

## Laser conization : Possibilities and limitations

**Background:** Cervical intraepithelial lesion (CIN) can be treated with surgical excision or ablative methods. Laser can be used both ways i.e to excise the tissue as well do ablative vaporization. Laser conization combines the best of two approaches, however currently we have limited literature for its use in the Indian setting.

### Aim and Objectives

To evaluate the effectiveness of Laser cervical conisation for cervical intraepithelial lesions in terms of:

- negative margins after conisation
- size of the cone
- blood loss

### Methods

Laser conisation was done in 2 females in a Tertiary care cancer institute as a pilot to assess the efficacy of Laser Conization in terms of blood loss, pain, HPE adequacy.

### Results

Two cases were done using laser. In the first case cone was 2.0 X 1.07 X 1.0cm. Blood loss was 20ml. HPR reported as HSIL with ectocervical and deep margin negative. In the second case cone size was 2.7 x 2.2 x 1.0 cm. Blood loss was 15-20cc. HPR reported HSIL with ectocervical margin and deep margin negative for dysplasia/ malignancy.

### Conclusion

Laser conisation is a good alternative for conisation that may include benefits of both LEEP and cold knife excision. It also adds the benefits of marginal ablation in form of vaporization which adds on to additional safety. Advantages are minimal margin artefact, effect on HPE reporting and minimal post procedure complication. Limitations include the learning curve and expense of the machine.

**Primary authors:** Dr KUMAR, Neha (HBCHRC Visakhapatnam); Dr VAMSI, Pinnaka (HBCHRC Visakhapatnam); Dr JAIN, Neha (HBCHRC Visakhapatnam)

**Presenter:** Dr KUMAR, Neha (HBCHRC Visakhapatnam)