

**Table 22-2** Natural History of Squamous Intraepithelial Lesions with Approximate 2-Year Follow-up

Lesion	Regress	Persist	Progress
LSIL	60%	30%	10% to HSIL
HSIL	30%	60%	10% to carcinoma*

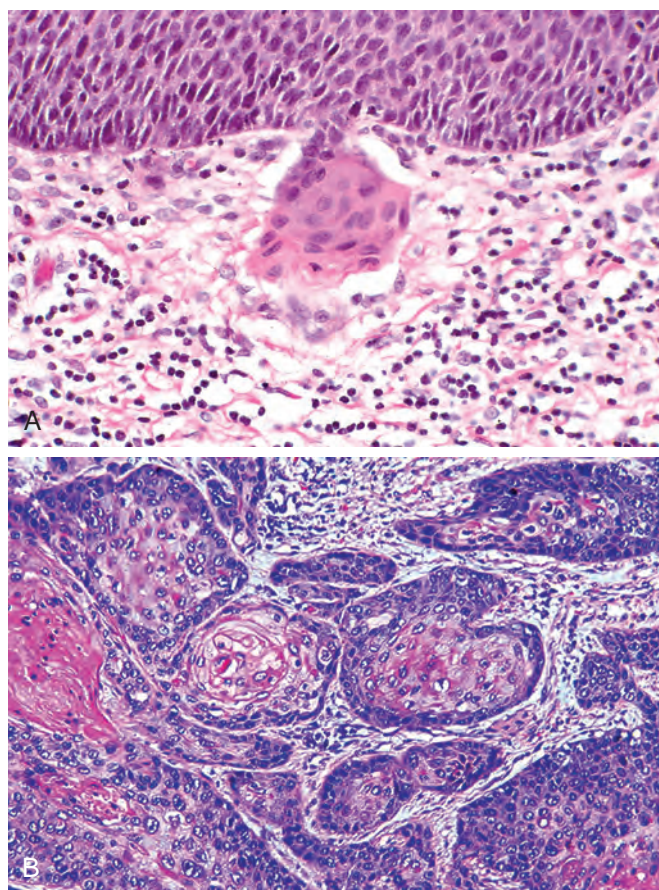
HSIL, High-grade squamous intraepithelial lesion; LSIL, low-grade squamous intraepithelial lesion.

\*Progression within 2 to 10 years.

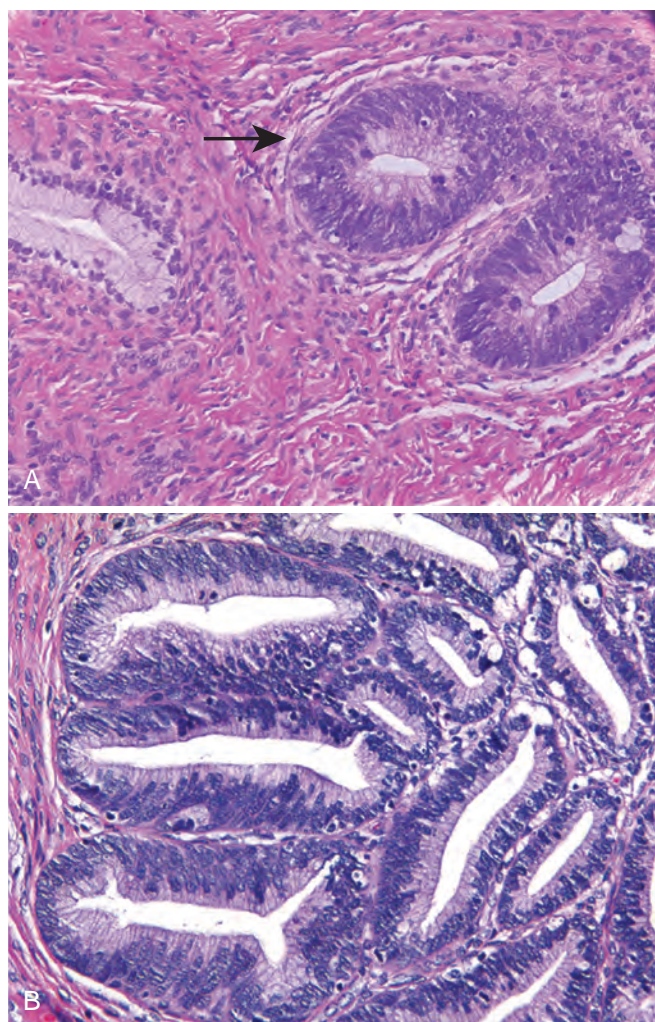
present with advanced disease and have a less favorable prognosis.

## MORPHOLOGY

Invasive cervical carcinoma may manifest as either fungating (exophytic) or infiltrative masses. **Squamous cell carcinoma** is composed of nests and tongues of malignant squamous epithelium, either keratinizing or nonkeratinizing, which invade the underlying cervical stroma (Fig. 22-16A,B). **Adenocarcinoma** is characterized by proliferation of glandular epithelium composed of malignant endocervical cells with large, hyperchromatic nuclei and relatively mucin-depleted cytoplasm, resulting in a dark appearance of the glands, as compared to the normal endocervical epithelium (Fig. 22-17A,B). Adenosquamous carcinoma is composed of intermixed malignant glandular and squamous epithelium. Neuroendocrine cervical carcinoma has



**Figure 22-16** Squamous cell carcinoma of the cervix. **A**, Microinvasive squamous cell carcinoma with invasive nest breaking through the basement membrane of high-grade squamous intraepithelial lesion. **B**, Invasive squamous cell carcinoma.



**Figure 22-17** Adenocarcinoma of the cervix. **A**, Adenocarcinoma in situ (arrow) showing dark glands adjacent to normal pale endocervical glands. **B**, Invasive adenocarcinoma.

an appearance similar to small cell carcinoma of the lung (Chapter 15), but differs in being positive for high risk HPVs.

**Advanced cervical carcinoma spreads by direct extension to contiguous tissues**, including paracervical soft tissue, urinary bladder, ureters (resulting in hydronephrosis), rectum, and vagina. Lymphovascular invasion results in local and distant lymph nodes metastases. Distant metastases may also be found in the liver, lungs, bone marrow, and other organs.

Cervical cancer is staged as follows:

**Stage 0**—Carcinoma in situ (CIN III, HSIL)

**Stage I**—Carcinoma confined to the cervix

Ia—Preclinical carcinoma, that is, diagnosed only by microscopy

Ia1—Stromal invasion no deeper than 3 mm and no wider than 7 mm (so-called microinvasive carcinoma)

Ia2—Maximum depth of invasion of stroma deeper than 3 mm and no deeper than 5 mm taken from base of epithelium; horizontal invasion not more than 7 mm

Ib—Histologically invasive carcinoma confined to the cervix and greater than stage Ia2