

REACTIVE CELLULAR CHANGE RCC

♣ N86 자궁목의 미란 및 외반증, ♣ N72 자궁목의 염증성 질환등 ♣ €6014006 하부요로생식기 및 성매개 감염원인 균(다중종합효소연쇄반응법) STD 6종, STD 12종 ♣ €5896006 하부요로생식기 및 성매개 감염원 인균(다중실시간 종합효소연쇄반응법) STD 6종(RT-PCR), STD 7종(RT-PCR) ♣ D6802026 STD12종multiplex 76,640원 ♣ D6802016 STD7종Real-Time 76,640원 ♣ 적극적인 Cx cancer screening : Cxgram, HPV test, Endocervical sonogram ♣ R4300 자궁경부(질)약물소작술 ♣ R4310 자궁경부(질)전기소작술 ♣ R4320 자궁경부(질)냉동 또는 열응고술 ♣ 암보칠 비보험 청구. ♣ R4106 질강처치 [4,590 원]
청구메모» 1.클라미디아 감염 가능성 있어 검사 시 행. 2. 질분비물이 많고 악취가 심해 부인과적 감염 이 의심되어 검사시행등 상황에 맞게 작성.

The Scientific World Journal

Volume 2014 (2014), Article ID 756713, 5 pages

<http://dx.doi.org/10.1155/2014/756713> Re-
search Article

Cervical Cytopathological Findings in Korean Women
with Chlamydia trachomatis, Mycoplasma ho-
minis, and Ureaplasma urealyticum Infections

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Received 21 August 2013; Accepted 22 October
2013; Published 8 January 2014

Academic Editors: R. Medeiros and K. Savik

Abstract

This is to investigate the cervical cytological ab-
normalities associated with Chlamydia trachoma-
tis, Mycoplasma hominis, Mycoplasma genital-
ium, and Ureaplasma urealyticum infections on
routine screen. A total of 714 subjects who
had undergone cervical Pap smears and con-
comitant analyses for cervical infections were
included by a retrospective search. The fre-
quencies of reactive cellular change (RCC) and
squamous epithelial abnormalities were signif-
icantly higher in Chlamydia positive subjects
than in uninfected subjects . Of the 124 sub-
jects tested for M. hominis, M. genitalium, and
U. urealyticum, 14 (11%) were positive for M.
hominis and 29 (23%) were positive for U. ure-
alyticum. Squamous abnormalities were more
frequent in subjects with Ureaplasma infections
than in uninfected subjects (24% versus 8%).
Taking together these findings, C. trachomatis
and U. urealyticum may have a causal role in
the development of cervical epithelial changes,
including RCC. Thus, extra awareness is war-
ranted in cervical screening of women with Chlamy-
dia or Ureaplasma infections.

PrevalenCe of abnormal cervical cytology in women with and without chlamydia trachomatis, mycoplasma hominis, or ureaplasma urealyticum infection

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목적: To determine the association of abnormal cervical cytology & Chlamydia trachomatis (CT), Mycoplasma hominis (MH), or
Ureaplasma urealyticum (UU) infection in women with or without minor gynecologic symptoms.

방법: Retrospective search carried out to identify the previous Pap smears & concomitant analyses for cervical CT, MH, or UU (April
2004 ~December 2008).

결과: Results were available for 714, 123 & 124 women of CT, MH & UU, respectively. The prevalence rate was 3%(19/714) for CT,
11%(14/123) for MH & 23%(29/124) for UU. In 714 pts. underwent Pap smear & concurrent CT test, RCC cases accounted for
63%(12/19) in CT(+) & 25%(175/695) in CT(-) ($P<0.001$). In 123 pts. taken MH test, No. of RCC cases was not significantly different
between MH(+) & MH(-). In 124 pts. taken UU test, the CIN cases, specifically ASCUS, LSIL & HSIL, were more prevalent in UU(+)
than in UU(-), which was accounted for 24%(7/29) & 8%(8/95)($P=0.054$), respectively. However, No. of RCC cases was not different
between UU(+) & UU(-)(31% vs. 29%).

결론: The results showed the correlation between CT & RCC. CT infection is not only responsible for inflammation in the UGT & PID
but also is probably one of the causes of cervical epithelial changes. On the other hand, UU may possibly have causal relationship in the
development of CIN disease, although it was not statistically significant & needed further studies. We suggest that screening for CT &
UU should be proposed to patients with RCC or CIN on routine Pap smear regardless of any presenting symptoms.

자궁경부(질)약물 소작술은 환자가 병원에 올 때마다 해도 되나요?

YES

보비를 쓰는 경우는 R4310인가요? R4320인가요?

R4310

고주파 기계를 사용하는 경우는 R4310인가요? R4320인가요?

R4320

레이저 사용 후 비 급여로 받아도 되나요?

NO

급성질염에 자궁경부(질)약물소작술 인정여부

자430 자궁경부(질)약물소작술은 자궁경부에 Eversion(외번)이 있는경우는 인정하나, 급성질여염에 실시하는
경우에는 인정하지 아니 한다.