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# Cone Biopsy: Diagnosis and Treatment of Cervical Abnormalities

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#### Abstract

Cone biopsy, also known as conization, is a surgical procedure employed for both diagnostic and therapeutic purposes in cases of cervical abnormalities. This article outlines the process of cone biopsy, its indications, procedural details, benefits, risks, and post-operative considerations. It highlights the role of cone biopsy in the management of cervical dysplasia, precancerous lesions, and early-stage cervical cancer, emphasizing its significance in providing accurate diagnosis and effective treatment while preserving fertility.

**Keywords:** Cone biopsy; Conization; Cervical abnormalities; Cervical dysplasia; Precancerous lesions; Diagnostic procedure; Therapeutic procedure

#### Introduction

Cone biopsy, also known as conization, is a surgical procedure used in the diagnosis and treatment of cervical abnormalities. It plays a crucial role in assessing and managing conditions such as cervical dysplasia, precancerous lesions, and early-stage cervical cancer. This article explores the process of cone biopsy, its indications, benefits, risks, and recovery [1].

#### Understanding cone biopsy

Cone biopsy involves the surgical removal of a cone-shaped wedge of tissue from the cervix. The procedure aims to remove abnormal cells or lesions identified during previous screenings, such as Pap smears or colposcopies. It is typically performed under general anesthesia or local anesthesia with sedation in an outpatient setting.

#### Indications for cone biopsy

#### Cone biopsy is recommended in several scenarios:

**Abnormal pap smear:** When a Pap smear indicates high-grade dysplasia or precancerous changes in the cervical cells.

**Colposcopy findings:** Following abnormal findings during a colposcopy, which is a more detailed examination of the cervix using a special magnifying instrument.

**Confirmation of cancer:** To confirm the presence of early-stage cervical cancer and determine the extent of the disease.

**Treatment:** As a therapeutic procedure for removing abnormal tissue to prevent the progression of cervical cancer.

#### The procedure

Before the procedure, patients may undergo pre-operative evaluations, which include blood tests and possibly imaging studies to ensure they are fit for surgery. During the procedure:

**Anesthesia:** Patients are given either general anesthesia or local anesthesia with sedation to ensure comfort during the surgery.

**Surgical removal:** The surgeon removes a cone-shaped section of the cervix that includes the abnormal cells or lesions identified through previous screenings.

**Pathological examination:** The removed tissue is sent to a pathology laboratory for microscopic examination to determine the

presence and extent of abnormalities, including whether cancerous cells are present [2].

#### Benefits of cone biopsy

#### Cone biopsy offers several benefits:

**Diagnostic accuracy:** Provides a more definitive diagnosis compared to Pap smears or colposcopies alone.

**Therapeutic:** Can be curative in cases of early-stage cervical cancer or significant dysplasia by removing abnormal tissue.

**Preservation of fertility:** Unlike more extensive surgeries like hysterectomy, cone biopsy preserves the uterus, which is crucial for women who wish to maintain fertility.

#### **Risks and complications**

While cone biopsy is generally considered safe, potential risks include bleeding, infection, cervical stenosis (narrowing of the cervix), and rarely, damage to nearby organs. Patients should discuss these risks with their healthcare provider before undergoing the procedure [3].

#### Recovery and follow-up

Recovery from cone biopsy is typically straightforward, with most patients able to return home the same day. Mild cramping, spotting, or discharge may occur initially, and avoiding strenuous activities and sexual intercourse is advised during the initial healing period. Followup appointments are essential to monitor healing and ensure that all abnormal cells have been successfully removed [4].

### Discussion

Cone biopsy, medically termed conization, is a surgical procedure utilized for both diagnostic and therapeutic purposes in managing cervical abnormalities. This discussion explores the role of cone biopsy

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Cone biopsy plays a crucial role in diagnosing cervical abnormalities that may not be fully characterized through routine screening methods like Pap smears or colposcopies. When abnormalities such as highgrade dysplasia or suspicious lesions are identified, cone biopsy provides a more definitive assessment. During the procedure, a coneshaped wedge of tissue is removed from the cervix, encompassing the abnormal area. This tissue is then examined under a microscope by pathologists to determine the presence, extent, and severity of abnormal cells [6].

Beyond its diagnostic utility, cone biopsy serves as a therapeutic intervention for certain cervical conditions. By removing abnormal tissue, cone biopsy can effectively treat precancerous lesions and early-stage cervical cancer. This approach is particularly beneficial in cases where the abnormality is localized and has not spread beyond the cervical tissue. Compared to more extensive surgeries like hysterectomy, cone biopsy preserves the uterus, which is important for women who wish to maintain fertility [7].

Cone biopsy is typically performed under general anesthesia or local anesthesia with sedation on an outpatient basis. The procedure involves the insertion of a surgical instrument called a speculum to visualize the cervix. Using a scalpel, laser, or loop electrosurgical excision procedure (LEEP) device, the surgeon carefully removes a cone-shaped portion of the cervix that includes the abnormal cells or lesions identified during prior examinations. The size and depth of the cone biopsy may vary depending on the extent of the abnormalities and the specific clinical indications [8].

One of the primary benefits of cone biopsy is its ability to provide a precise diagnosis and targeted treatment in a single procedure. By removing abnormal tissue, cone biopsy can halt the progression of cervical abnormalities and prevent the development of cervical cancer. Moreover, it allows for preservation of fertility, which is a significant consideration for many women of childbearing age [9].

While cone biopsy is generally safe, it carries potential risks such as bleeding, infection, cervical stenosis (narrowing of the cervix), and rarely, damage to nearby organs. Patients should discuss these risks with their healthcare provider beforehand and follow post-operative instructions carefully to minimize complications and promote optimal healing.

After cone biopsy, patients may experience mild cramping, vaginal discharge, or spotting, which typically resolve within a few days to weeks. It is important to avoid strenuous activities, sexual intercourse, and tampon use during the initial recovery period as directed by the healthcare provider. Follow-up appointments are essential to monitor

healing and ensure that all abnormal cells have been successfully removed. Regular Pap smears or colposcopies may be recommended as part of ongoing surveillance to detect any recurrence or new abnormalities [10].

#### Conclusion

Cone biopsy is a valuable tool in the diagnosis and treatment of cervical abnormalities, providing both diagnostic clarity and therapeutic benefits. It plays a crucial role in managing conditions ranging from precancerous lesions to early-stage cervical cancer, offering patients a path towards effective treatment and preserving reproductive health. By understanding the process, potential outcomes, and post-operative care, individuals can approach cone biopsy with informed confidence and collaborate closely with healthcare providers to achieve optimal health outcomes.

#### **Conflict of Interest**

None

# Acknowledgement

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#### References

- Wang CC, Schulz MD (1953) Ewing's sarcoma; a study of fifty cases treated at the Massachusetts General Hospital, 1930-1952 inclusive. N Engl J Med 248:571-576.
- Anderton J, Moroz V, Marec-Berard P, Gaspar N, Laurence V, et al. (2020) International randomised controlled trial for the treatment of newly diagnosed Ewing sarcoma family of tumours. Trials 21:96.
- Haeusler J, Ranft A, Boelling T, Gosheger G, Braun-Munzinger G, et al. (2010) The value of local treatment in patients with primary, disseminated, multifocal Ewing sarcoma (PDMES). Cancer 116:443-450.
- Barker LM, Pendergrass TW, Sanders JE, Hawkins DS. (2005) Survival after recurrence of Ewing's sarcoma family of tumors. J Clin Oncol 23:4354-4362.
- Anderson WJ, Doyle LA (2021) Updates from the 2020 World Health Organization Classification of Soft Tissue and Bone Tumours. Histopathology 78: 644-657.
- Exner GU, Kurrer MO, Mamisch-Saupe N, Cannon SR (2017) The tactics and technique of musculoskeletal biopsy. EFORT Open Rev 2:51-57.
- Khoo MM, Saifuddin A (2013) The role of MRI in image-guided needle biopsy of focal bone and soft tissue neoplasms. Skeletal Radiol 42:905-915.
- Singh HK, Kilpatrick SE, Silverman JF (2004) Fine needle aspiration biopsy of soft tissue sarcomas: Utility and diagnostic challenges. Adv Anat Pathol 11:24-37.
- Gerrand C, Bate J, Seddon B, Dirksen U, Randall RL, et al. (2020) Seeking international consensus on approaches to primary tumour treatment in Ewing sarcoma. Clin Sarcoma Res 10:21.
- Grohs JG, Zoubek A, Jugovic D, Kovar H, Windhager R, et al. (2004) Intraoperative dissemination of tumour cells in patients with Ewing tumours detected by RT-PCR. Int Orthop 28:222-225.