BACKGROUND: Cervical cancer is the second most frequent cancer among women in Ethiopia. The country has no formal cervical cancer screening program and HPV vaccine is not available. There is limited cytological service and no clear guideline as to how to manage cases of CIN. Outpatient local ablative therapies are usually not available and hysterectomies are sometimes used as one option of definitive management.

OBJECTIVES: To review hysterectomies done primarily for management of CIN.

METHODOLOGY: Eight year retrospective document review of all hysterectomies performed between November 2004 - January 2013 for CIN at Saint Paul’s Hospital, Addis Ababa

RESULTS: A total of 2,163 hysterectomies were done in the 8 years period of which 73 (3.37%) were performed for CIN. Sixty medical records were available for review. The degree of abnormality of the pap smear were 16(26.7%) CIN I, 17(28.3 %) CIN II and 13(21.7%) CIN III. Histologic studies from the hysterectomy specimen was done for 50 (83.3%) of the patients and showed 9 (18%) normal, 12 (24%) CIN I, 11 (22%) CIN II, 7 (14%) CIN III, 6 (12%) invasive cancer and 5(10%) others

Fifty five (91.7%) of hysterectomies were done abdominally and 5(8.3%) vaginally. The mean hospital stay was 9.07 days. Post-operative complications include anemia 9(15%), UTI 7(11.7%) and superficial wound infection in 6(10%).

CONCLUSION: It is a high time to introduce outpatient treatment modalities of CIN rather than using hysterectomy as a primary treatment modality because of its significant morbidity and unnecessary burden on the health care system.