Objective: To describe the prevalence of cytologic, histologic and HPV DNA findings in patients who had cervical conization.

Material and method: A cross sectional study of 171 patients who had cervical conization between January 2012 and December 2013 in Rio Hortega Universitary Hospital. Patients with an abnormal cytology or high risk HPV DNA were sent for colposcopy and cervical biopsy before excision procedure. Conization was performed after abnormal histologic findings.

Results: The mean age was 39 years. The prevalence of cytologic findings AGC-US, ASC-US, ASC-H, CIN 1, CIN 2 and CIN 3 prior to cervical conization was 2%, 20%, 10%, 19%, 8%, and 13% respectively. We found normal cytology with high risk HPV DNA in 27% of the patients. Of these patients, 93% had a high-risk lesion in cervical biopsy. HPV DNA 16 and/or 18 was positive in 65% of the study sample. After colposcopy, histologic findings were 9% CIN 1, 27% CIN 2, and 64% CIN 3. Histologic findings after conization were 7% with no lesion, 31% CIN 1, 18% CIN 2, 43% CIN 3 and 1% cervical cancer. Two cases (1%) had cervical invasive cancer in histology of cervical conization, both cases were classified as CIN 3 in previous biopsy and one had an ASC-US cytology and the other a CIN 3. Surgical margins were lesion-free in 74% of patients. Discrepancies in the histologic findings between biopsy and the excision procedure were found in 36% of patients. The most frequent discrepancy between the biopsy and the excision procedure was found in the low-grade CIN (41/53).

Conclusions: Cervical screening programs for detecting cancer and precancer have dramatically reduced the incidence and mortality rates.