

## Prevalence of cervical intraepithelial neoplasia in Zaria

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Sir,

Cervical cytology still remains the major method of cervical cancer prevention. The prevalence and incidence of carcinoma of the cervix is on the increase, despite the availability of screening method, which necessitated this study.

Carcinoma of the cervix is still the leading cause of cancer-related death in women of developing countries.<sup>[1]</sup> Carcinoma of the cervix still remains a major challenge to the developing nations, while the incidence of invasive cervical cancer has declined steadily in developed countries.<sup>[2]</sup>

This was a collaborative retrospective study between Departments of Obstetrics and Gynaecology, and Pathology. It was a 5-year review of all patients who had routine screening in the hospital.

A total of 270 patients were screened, with the age range of 15–61 years and a mean of 36.3 years. Majority of them were married. Inflammation was the commonest finding in the pap smear cytology report. It accounted for 156 (62.9%) of the cases and the commonest specific infection was due to human papilloma virus (HPV) changes which was seen in 88 (35.5%).

The mean age for cervical intraepithelial neoplasia (CIN) was 37.6 years. CIN I accounted for 3.6%, CIN II 0.8% and CIN III was only 0.4%. The combined prevalence was 48 per 1000.

There was a seemingly high age-specific prevalence rate 29.6 per 1000 in the age group 40–49 years.

In this study, the CIN has a prevalence rate of 48 per 1000; this result is comparable to that of western Nigeria with a prevalence rate of 60 per 1000, as reported by Ayangbade and Akinyemi.<sup>[3]</sup>

The peak age-specific prevalence rate for this study was 85 per 1000, for the age group 40–49 years [Table 1].

It is also worthy of note that the HPV accounted for 88 (35.5%) of non-CIN findings to emphasize that some of them will soon present with dysplasia.

**Table 1: Age distribution of CIN**

Age Group	No Screened	CIN (%)						Com-bined (%)
		CIN I (%)	CINII (%)	CI- NIII (%)	Prevalence (%)	Prevalence (%)	Prevalence (%)	
<20	4	–	–	–	–	–	–	–
20-29	69	3	4.3	1	1.5	–	4	5.8
30-39	81	1	1.2	–	–	–	1	1.2
40-49	82	5	6.1	1	1.2	1	1.2	7
50-59	10	–	–	–	–	–	–	–
60-69	2	–	–	–	–	–	–	–
Total	248	9	11.6	2	2.7	1	12	15.5

The nonexistence of national cervical cytology screening, political will, funding, advocacy and manpower were identified as the causes of the continuous high prevalence of this preventable cancer in Nigeria.<sup>[4]</sup>

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