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The secondary prevention of the cervical cancer in the primary care establishments of healthcare system

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Aim: The implementation of diagnostic method as screening of cervical cancer in primary care establishments. Method and materials: In Tashkent city there were conducted questioning among 1070 women in the age of 17-63. The aim of questioning was determining anamnesis and women's knowledge about cervical pathology especially CC. Research methods conducted in 2 steps. In the first step all women were observed by clinic-visual method with usage of 3 or 5% acetic acid, and then Shiller's test. In second step women were observed by colposcopy.

Results: As cervical pathology occurs by women of various ages (15-60 and older) we conduct questioning among 1070 women in the age of 17-63, in Tashkent city. 86% of women were married, and 14% were not. It is known, that early sexual activities and a lot of sexual partners are one of the main risk factors for cervical pathology. So, 45% of women started their sexual activity at the age of 16-20, 25% at 21-26 and 30% till 35. 65% of respondents have had just one sexual partner, 22 % -two, 10% three and more, and 3% didn't answer. The analyses of gynecologic anamnesis show, those 72% women had cervical erosion, 15% cervicitis, 6% other kind of the cervical pathology, and the others considered themselves as healthy. The analyses of obstetric anamnesis show, that women had no more than 4 pregnancies, also more then half of all women had various kinds of cervical and vaginal injuries during delivery. The results of questioning about women's knowledge determined that all of them (81%) have an idea about cervical pathology. But answers to specific questions show that 60% respondents haven't information about cause, signs, symptoms and complications of cervical pathology. Just 1/3 respondents could answer about main symptoms. 61% women are informed by medical workers, 16% by public sources, and 23 % others. Almost all women consider consulting with gynaecologist if they will have signs of genital pathology. Just 12 % of women were observed by gynaecologist first at age of 14-16, 44% at 17-20, and 64% after 20. But in reality just 55% of them went to doctor when they had problems, 70% of them went to gynaecologist, 8% to general doctor, 10% to oncologist, and 12% didn't consult. During analyses of the time factor we determined that 55% women went to doctor in one month after appearance first signs of disease, 25% in three month, 20% in 6 month or depending on free time. The causes of this situation were: hadn't free time to visit a doctor (60%), were afraid of gynaecologic observation and of diagnosis. Fear from gynaecologic observation had younger women (till 20 years old) and from diagnosis older women (40 and older). The clinic-visual method with usage of 3 or 5% acetic acid, and then the Shiller's test found the positive results by 16,5% (33) of observed women. After that women with positive results were observed by colposcopy. In result 43% (13) women were with endocervicitis, 24% (8) with cervical erosion, 13% (4) adnexitis, 9% colpitis, 9% with uterus fibriod, 3% (1) with cervical fibroid and just one woman hadn't cervical pathology. More than half of respondents ever had cervical pathology, and relatively high percent (21%) of situations with high risk of cancer. One of the perspective direction against CC is its prevention and treating them in early stages.

Conclusions: In our research the clinic-visual method determined 16,5% cases of cervical pathology, which was confirmed after the colposcopy. Therefore, the clinic-visual method could be use as screening for secondary prevention of CC in the primary care establishments (polyclinics), because it is more accessible, easy, doesn't need complicated equipment, less of expenditure both time and financial meaning.

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