CLINICAL SYMPTOMATOLOGY IN WOMEN WITH CERVICAL ECTOPIA AND EARLY REPRODUCTIVE LOSSES

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Background. Cervical ectopia is often regarded as an asymptomatic, physiological state, yet in women with reproductive losses it may be accompanied by inflammatory and contact-bleeding symptoms that reflect an underlying pathological process. Systematic analysis of presenting complaints helps to identify women who require active cervical screening.

Aim. To analyse the presenting complaints and clinical symptomatology of women with cervical ectopia and early-pregnancy reproductive losses.

Materials and methods. The complaints of 110 women with a history of recurrent miscarriage and grade 1–2 cervical ectopia were studied — a main group with spontaneous abortion (n=62) and a comparison group with non-developing pregnancy (n=48). Data were collected on a unified card and intergroup differences analysed by the χ^2 test (significance at $p<0.05$).

Results. Almost one-third of the patients were asymptomatic (30.6% of the main and 33.3% of the comparison group), underlining the frequently silent course of cervical ectopia. Among symptomatic women, dysuric syndrome and genital itching were the most common (32.3% vs 29.2% each), followed by genital mucous discharge (30.6% vs 29.2%) and contact bloody discharge (25.8% vs 20.8%). Lower abdominal pain was reported by 22.1% and 20.8% of women, and dyspareunia by 9.7% and 4.2%. Most symptoms were 1.1–1.24-fold more frequent in the spontaneous-abortion group; lower abdominal pain (1.06-fold), dysuric syndrome and itching (1.1-fold), mucous discharge (1.1-fold) and contact bleeding in particular (1.24-fold) reached statistical significance ($p<0.05$), whereas dyspareunia showed no significant intergroup difference. Thus, contact bleeding and inflammatory-dysuric complaints were consistently more pronounced in women with spontaneous abortion.

Conclusion. Cervical ectopia associated with reproductive losses is asymptomatic in about one-third of women, while contact bleeding and dysuric–inflammatory symptoms are more pronounced in those with spontaneous abortion. Because clinical complaints alone underestimate the extent of cervical changes, active screening (colposcopy and cytology) is warranted even in asymptomatic women of this high-risk group.

Keywords: cervical ectopia; complaints; contact bleeding; dysuria; symptomatology; reproductive losses.