Lsil pap guidelines acog

FOX SMITHAM Pham Doctor. 2006 Oct 15;74(8):1431-1434.New information on the natural history of cervical dysplasia and the role of human papillomavirus (HPV) in cervical cancer, as well as the development of new technologies for cervical cancer screening, prompted the American College of Obstetricians and Gynecologists (ACOG) to develop new guidelines for the management of cervical and cervical cytology. Because management is in some cases different for adolescent patients, ACOG has also created guidelines specific to this population. These recommendations were published in the April 2006 issue of obstetrics and gynecology.Aggressive management of benign lesions in adolescents should be avoided because most cervical intraepitial neoplasia (CIN) grades 1 and 2 lesions regress spontaneously. Surgical excision or destruction of cervical tissue in non-moisture adolescents can harm fertility and competence of the cervix. Destruction of normal cervical tissue should be kept to a minimum when possible, and observation may be sufficient for many adolescents. Recommendations for treatment for adults and adolescents summarized in Table 1.Atypical Squamous Cell Cells of Uncertain Value (ASC-US) may indicate HPV infection. Women with ASC-US who have had liquid-based cytological screening should be tested for high-risk HPV, and women with positive results (i.e. high-risk HPV DNA) should have colposcopy. However, the risk of developing invasive cancer in adolescents is almost zero, and the likelihood of HPV clearance is high; most infections in adolescents are resolved within two years. Thus, as an alternative to immediate colposcopy, adolescents with ASC-US and high-risk HPV test positive can be monitored by cytological screening for six and 12 months or one high-risk HPV test at 12 months. Colposcopy should be performed if repeated test results are abnormal or if there is evidence of persistent HPV infection. Teenagers with ASC-USA and a negative test for high-risk HPV should have a Papanicolaou test after 12 months. ASC-HAdolescents with ASC when high-quality squamous cell intrauterine lesions (HSIL) cannot be ruled out (ASC-H) must undergo an immediate colposcopy. Higher incidence rates of CIN 2 and 3 and cervical cancer were found in individuals with ASC-H, but no studies targeted ASC-H in adolescents. LSILAdolescents with low-grade squamous cell intramatous lesions (LSIL) can be controlled by cytological screening for six and 12 months or a high-risk HPV test in 12 months as an alternative to immediate colposcopy. Those with cytological abnormalities or persistent HPV infection in one year should go through HSILAdult and female teens with HSIL should have a colposcopy with an endocertic evaluation. The alternative to see and treat with an electrosurgical excision loop (LEEP) is not recommended in adolescents. Teenagers with and biopsies of confirmed CIN 2 can be monitored without intervention if they have adequate colposcopy and normal histological tests on endocervic evaluation. Subsequent measures should be individualized, but cytology or colposcopy at intervals of four to six months is reasonable. Adolescents with HSIL cytology and post-colposcopic diagnosis of CIN 1 or less with adequate colposcopy and negative endocervic results can be monitored with colposcopy and cytology for four to six months. Excision is an acceptable alternative, but it increases the risk of cervical stenosis and preterm birth. AGKAtypic glandular cells (AGCs) in adolescents are rare. Teenagers with AGC should be referred to a subspecialist with experience in cervical dysplasia management and should have colposcopy and endocervical sampling. Endometrium sampling is generally not used in adolescents if they are painfully obese or have abnormal uterine bleeding, oligomenorrhea, or possible endometrial cancer. CIN 1 For teens with CIN 1, management without therapy provides the best balance between risk and benefit. These teens should be monitored through cytological tests for six and 12 months or high risk of HPV testing in 12 months. Colposcopy should be performed if the results of cytology are abnormal or high-risk HPV results are positive. For those who require therapy, options include cryotherapy, laser therapy, and LEEP, determined by the geometry of the lesion and clinical recommendations by the doctor. The least amount of cervical tissue needed to eradicate lesions must be removed. CIN 2In adolescents, CIN 2 can be controlled with observation or with ablative or excionic therapy. Patients monitored without therapy should be reliable for follow-up and should understand the risks. The follow-up will be individualized; a conservative approach would be colposcopy or cytology every four to six months. CIN 3 Therapy is recommended for all women with CIN 3. Cryotherapy, laser therapy and LEEP are equally effective treatments; excision has been recommended for biopsies confirmed by CIN 3. The choice of therapy is determined by the geometry of the lesion and clinical recommendations of the doctor. CONSENTCervical cytology in minors is often received during contraception counseling or confidential screening for sexually transmitted diseases (STDs), which may take place without the knowledge of a parent or guardian. Colposcopic examination is considered an STD assessment, and parental consent is preferable but should not be mandatory; in the absence of parental consent, consent must be obtained from a minor and in the medical records. Parental consent requirements biopsy and therapy for cervical dysplasia depend on whether these procedures are considered part of stD evaluation and treatment, as well as on state law. Physicians who provide care without parental consent should be aware of the state law and local care standards. Page 2 Practitioner's Guide to BriefsAm Fam Doctor. Social, financial, technological and commercial factors have caused childhood obesity in the United States three times since the 1960s. The American Academy of Pediatrics (AAP) policy statement, Active Healthy Lifestyle: Preventing Childhood Obesity Through Increased Physical Activity, was published in the May 2006 issue of Pediatrics and addresses how doctors can encourage physical activity in children and adolescents who are currently or are at risk of being overweight or obese. Children who are overweight or obese are more likely to have diabetes, insulin resistance, obstructive sleep apnea, hypertension, non-alcoholic steatohepatitis, or low self-esteem compared to children of normal weight. These health effects are profound, especially because 80 per cent of obese children and adolescents continue this trend into adulthood. To combat the obesity epidemic in children, it is recommended that doctors evaluate and accurately measure body fat in their young patients. Some children may be genetically predisposed to obesity, but underfed infants, consumption of sugar-sweetened beverages and oversized fast food meals, and reduced consumption of fiber, fruits and vegetables also contribute to childhood obesity. Twenty-six percent of children and adolescents in the United States spend more than four hours a day watching TV, and they have become even more sedentary with access to computers and video games. Sixty-two per cent of children between the ages of nine and 13 do not participate in organized physical activities, and 23 per cent do not participate in unorganized physical activities outside school hours. However, inactive role models, unsafe playing conditions or lack of access to physical education can also explain the lack of physical activity in children. Treatment programs that combine nutritional interventions and exercise are recommended for changing your diet alone because they have the best success rates. Regular physical activity should be available to children during school hours because it is important in reducing weight and increases insulin sensitivity in children and adolescents with type 2 diabetes. It is also psychologically beneficial for children, regardless of weight and is associated with increased self-esteem and reduced depression and anxiety. Aerobic exercise is suggested because it can reduce systolic and diastolic blood pressure measurements. However, lifestyle-related physical activity programs should be adapted to each child, and the doctor should not measure a child's progress through weight loss alone, but from the point of view impacts on related diseases. Adolescents and children over the age of two should a day. It is recommended that doctors ask parents to record the number of hours a day their child spends in front of the TV, or how long they play computer or video games; However, giving a child a pedometer can be a more accurate measure of activity. Children are advised to take at least 11,000 steps a day. Page 3 Please note: This information was current at the time of publication. But medical information is constantly changing, and some of the information presented here may be out of date. For regular updates on various health issues, please visit familydoctor.org, AAFP Patient Education website. Am Pham Doctor. 2006 Oct 15;74(8):1385-1386.Stress is caused by the body's instinct to protect itself. This instinct is good to have in emergencies such as getting out of the way of speeding the car. But it can cause physical problems if it lasts too long. If you have stress caused by daily life problems, your body should work overtime, with no space to put all the extra energy. It can make you feel anxious, frightened, anxious and anxious. Any changes can make you feel stressed, even good changes. It's not just the change that matters, it's how you react to it. What can be stress is different for each person. One person may not feel stressed when retiring from work, while another can. Other things that may be stressful include being fired from work, your child leaving home, your spouse's death, divorce or marriage, illness or injury, promotion, money problems, moving, or having a child. Stress can cause health problems or make problems worse if you don't learn how to cope with stress. Talk to your doctor if you think you have some of your stress problems. It is important to make sure that your symptoms are not caused by other health problems. The first step is to be able to tell when you feel stressed. Some warning signs of tension in the shoulders and neck, or clenching hands in fists. The next step is to find a way to cope with stress. Sometimes you can stay away from things that make you feel stressed, but it's not always possible. Another way is to change how you respond to stress. This is often the best way. Exercise is a good way to cope with stress because it is a healthy way to relieve the pent-up energy and tension. It will also help you get in better shape, which makes you feel better overall. To see the full article, log in or buy access. This handout is provided to you by your family doctor and the American family doctors. Other health-related information is available online in AAFP . This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and get more information about it acog pap smear guidelines lsil