



# E-Newsletter

## ISCCP

Member International Federation of Colposcopy

## Newsletter of Indian Society of Colposcopy & Cervical Pathology (Reg.)

[www.isccp.co.in](http://www.isccp.co.in)

### From the President's Pen

Dear Members,

We are now a decade old society. I am sure all of you are screening women for cancer cervix. The time has come that ISCCP needs to have its own guidelines. To help us to make these guidelines we need inputs from all of you so that consensus can be drawn. While giving suggestions keep in mind the diverse strata of women we all are catering to.

ISCCP is going to start "Evaluation test certification" for members who are already doing colposcopy and related procedures. The member who clears this test will be certified colposcopist from ISCCP. The format of this test will be communicated to you in due course of time. This attempt is made to have the uniform policy for managing the pre invasive lesions of cervix.

Vijay Zutshi

### Announcement

All life members of ISCCP are requested to pay Rs 1,250/- to retain their membership of International Federation of Colposcopy for 5 years. Cheques in favor ISCCP may be sent to:

**President ISCCP**

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### Congratulations !!

We have won the bid for the IFCPC world congress in 2020 beating Hongkong & Australia by a sweeping majority. We need your support to organise this mega event!



### Forthcoming Events

**AOGD Post-Conference Colposcopy Course (Basic & Advanced Module)**

**with Hands-On Workshop**

on 27<sup>th</sup> & 28<sup>th</sup> October, 2014

at Safdarjung Hospital, New Delhi.

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**ISCCP 2015**

at Lucknow, UP

Organising Chairperson:

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## ISCCP Activities

### **The Ninth Annual Conference of the Indian Society of Colposcopy and Cervical Pathology was held in Kolkata on 22<sup>nd</sup> & 23<sup>rd</sup> February, 2014.**

The conference was jointly hosted by Chittaranjan National Cancer Institute, Saroj Gupta Cancer Centre & Research Institute and The Bengal Obstetrics and Gynaecological Society. Dr. Silvio Tatti, President IFCCP graced the occasion as the Chief Guest. More than 300 gynaecologists and pathologists across the country actively participated in the conference and made it a huge success. Both International and National Faculties with immense repute in their respective field shared their knowledge and experience on a common platform. Out of the large number of abstracts submitted for the conference, twelve top abstracts were selected for oral communication and ten abstracts were selected for poster presentation. The local organising committee was privileged to honor Dr. S K Das with Lifetime Achievement award for her outstanding contribution to the field of cervical cancer prevention and management.

The second day of the conference was an absolute feast of academic extravaganza. Laparoscopic radical hysterectomy was performed live and a parallel workshop was held involving both pathologists and gynaecologist with live demonstration of cervical neoplasia cases by colposcopy and correlating those cases with their histopathology slides. Experts from the field of pathology also discussed the methods of grossing of radical hysterectomy specimen and also demonstrated slides of different grades of CIN.

In this conference, CareHPV was launched officially for the first time and the first test kit was handed over to the All India Institute of Medical Sciences. It is only a matter of time before this device proves to be a revolutionary tool for community based cervical cancer screening program.

The ninth annual conference of the Indian Society of Colposcopy and Cervical Pathology explored breakthrough techniques for creating & managing actionable sense of the flood of information available to prevent and fight against the cancer cervix.



### **CME for post-graduates was held at Safdarjung Hospital on 8<sup>th</sup> Feb 2014.**

There were interactive sessions & a quiz for PGs.



## History of Colposcopy

Dr Akansksha Mangla

Senior Resident, Department of Obstetrics & Gynaecology, Safdarjung Hospital & VMMC, New Delhi

A Colposcope is a binocular microscope mounted on a stand, which helps in comprehensive examination of the epithelium of lower genital tract of women with the aid of magnification and bright illumination. Colposcopy as a minimally invasive procedure for detection of premalignant and malignant cervical lesions offers many advantages over other more invasive diagnostic tests. Diagnosis and treatment can be done in the same sitting as a 'see and treat policy'. This approach is specifically required in populations where women are not able to follow up for further treatment of their condition.



Dr Hans Hinselmann and his original colposcope

The concept of colposcopy first arose in Hamburg, Germany in the early 1920s. The thought that cancer of the cervix might have a precursor condition first originated in the minds of German gynaecologists. Dr Von Franque, a Professor of Gynaecology at the Hamburg University realized that cervical malignancy may have a premalignant stage which usually presents as abnormal cervical surface, and termed it as 'carcinomatous surface coating'. He assigned his assistant, Dr Hans Hinselmann, the study of this abnormal cervical surface.

Dr Hans Hinselmann realized that magnification is required to study the cervix. In his words 'the examination of the cervix and vagina with the unaided eye does not meet the demands of scientific appraisal. The use of magnification [is required].'<sup>1</sup> He thus invented his own optical aid: the colposcope. Initially colposcopy was very difficult and

impossible to perform because the effective distance of cervix from the scope, could not be more than 80 mm, to have the required magnification and visualisation. He pulled out the cervix using forceps to solve the problem. But this led to blanching of the cervix, thus altering the epithelial findings; besides being painful for the patient. So he took help from the technicians of Leitz Company and devised the first binocular colposcope, with a focal distance of 150 mm (Leitz) and later 190 mm (Zeiss). He spent the next few years examining the cervix without application of any staining solution. He discovered a wide range of distinctive appearances of the cervical surface that reflected histological changes in the cervical epithelium<sup>2</sup>.

Thus began his lifelong study of the cervix and the development of a tool that would help unaided eye to visualize the changes in cervical epithelium due to premalignant or malignant condition.

Hinselmann published his first paper on colposcopy in 1925, and the first textbook of colposcopy in 1933. In his book, he described the mosaic pattern which he recognized as premalignant. Gynaecologists around the world became interested in colposcopy and in Hinselmann's work. Meanwhile in USA, George Papanicolaou was also gaining popularity due to his work on cervico-vaginal cytology and its ability to detect cervical premalignant and malignant lesions. At that time, these two techniques namely, cytology and colposcopy were thought to be competitive rather than complementary to each other. Colposcopy was introduced in Argentina by Jakob in 1932. Jakob also established the first colposcopy clinic in South America. It was in South America only that further advancement in the technique, methodology of science of colposcopy took place.

By the late 1930s, a lot of US gynaecologists started taking interest in colposcopy. There were some critics too; in 1934 Sacks commented on 'the cumbersome binocular endoscope of Hinselmann'. Gelhorn, in 1936 commended Hinselmann as having 'added a new chapter to gynaecologic diagnosis', but he also stated that: 'the size, clumsiness and great expense of Hinselmann's colposcope mitigates against its universal adoption.'<sup>3</sup>

In Switzerland, Schiller in 1936 introduced the use of iodine to demarcate the abnormal areas on the cervix, which do not contain glycogen.<sup>4</sup> Two years later Hinselmann described the use of acetic acid to delineate the abnormal suspicious areas of the cervix, which are high in protein content due to dysplasia. The use of acetic acid during colposcopy gained acceptance across the world. In 1939, Helmut Kraatz from the Gynecological Clinic in Berlin, led by Professor W. Stoeckel, invented the use of green filter for evaluation of vascular morphology of abnormal suspicious areas of cervix.<sup>5</sup>

Then came World War II, which created a 17-year long gap in the development of Colposcopy in the United States because interaction between German and American gynaecologists ceased.

The first colour drawings of the cervix were made by F. Treite in Berlin in 1942. In 1949 Wespi projected the first colour slides at the Congress of the Swiss league against cancer. In 1949, having appropriated Hinselmann's colposcopic method of examination and Papanicolau's cytological examination, Antoine in Vienna, together with his student Grunberger, developed a special microscope which allowed in vivo histological examination of the cervix and of all other visible parts of the lower genital tract. With the help and technical cooperation of Reichert Company, this 'colpomicroscope' with direct illumination which was able to evaluate different epithelial changes present on the surface was created.

In 1953 began the modern era of colposcopy, wherein Bolten has been called 'the Father of Modern

Colposcopy'. By the mid 1950s it was acknowledged that cytology and colposcopy are complementary techniques and not competitive.<sup>6</sup> At a meeting of the American College of Obstetricians and Gynecologists in Miami in 1964, a group of colposcopists identified the need for a colposcopy society. The American Society for Colposcopy and Colpomicroscopy (now the American Society of Colposcopy & Cervical Pathology) was thus set up in 1964. Soon colposcopy was integrated into the teaching programs for gynecology residents.

Colposcopy is now accepted worldwide and has become the cornerstone of management in patients with abnormal cervical or vaginal cytologic findings.

## References

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"You don't have to be great to start..  
..but you have to start to be great"

**-Zig Zagler**