

EP_081

Clinical Course of CIN1 in Women with HPV-16 Infection: Implications for Colposcopic Follow-up

Treatment and follow up

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Objectifs

To assess the clinical significance of CIN1 in HPV-16–positive women and the role of colposcopy in their surveillance.

Méthodes

Women referred for colposcopic evaluation due to HPV-16 positivity were examined using IFCCPC terminology. Directed biopsies were obtained from suspicious areas, and only histologically confirmed CIN1 cases were included. Patients were managed according to risk-based follow-up strategies including repeat HPV testing, cytology, and colposcopy.

Résultats

CIN1 lesions in HPV-16–positive women most commonly presented as thin acetowhite epithelium with subtle vascular patterns. Although some lesions may regress spontaneously, persistent HPV-16 infection remains an important predictor of progression. Regular colposcopic surveillance enabled early identification of suspicious changes and supported timely biopsy when needed.

Conclusion

CIN1 in HPV-16–positive women requires closer monitoring than CIN1 linked to other HPV genotypes. Risk-adapted follow-up with repeat HPV testing and colposcopy is

recommended to ensure early detection of progression while avoiding unnecessary treatment.