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Histopathological Study of Cervical Lesions in Onitsha, Nigeria.**Anibor, E.***

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Abstract

Affirmation of the diagnosis of uterine cervix cancer entails histopathology of the cervix. This study recorded the diverse sorts of cervical lesions among females who undertook cervical biopsy at Nkeoma Specialist Diagnostic Clinic and Laboratory, Fegge, Onitsha, Anambra State in Nigeria. Ethical assertion was received from the Research and Ethics Committee of the Department of Human Anatomy and Cell Biology, Faculty of Basic Medical Sciences, Delta State University, Abraka in Nigeria. This retrospective assessment was effected among 60 females who undertook cervical biopsy at Nkeoma Specialist Diagnostic Clinic and Laboratory in Onitsha between February 1st to July 31st 2018. The patients' ages and biopsy aftermaths were logged. The data accumulated were collated and anatomized having recourse to the Statistical Package for the Social Sciences (SPSS) version 20. Chi-square was put to use in probing for significant age variation in the manifestation of cervical lesions. A p-value below 0.05 was reckoned to be significant. Of the 60 cervical biopsies evaluated 30 (50%) were infections, 14 (23.3%) malignancies, 9 (15%) benign tumours and 7 (11.7%) dysplasias. The ratio of benign to malignant cervical tumours is 0.6:1. The cervical malignancies interposed were 11 squamous cell carcinomas, 2 adenocarcinomas and 1 poorly-differentiated carcinoma. Cervical lesions were more pervasive 33 (51.7%) in age group 31-45 years. A significant interdependence was cognized between the manifestation of the cervical lesions and age ($p=0.00$). The most prevailing sort of cervical lesion identified was infection. Cervical

lesions were more rampant in the age class 31-45 years.

Keywords: *Histopathology, study, biopsy, cervix, Onitsha.*

Introduction

The cervix is a portion of the female genital system about 2–3 centimeters (0.8–1.2 in) extent lengthwise (Kurman, 1994). It is the nether strait part of the uterus continuous above with the wider topside or body of the womb (Gray, 1995). It is the gateway into the uterus, thus it is vulnerable to infections and other morbidities such as cancerous growth, hyperplasia, endometriosis, cervicitis and endocervical polyps (Mills, 2004).

Chronic non-specific cervicitis is the utmost widespread inflammatory disease with different causative microbes (Paavonen *et al.*, 1986). Benign disorders of the cervix are prevalent and exemplified by endometriosis, endocervical hyperplasia, Nabothian cysts and endocervical polyps (Somionecu *et al.*, 2005). Cancer of uterine cervix is the fourth outspread cancer among women worldwide. In 2012 alone, 528,000 new cases were detected globally. Eighty-five percent of cervical tumours are malignant in the developing nations, and 90% of mortalities from cervical cancer also eventuate in these countries (Ferlay, 2012). Nnadi *et al.* (2014) considered cancers among females in Northern Nigeria and noted that cervical cancer is the uttermost prevalent gynecological malignancy.

Timely confirmation of cervical lesions is imperative for the curtailment of the malady correlated with these conditions (Faduyile *et al.*, 2017). Hence the cynosure of this analysis was the diverse sorts of cervical lesions among women who undertook cervical biopsy at Nkeoma Specialist Diagnostic Clinic and Laboratory, Fegge, Onitsha. This scrutiny recorded the diverse sorts of cervical lesions among females who undertook cervical biopsy at Nkeoma Specialist Diagnostic Clinic and Laboratory, Fegge, Onitsha, Anambra State in Nigeria. This study would intrigue the Histopathologists, Oncologists, Obstetricians, Gynaecologists and other persons involved in the medical management of women.

Materials and Methods

Ethical assertion was received from the Research and Ethics Committee of the Department of Human Anatomy and Cell Biology, Faculty of Basic Medical Sciences, Delta State University, Abraka in Nigeria. This retrospective assessment was carried out among 60 females who undertook cervical biopsy at Nkeoma Specialist Diagnostic Clinic and Laboratory in Onitsha between February 1st and July 31st 2018. Fixation and staining of the cervical biopsies were done, and the cervical biopsies were processed and examined under the microscope. The patient's

ages and biopsy aftermaths were logged.

The data accumulated were collated and anatomized having recourse to the Statistical Package for the Social Sciences (SPSS) version 20. Chi-square was put to use in probing for significant age variation in the manifestation of cervical lesions. A p- value below 0.05 was reckoned to be significant.

Results

Of the 60 cervical biopsy upshots evaluated, 30 (50%) were infections, 14 (23.3%) malignancies, 9 (15%) benign tumours and 7 (11.7%) dysplasias. Regarding the marital status of the study subjects, most of them were married as shown in figure 1. Table 1 divulged that more of the participants were traders. Table 2 divulged that cervical lesions were more pervasive (33 [51.7%]) in age group 31-45 years. A significant interdependence was cognized between the manifestation of the cervical lesions and age (p=0.00). Table 3 disclosed that there were 46 cases (76.7%) of non-neoplastic cervical lesions. The most widespread form of cervical lesion identified was infection. The ratio of benign to malignant cervical tumours is 0.6:1. Table 4 divulged that squamous cell carcinoma is the most recurrent malignant cervical tumour.

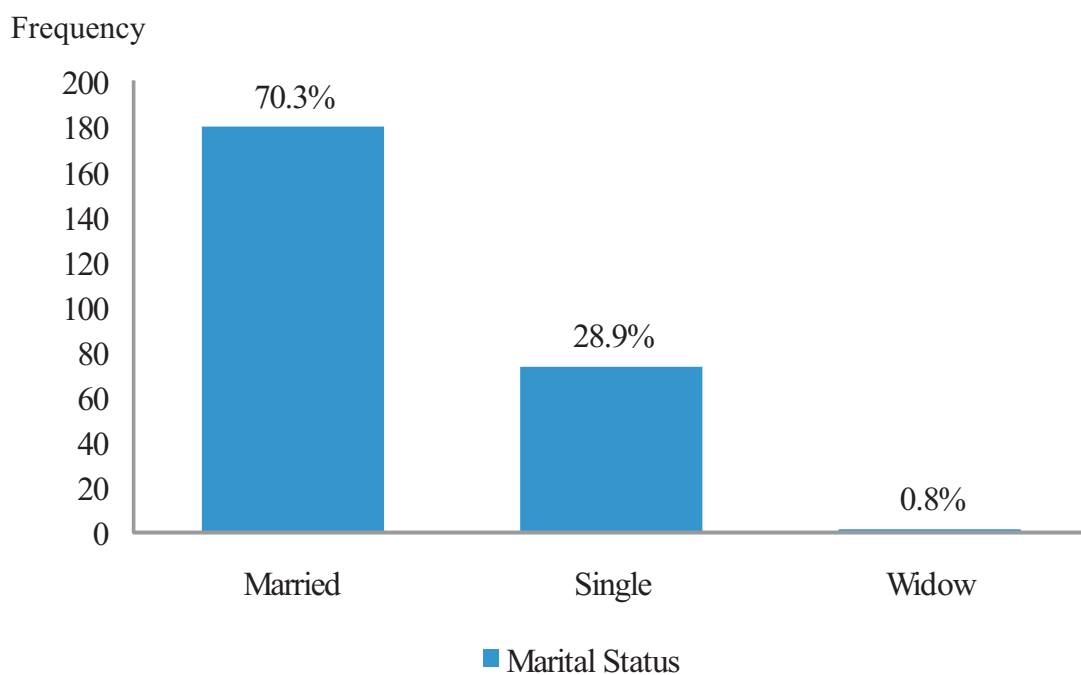


Figure 1: Marital Status of the Subjects

Table 1: Occupational distribution of the study subjects

Occupation	Frequency	Percentage (%)
Civil Servant	8	13.3
Farming	2	3.3
Trading	38	63.3
Teaching	12	20.0
Total	60	100

Table 2: Age distribution of the Study Subjects

Age (years)	Frequency (N)	Percentage (%)	Pearson chi-square	p-value
15-30	4	6.7		
31-45	31	51.7		
46-60	18	30.0	15.305	0.00
61-75	7	11.7		
Total	60	100.0		

Table 3: Histopathological Diagnosis of the Cervical Biopsies

Histopathological Diagnosis	Frequency	Percentage (%)
Infections	30	50.0
Carcinoma	14	23.3
Benign tumours	9	15.0
Dysplasia	7	11.7
Total	60	100.0

Table 4: Histopathological Diagnosis of the Malignant Cervical Lesions

Malignant Cervical Lesion	Frequency	Percentage (%)
Adenocarcinoma	2	14.3
Poorly- differentiated carcinoma	1	7.1
Squamous cell carcinoma	11	78.6
Total	14	100.0

Discussion

The findings from this study divulged that (46) 76.7% of the patients with cervical lesions had non-neoplastic lesions. Omoniyi-Esan *et al.* (2006) considered non-neoplastic disorders of the cervix and recorded a prevalence rate of 82%. This study agreed with another with preponderant (73%) non-neoplastic cervical lesions (Jain *et al.*, 2018). This study did not concur with others with results disclosing maximum cases of non-neoplastic cervical lesions as 46.39% (Kumari *et al.*, 2017) and 46.51% (Bagde *et al.*, 2015).

Half of the biopsies considered in this inquiry were diagnosed as infections. This finding concurred with findings of infections diagnosed in 48%, 42.7% and 43.5% cases of cervical lesions respectively (Kumari K *et al.*, 2017; Nwachokor and Forae, 2013 Priyadarshini and Arathi 2017). The present research differed from another that recorded infections as common cervical lesions (70%) (Jain *et al.*, 2018).

In this study, 15% of the cervical lesions were benign with a benign to malignant ratio of 0.6:1. Nwachokor and Forae (2013) documented 56.3% of cervical lesions as benign with a benign to malignant ratio of 1.3:1.

This study indicated that 23.3% of the cervical lesions were malignant. Saini and Kanetkar (2016) observed cervical malignancy in 14.21% of the cases of cervical lesions. Poste *et al.* (2015) also observed cervical malignancy in about 14.00% of the cases of cervical lesions. Solapurkar *et al.* (1985), observed that the manifestation of cervical malignancy was seen in 33.8% of cervical lesions.

The diverse prevalence rate of cervical lesions in the various studies considered above may be due to determinants like healthcare delivery, racial ties, lifestyle, gravidity, nourishment, radiation, parity, systemic endocrinal medicament, body build, age and socio-environmental attributes.

Conclusion

The most prevailing form of cervical lesion identified was infection. Cervical lesions were more rampant in the age class 31-45 years.

Conflict of Interest Declaration

No conflict of interest.

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