



Management of CIN in Pregnancy: A Challenging Case of LLETZ with Concomitant Decidual Polyps and Cerclage

Milena Perisic Mitrovic¹, Natasa Perisic Jeremic², Jelena Stulic^{2,3}, Tijana Janjic^{1,3}, Branislav Milosevic^{1,3}, Aleksandra Beleslin¹, Igor Pilic^{1,3}, Katarina Stefanovic^{1,3}, Olivera Kontic Vucinic^{1,3}

1 Clinic for Gynecology and Obstetrics, The University Clinical Centre of Serbia, Belgrade, Serbia

2 The Obstetrics and Gynecology Clinic Narodni Front, Belgrade, Serbia

3 Faculty of Medicine, University of Belgrade, Belgrade, Serbia

Objective

To present a challenging case of high-grade cervical intraepithelial neoplasia diagnosed during pregnancy and to highlight the role of individualized, multidisciplinary management in achieving oncological safety while preserving pregnancy.

Results

Histopathological analysis of the cervical biopsy revealed at least severe cervical dysplasia. Pelvic MRI showed no evidence of invasive carcinoma. Based on these findings, large loop excision of the transformation zone (LLETZ) was performed at 20 weeks of gestation. The procedure was technically challenging due to the presence of two large decidual cervical polyps. Considering the increased risk of cervical insufficiency and preterm birth, a prophylactic cervical cerclage was placed during the same procedure. Final histopathological examination confirmed cervical intraepithelial neoplasia grade 3 with clear surgical margins. The postoperative course was uneventful.

Methods

A 41-year-old pregnant woman, gravida 4 para 4, was referred at 15 weeks of gestation due to abnormal cervical cytology (Pap smear IV, HSIL). High-risk HPV testing was negative. Colposcopic examination demonstrated an extensive coarse mosaic on the anterior cervical lip and acetowhite epithelium extending into the endocervical canal. A directed cervical biopsy was performed during the second trimester. Pelvic magnetic resonance imaging (MRI) was used to further assess the risk of invasive disease. Management decisions were made following discussion by a multidisciplinary oncofertility counseling board.



Conclusion

In selected patients, excisional treatment of high-grade cervical lesions during pregnancy can be safely performed. Careful colposcopic evaluation, appropriate imaging, and multidisciplinary decision-making are essential to optimize maternal oncological outcomes while minimizing obstetric risks.

References:

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Contact:

Milena Perisic Mitrovic
Specialist for gynecology and obstetrics
Clinic for Gynecology and Obstetrics, The University
Clinical Centre of Serbia, Belgrade, Serbia
milenaaperisic@yahoo.com