



Updated 1.1.2022

KBC

Indication for KBC: this is done if there is a suspicion of cell change in the cervix.

KBC stands for

Colposcopy:

It is an examination of the cervix where the cervix is examined with a microscope. You will get an instrument a so-called "duck beak" up in the vagina, so the doctor can see your uterus neck. The cervix is washed off with a mild acetic acid solution (3%) The acetic acid stains cell changes white and the doctor can see where to take the samples (biopsies)

Biopsies:

The biopsies are taken with forceps, where small pieces of tissue are taken from the cervix.

Cervical scraping:

Then a thorough scrape is taken from the entire cervical canal. It is the outermost layer of the mucosa that is gently scraped off.

Before you have biopsies, you will be given a local anesthetic in the cervix. It can be a little uncomfortable to have the local anesthetic applied, but it is very individual whether it causes pain. During the actual biopsy and the cervical scraping, you will be able to feel that you are being touched, but it will not hurt.

After the examination, you will usually have some spotting for up to a few days after.

If you are pregnant you do not do a KBC, but if there is a suspicion of cell changes you will be offered colposcopic control.

FACTS

- ❖ Cell changes on the cervix are precursors to cervical cancer, which is due to the influence of a virus from the HPV family (human Papiloma Virus)
- ❖ Cell changes are very frequent, but develop only in very few cases for life-cervical cancer
- ❖ Cell changes give no symptoms
- ❖ The woman is examined for cell changes by taking a sample from the cervix with a small brush
- ❖ Women aged 23-65 are routinely summoned for screening for cell changes

Cell changes on the cervix are not the same as cervical cancer!

Cell changes on the cervix are the term used if the normal cells on the cervix begin to change appearance. In the vast majority of cases, the cells return to normal, but in a few cases, the changes can worsen and develop into cervical cancer.

Therefore, women between the ages of 23 and 65 are recommended regular check-ups so that the changes can be found and treated in time.



WHY DO YOU GET CELL CHANGES?

Cell changes on the cervix are due to infection with a virus, human papilloma virus (HPV). HPV is a whole family of viruses - over 100 different types, but only about 12 types of these viruses can cause cell changes on the cervix. Viruses are transmitted during sexual intercourse, and over 80% of Danish women will have had an infection with one or more of these viruses in their lifetime.

The infection is asymptomatic, and most often the virus disappears after 8-18 months, but in some cases it stays in the mucous membrane and can cause cell changes.

You cannot have cell changes without first having a virus. Therefore, younger women today are offered vaccination against the most serious types of HPV virus. In this way, one can reduce the number of infected women and thus also the incidence of cell changes and ultimately cervical cancer.

DEFINITION

Cell changes are precursors to cancer. We do not know whether the precursors in each case will develop into cancer, nor do we know exactly how long it will take, but it takes so long that you can just check otherwise quickly. every third year. We estimate that approx. 15% of cases of cell changes within 10 years develop into cancer - if they are not removed before!

HPV AND CELL CHANGE

We know that in reality everyone is exposed to HPV, but we do not know why some people get cell changes and others do not. Persistent HPV infection is a prerequisite for the development of cell changes on the cervix (dysplasia) and for cervical cancer.

ROUTINE SCREENING FOR CELL CHANGES

Women aged 23-49 years are offered a cell sample from the cervix every 3 years and women aged 50-64 years every 5 years. There is no reason for more frequent check-ups, even if there has been cervical cancer in the family - the disease is not hereditary. The cell sample is also called a "Smear". The cell sample is usually taken at your own GP. If the cell sample shows abnormal cells, you will be referred to a gynecologist in order to have actual tissue samples taken from the cervix.

It is the HPV subtypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68 (high risk HPV subtypes) that are causing the severe forms of cell changes and cancer. A small minority (3-7%) of women between the ages of 30 and 50, regardless of the degree of sexual activity, are infected with these high-risk HPV subtypes. It is especially those women who both have a chronic infection with a high-risk HPV subtype and at the same time have severe cell changes that are at risk of developing cervical cancer.