

Three conizations, one diagnosis: the challenge of treating persistent HSIL

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This report highlights two clinical cases of persistent high-grade squamous intraepithelial lesion (HSIL) undergoing sequential conizations, discussing factors associated with lesion persistence or recurrence.

Methods. This is a descriptive study, a case report of two clinical cases of HSIL undergoing three conizations due to lesion persistence. The information was obtained through analysis of the hospital clinical record, including clinical, cytological, and histological data.

Female, 43 years old
Medical history: major depressive disorder, diabetes mellitus
Previous surgeries: 2 c-sections
Non-smoker
Gardasil 9 vaccine in 2021

2019

Referral to hospital care:
LSIL, HPV 58



From 2019 to 2024 there was persistence of the same HPV and citological alteration

Colposcopy 2020 and 2024: transformation zone type 1, colposcopic findings grade 1 (glandular openings near the OCE and fine punctate) → Biopsy: CIN 1

PROPOSED TO LASER CONIZATION

06/2025

1 - HSIL without distance to the endocervical margin

09/2025

2 - HSIL with a 1mm extension intersected by the endocervical surgical plane

10/2025

3 - LSIL under exocervical surgical margin

Female, 31 years old
Healthy
No previous surgeries
Non-smoker
Gardasil 9 vaccine in 2024

2020

Referral to hospital care:
ASC-US, HPV others positive

Colposcopy 2020: transformation zone type 1, colposcopic findings grade 2 → Biopsy: HSIL

PROPOSED TO LEEP

11/2020

1 - HSIL without distance to the endocervical margin

In 2021 and 2022: HSIL, HPV 16

Colposcopy 2022: transformation zone type 1, colposcopic findings grade 2 → Biopsy: CIN 2

05/2022

2 - HSIL without distance to the endocervical an exocervical margins

The patient was lost to follow-up.

Returns in 2024: HSIL, HPV 16

Colposcopy: transformation zone type 1, colposcopic findings grade 2 → Biopsy: CIN 2/3

PROPOSED TO LASER CONIZATION

03/2025

3 - CIN 1 with CIN 2 foci located 8.9 mm from the endocervical margin

Conclusion. Although conization is often curative, the persistence of high-risk HPV, especially type 16, and a positive cervical margins are important factors in lesion persistence, requiring surveillance and retreatment.

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