METHOD
This study aims to assess the outcomes of high-grade squamous intraepithelial lesion (HSIL) pap smears in pregnant women. Few studies have attempted to characterize the relationship between abnormal pap smears and pregnancy. Prior studies have assessed standard screening guidelines for pregnant women with abnormal pap smears. Few studies have attempted to characterize the relationship between abnormal pap smears and pregnancy. This study was an IRB approved retrospective study of 68 patients with abnormal pap smears. Demographic and labor course information was obtained including age, BMI, gravity, parity, placental pathology, tobacco use, HPV vaccination status, HIV status, pap smear history, and pre-existing medical conditions. Data was analyzed using Fisher’s Exact Test.

RESULTS
A total of 68 patients were included in this study. 42 patients had HSIL cytology on initial testing without a history of any prior abnormal pap smears. • 75% of these cytology results remained HSIL postpartum. • 25% of these cytology results regressed to a lower grade dysplasia postpartum. • 0% of these cytology results worsened postpartum. • In this cohort, those whose cytology regressed were more likely to have a caesarean delivery as opposed to vaginal delivery (p <0.05).

26 patients had HSIL cytology in pregnancy with a known prior history of abnormal pap smears. • 50% of these cytology results remained HSIL postpartum • 33.3% of these cytology results regressed to a lower grade dysplasia postpartum. • 16.6% of these cytology results progressed postpartum.

CONCLUSIONS
Pregnant women with HSIL pap smears are less likely to have progression of disease throughout pregnancy. Thus, repeat pap smears should first be performed postpartum as opposed to a biopsy or excisional procedure. Further work should assess demographic factors that may be associated with either progression or regression of cervical dysplasia.

REFERENCES

ACKNOWLEDGEMENTS
Department of Obstetrics and Gynecology at Stony Brook University Hospital

CONTACT INFORMATION
Elizabeth.cochrane@stonybrookmedicine.edu

TABLE 1. Maternal Characteristics

<table>
<thead>
<tr>
<th>Pap Smear Outcomes</th>
<th>No Prior HSIL Pap Smear</th>
<th>Prior HSIL Pap Smear</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>29.78 ± 5.59</td>
<td>32.92 ± 7.62</td>
<td>0.08</td>
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<tr>
<td>AGE</td>
<td>30 ± 4.7</td>
<td>30 ± 4.2</td>
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</tr>
<tr>
<td>Gestational Age at Delivery (days)</td>
<td>26.84 ± 42.44</td>
<td>245.86 ± 80.32</td>
<td>0.24</td>
</tr>
</tbody>
</table>

Figure 1. Pregnancy Cohorts by Initial Pap Smear and Pap Smear Outcomes

68 Patients with HSIL pap smears

42 patients with no history of abnormal pap smears

26 patients with a history of abnormal pap smears

32 patients had persistent HSIL postpartum

10 patients had dysplasia progression

13 patients had dysplasia postpartum

9 patients had dysplasia regression

4 patients had dysplasia progression