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ISOLATED CHLAMYDIA TRACHOMATIS INFECTION AND CERVICAL INTRAEPITHELIAL NEOPLASIA IN ADOLESCENCE

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Evidence and pathogenesis of isolated Chlamydia trachomatis (CT) increasing the risk of development of cervical intraepithelial neoplasia (CIN) remain unknown. Many authors refer to an association between CT infection and dysplasia or neoplastic cervical atypia. We present a case of isolated CT infection in an adolescence girl (17 years old) who was sent to our hospital due to the high grade cervical squamous intraepithelial lesion (HSIL) on the Pap smear. She had detected a positive of CT in both of the rapid test in endocervical and the PCR test in urine, but negative human papilloma virus (HPV) infection (Qualitative HPV PCR test). The CIN3 was confirmed by biopsy of the thick acetowhite and mosaic zone in the colposcopy. An isolated CT infection appears to be considered as a potential factor in the development of CIN in adolescence.

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CONTINUOUS MUCOSUBCUTANEOUS TECHNIQUE FOR REPAIRING RADICAL VULVA SURGERY

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Objective: The aim of this study was to determine outcomes and complications of continuous mucosubcutaneous wound closer technique for repairing radical vulva surgery in precancerous vulva and vulva cancer patients.

Methods: The retrospective design was conducted that medical records were reviewed of precancerous vulva and vulva cancer patients who were repaired wound by continuous mucosubcutaneous wound closer technique during January, 2007 to December, 2011 in Ubon Ratchathani Cancer Center, Thailand.

Results: There were 25 precancerous vulva and vulva cancer patients that were performed continuous mucosubcutaneous wound closer technique. Their mean age was 59.9 +/- 13.89 years (range 35-85). Underlying diseases of those were identified 5 cases including chronic renal failure (2), hypertension (1), cervical cancer after whole pelvic radiation (1), and diabetes mellitus (1). The pathological was confirmed squamous cell carcinoma (19), Paget's disease (3), Melanoma (1), VIN III (1) and basal cell CA (1). FIGO staging consisted of stage III (13), stage II (6), stage I (2) and precancerous lesion (4). The average operation time of radical vulvectomy was 124.9 min +/- 24.0 (range 90-170 min); and others radical operation were 65.0 +/- 14.6 min (range 45-90 min). An estimate surgical blood loss of radical vulvectomy was 227.7 +/- 132 ml (range 100-600 ml), others radical operation were 212.1 +/- 145 ml (range 100-500 ml). The incidence of wound disruption was 8.0%.

Conclusions: The data illustrated low incidence of wound disruption, less of operation time surgery and blood lost. Continuous mucosubcutaneous technique could be an alternative option for repairing radical vulva surgery.