

## INTRODUCTION

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.

## AIM

This study aims to assess the outcomes of high-grade squamous intraepithelial lesion (HSIL) pap smears in pregnant women.

## METHOD

This 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, colposcopy 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 had 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.

	No Prior HSIL Pap Smear	Prior HSIL Pap Smear	p-value
BMI	29.78 ± 5.59	32.92 ± 7.67	0.08
AGE	30 ± 4.7	30 ± 4.2	1
Gestational Age at Delivery (days)	268.84 ± 42.44	245.86 ± 80.32	0.24

Table 1. Maternal Characteristics

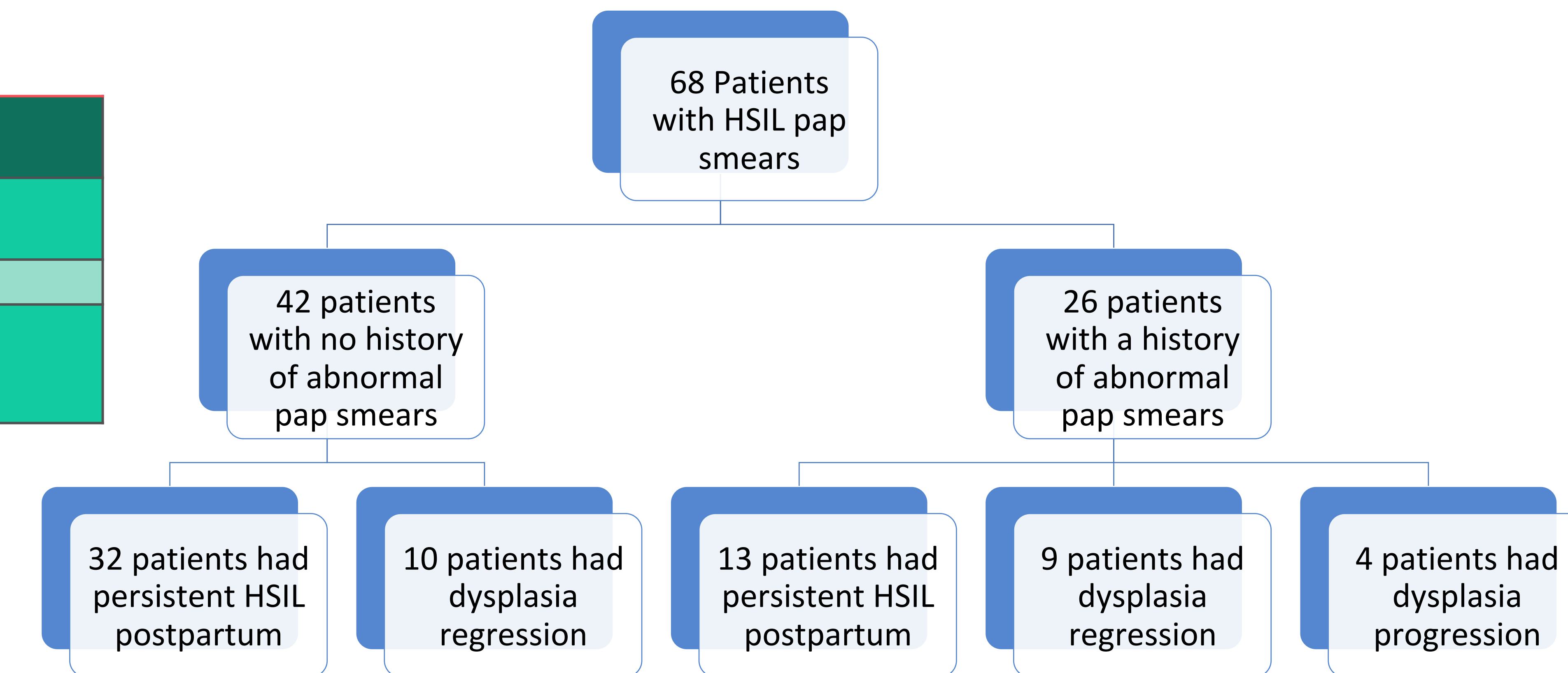


Figure 1. Pregnancy Cohorts by Initial Pap Smear and Pap Smear Outcomes

## 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

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