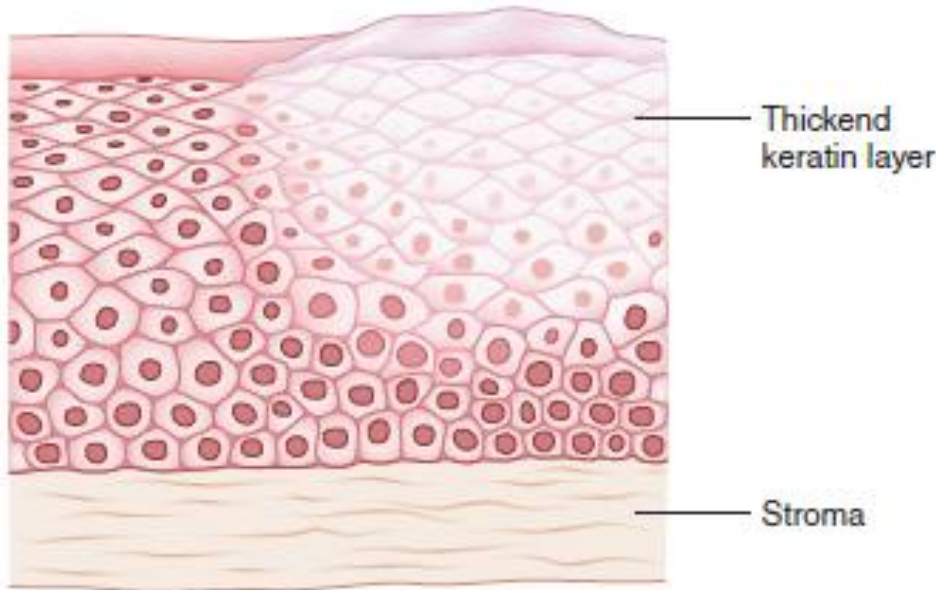


# Non-spesifik deęişiklikler

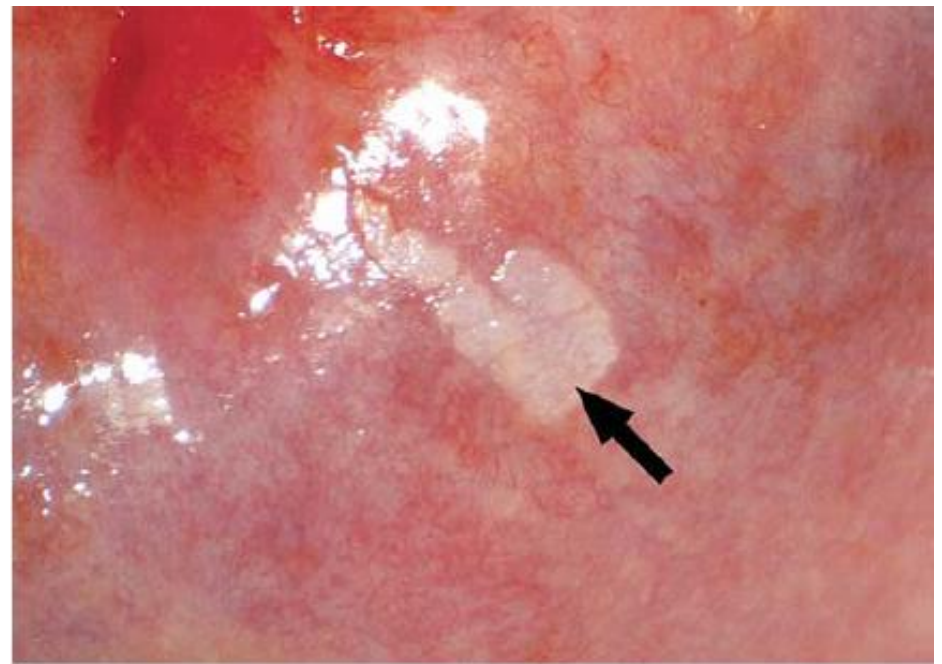
- ▶ Lökoplaki (keratoz, hiperkeratoz)
- ▶ Erozyon
- ▶ Lugol iodin boyanması (Schiller testi); boyanma ya da boyanmama

# Lökoplaki (keratoz, hiperkeratoz)

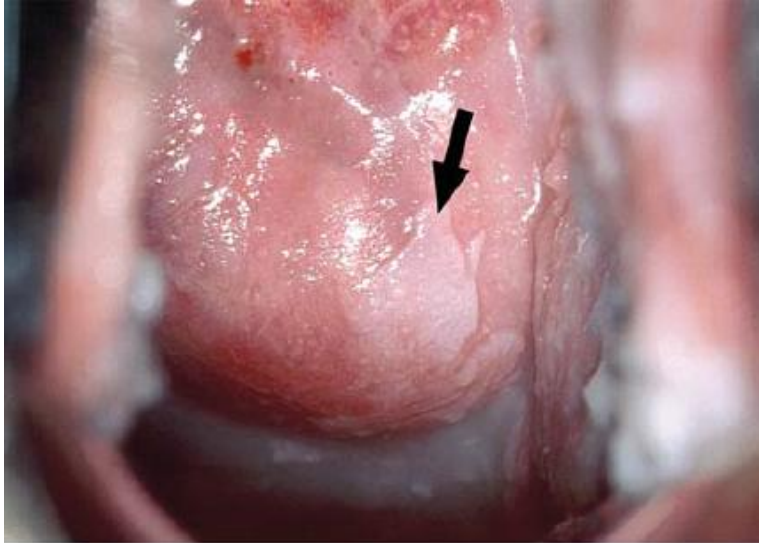
- ▶ Lökoplaki veya hiperkeratoz kabaca beyaz, sıklıkla kabarık olarak görülür ve TZ içindeki bir alanda yerleşmesi de gerekli değildir.



# Lökoplaki (keratoz, hiperkeratoz)



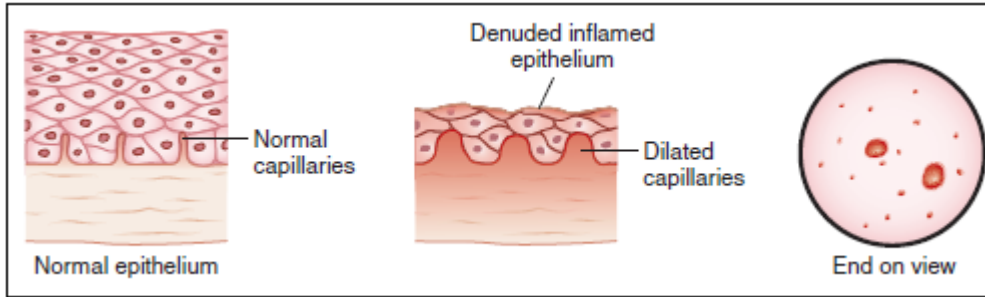
# Lökoplaki (keratoz, hiperkeratoz)





# Erozyon-ülserasyon

- Epitelde sıyrılma, yarık oluştuğunda alttaki stroma damarları ortaya çıkar ve epitelin kırmızı görünmesine neden olurlar.



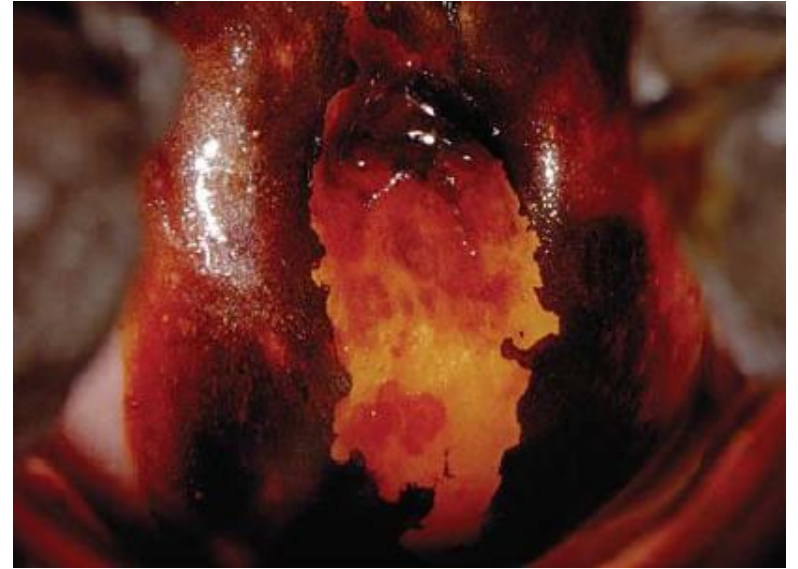
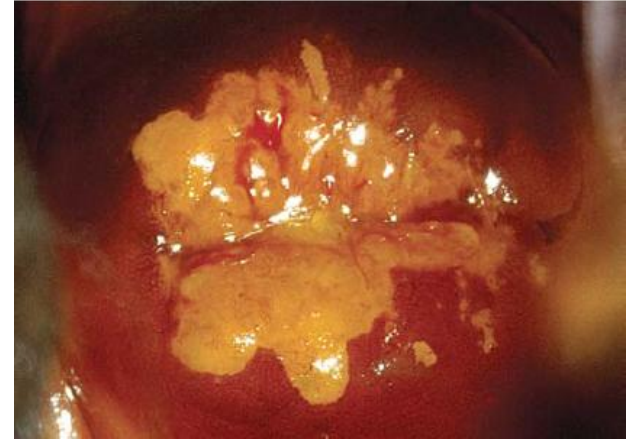
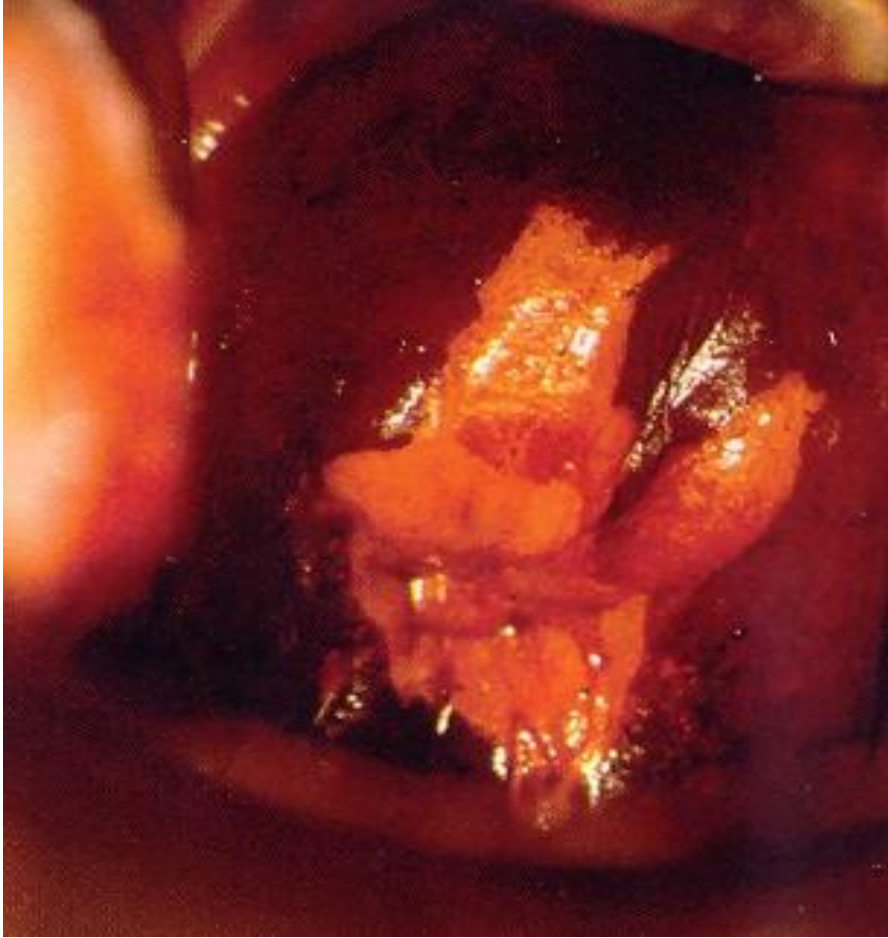
# Erozyon-ülserasyon



# Erozyon-ülserasyon



# Lugol iodin boyanması (Schiller testi)

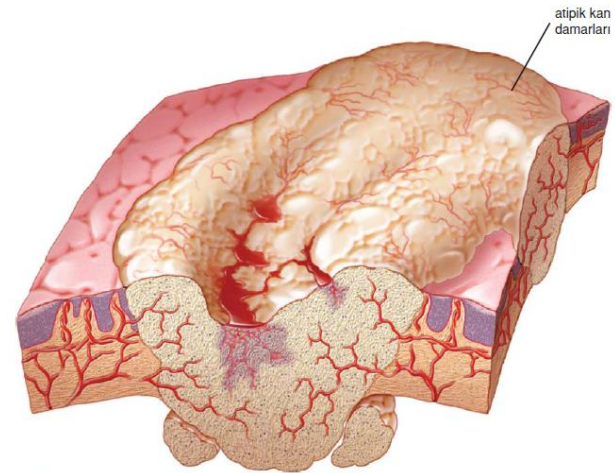
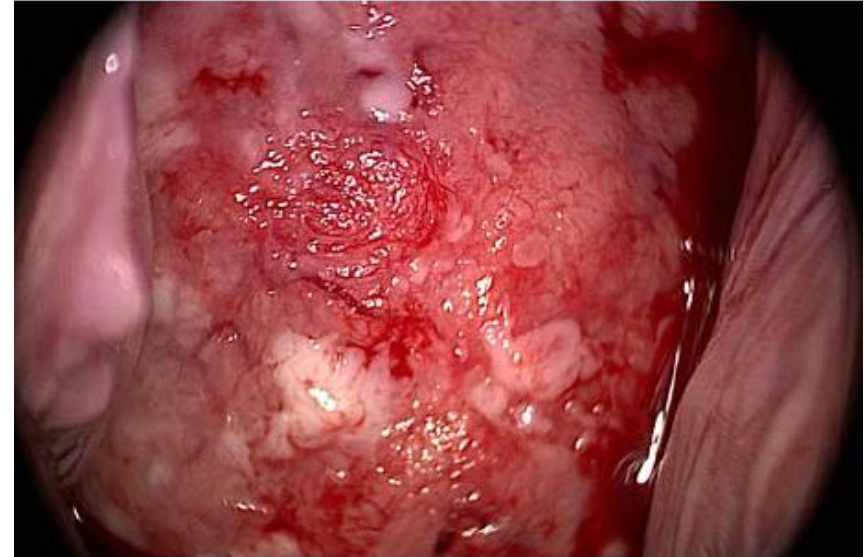
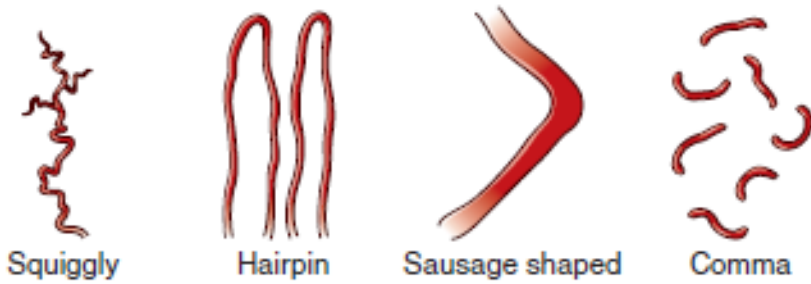


# İnvazyon için şüpheli işaretler

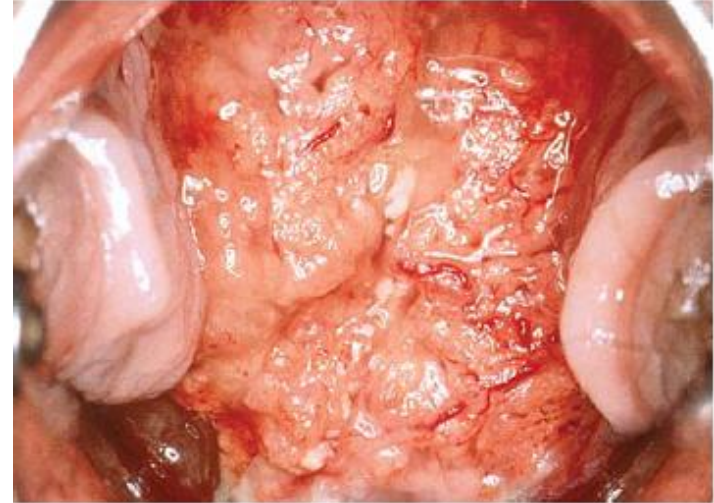
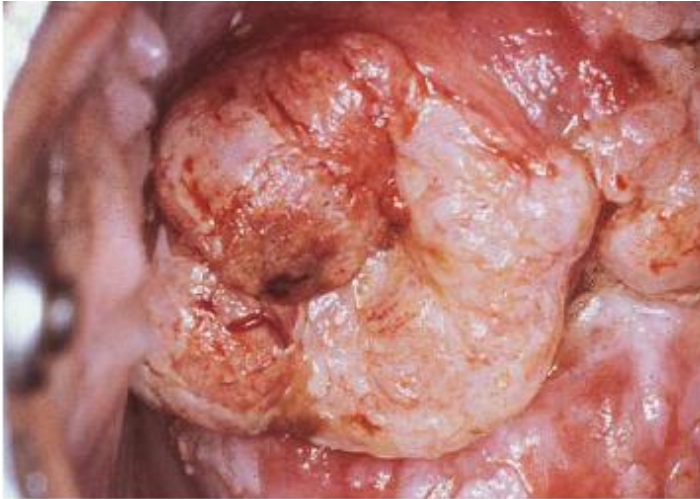
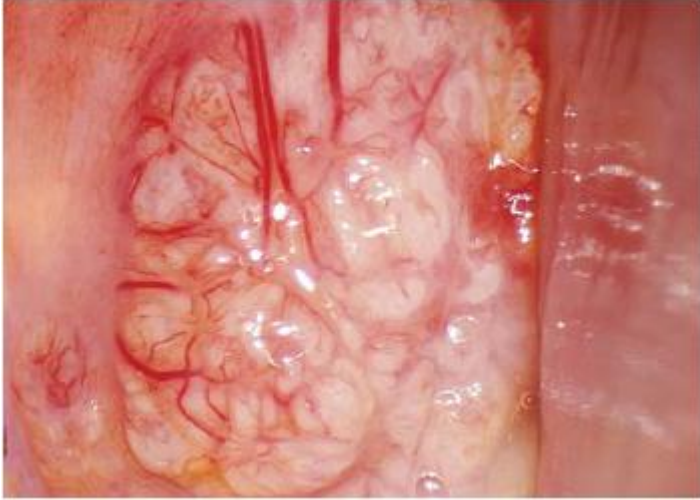
- ▶ Atipik damarlar
- ▶ İlave işaretler
  - ▶ Frajil damarlar
  - ▶ İrregüler yüzey
  - ▶ Ekzofitik lezyon
  - ▶ Nekroz
  - ▶ Ülserasyon (nekrotik)
  - ▶ Tümör/gros neoplazm

# Atipik damarlar

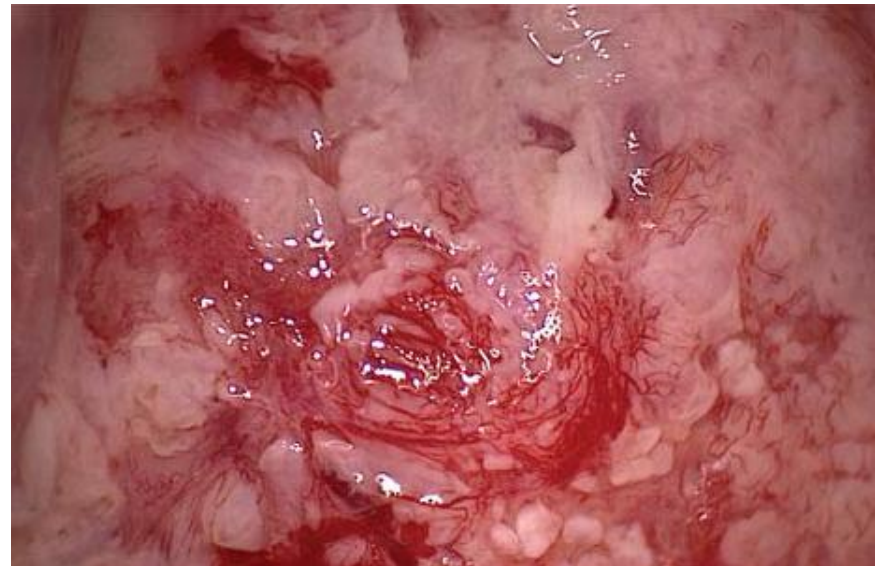
Atypical blood vessels



# Atipik damarlar



# Atipik damarlar

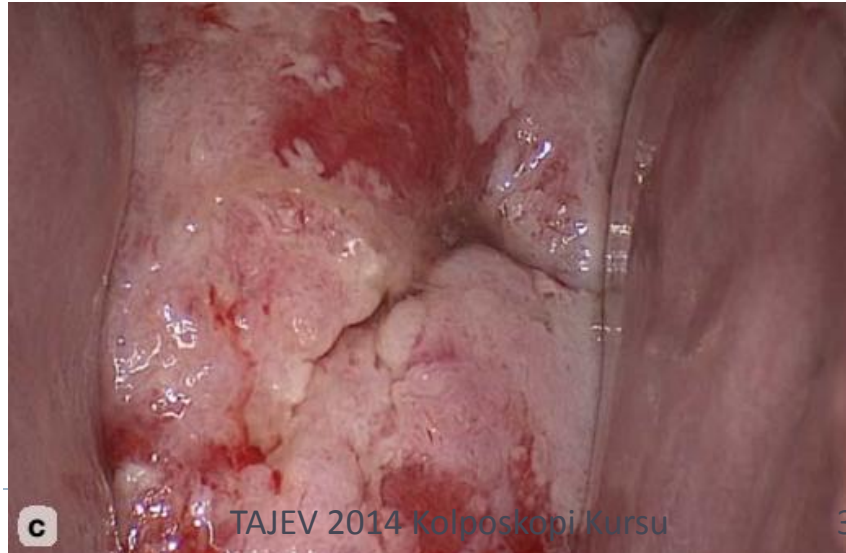




# İlave işaretler

- ▶ Frajil damarlar
- ▶ İrregüler yüzey
- ▶ Ekzofitik lezyon
- ▶ Nekroz
- ▶ Ülserasyon (nekrotik)
- ▶ Tümör/gros neoplazm

# İrregüler yüzey



# Ekzofitik lezyon



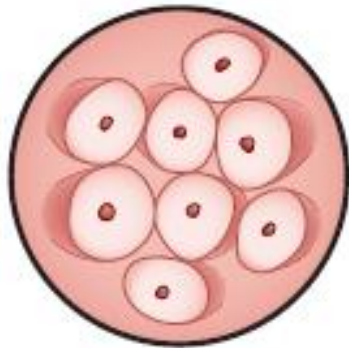
# Çeşitli bulgular

- ▶ Konjenital TZ'u
- ▶ Kondilom
- ▶ Polip (ektoservikal/endoservikal)
- ▶ İnflamasyon
- ▶ Stenoz
- ▶ Konjenital anomali
- ▶ Tedavi sonrası durumlar
- ▶ Endometriozis

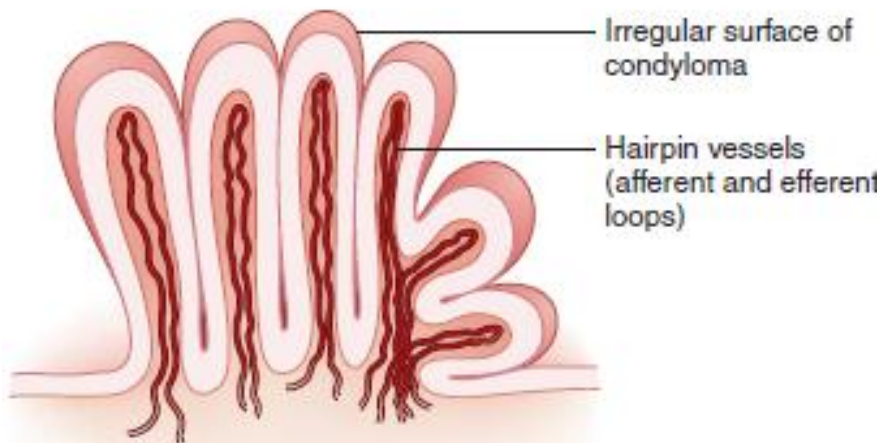
# Konjenital transformasyon zonu



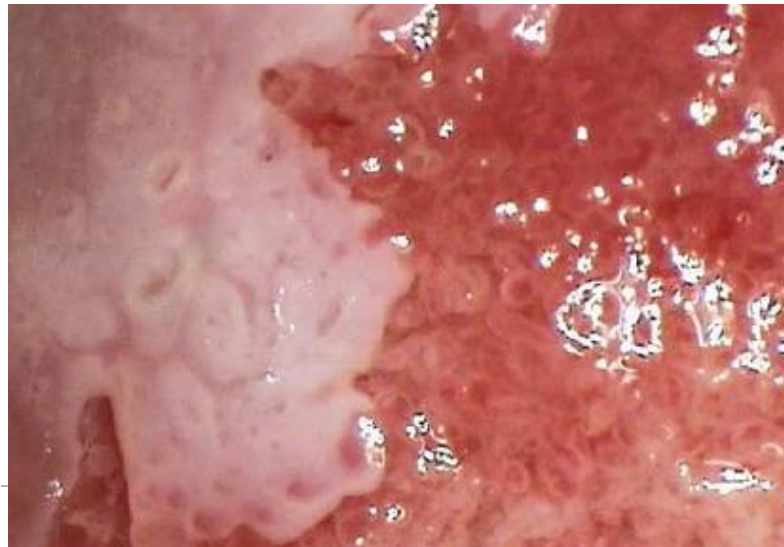
# Kondilom



End on view  
looped capillaries



# Kondilom

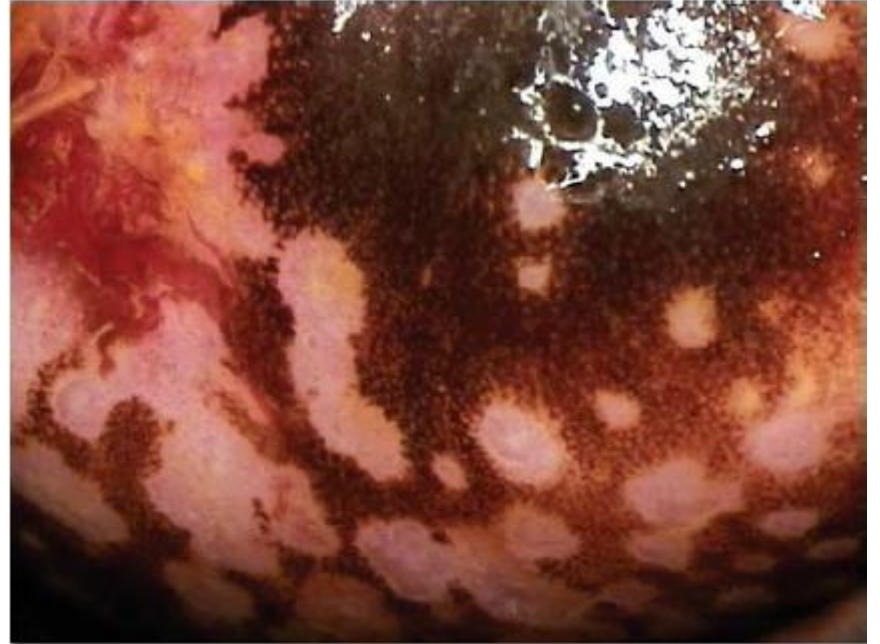


# Polip (ektoservikal/endoservikal)





# İnflamasyon-Enfeksiyon



# Tedavi sonrası deęişiklikler



# Vain



# Sonuç

- ▶ HPV ve onkojenik kofaktörler etkisi ile atipik epitel oluşur.
- ▶ Preinvaziv lezyonlar ve serviks kanseri bu epitelden gelişir.
- ▶ Lezyonların ayrımı deneyim gerektirir.
- ▶ Tanı için biyopsi gereklidir.