PIPADOR REVISION

MRCOG Part 1 Revision Notes

CIN

PATHOLOGY • LECTURE 342

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | PATHOLOGY

CIN

Cervical intraepithelial neoplasia — grading, natural history, colposcopy, treatment and obstetric implications

HPV 16/18	CIN 1–3	LLETZ	6 months
Main high-risk types	Histological grades	Standard treatment	HPV test of cure

■ KEY FACTS: Learning objectives

- Define and grade cervical intraepithelial neoplasia (CIN) and describe its natural history.
- Describe colposcopic assessment and histology.
- Describe treatment, test of cure and obstetric implications.

342.1 Grading and natural history

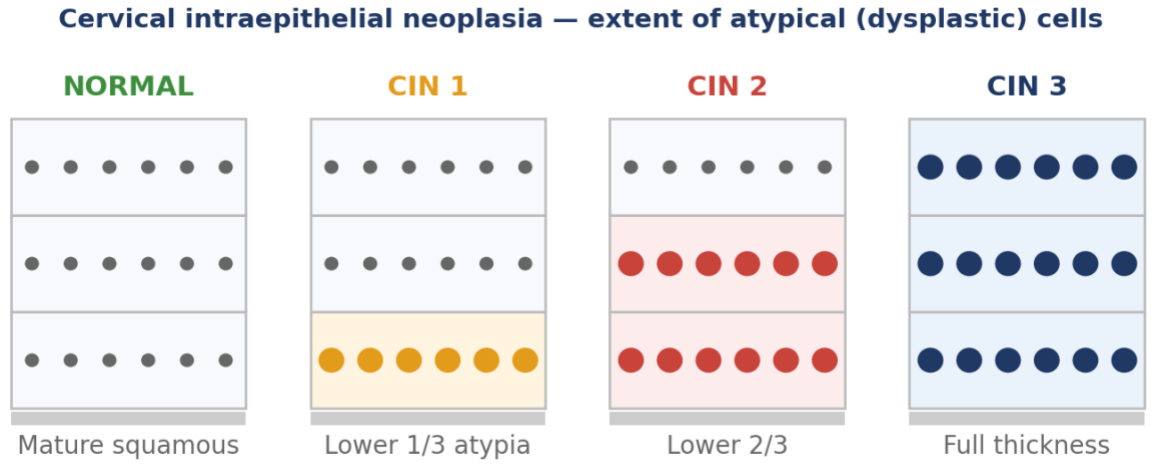


Figure 342.1 — CIN grades

Grade	Histology	Natural history
CIN 1 (LSIL)	Atypia in lower third; koilocytes	≈ 60% regress; low progression
CIN 2 (HSIL)	Lower two-thirds	≈ 40–50% regress (especially < 25 yr); some progress
CIN 3 (HSIL)	Full thickness (carcinoma in situ)	≈ 30% progress to invasion over 30 years if untreated

- P16 immunostaining (diffuse 'block' positivity) supports HSIL by marking high-risk HPV oncogene activity.
- Risk factors are those of persistent HPV: smoking, immunosuppression (HIV, transplant), early sexual debut and multiple partners.

342.2 Colposcopy

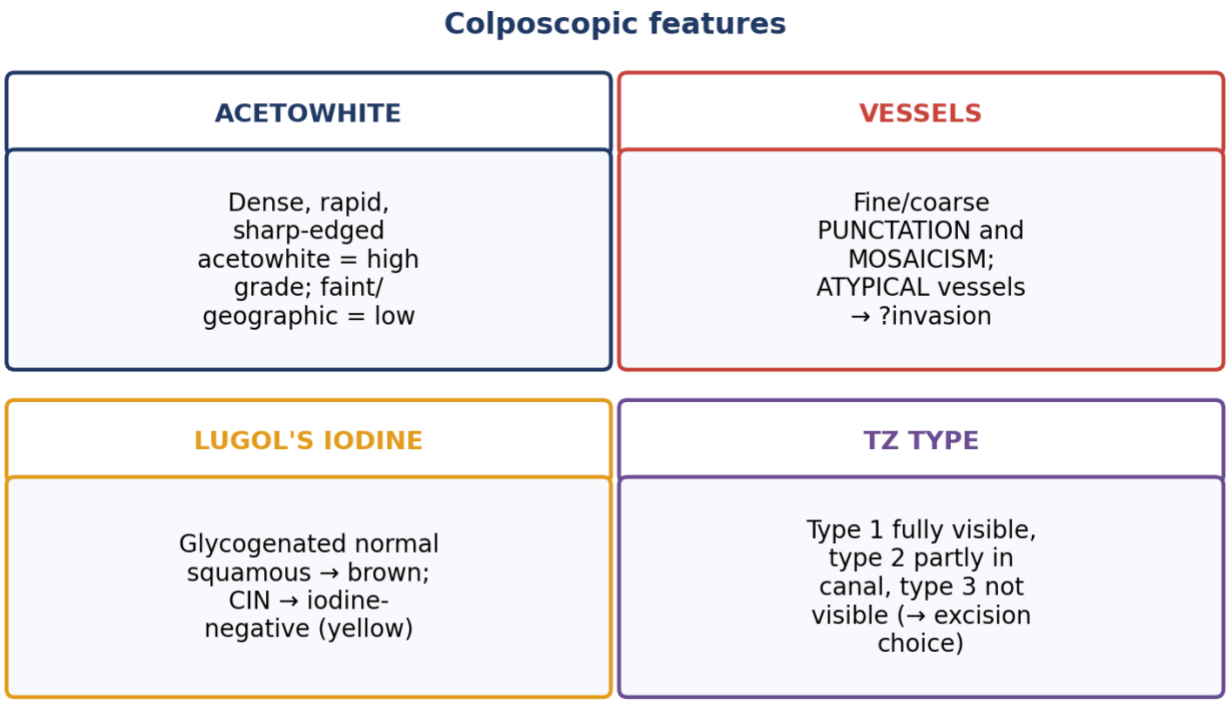


Figure 342.2 — Colposcopic features

342.3 Treatment and follow-up

Topic	Details
LLETZ	• Large loop excision of the TZ — diagnosis and treatment • Aim for single specimen, depth ≥ 7 mm (type 1 TZ)
Ablation	Cold coagulation for type 1 TZ when invasion and glandular disease excluded
Conservative	• CIN1 • CIN2 in young women wishing to preserve fertility (6-monthly review)
Test of cure	HPV (± cytology) at 6 months — HPV-negative → return to routine (3-year) recall
Pregnancy	• Colposcopy to exclude invasion • Defer treatment until ≥ 12 weeks postpartum
Obstetric effect	Excision depth > 10 mm or repeated excision ↑ preterm birth (≈ 1.5–2×) — consider cervical length surveillance

342.4 Must-know summary

■ **EXAM TIP**

- CIN1 lower third, CIN2 two-thirds, CIN3 full thickness; p16 supports HSIL.
- CIN1 mostly regresses; CIN3 ≈ 30% invasive if untreated.
- Colposcopy: acetowhite, mosaic, punctation, atypical vessels, iodine-negative.
- LLETZ → HPV test of cure at 6 months; deep excisions ↑ preterm birth.

■ **MNEMONIC / MEMORY AID**

CIN depth — 'One-third, Two-thirds, Three-thirds (full)'.