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The Significance of end Cervical Curettage in the Detection and Treatment of Lesions in the Cervical Canal

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INTRODUCTION

Through the inner orifice of the uterus and the outside orifice of the uterus, the cervical canal communicates with the uterine hollow space and the vagina. An interior narrowing of the uterine hollow space is the inner orifice of the uterus. It is similar to a small constriction known as the isthmus, which can be seen on the floor of the uterus, roughly halfway between the apex and base. Beginning at the rounded extremity of the cervix and ending at the vagina, the outside orifice of the uterus is a small, depressed, rather round opening. The cervical hollow space and the vaginal hollow space communicate through this opening. The lips, one anterior and one posterior, define the outside orifice. The anterior is shorter and thicker, even though the cervix's slope makes it shorter than the posterior. Each lip normally touches the posterior vaginal wall.

DESCRIPTION

When viewed from the vaginal canal, the outside orifice has a rounded shape prior to pregnancy. The orifice takes on the appearance of an H-formed transverse slit after birth. The wall of the canal has a longitudinal ridge that runs anteriorly and posteriorly. From each of these ridges, small indirect columns called palmate folds continue, giving the impression that they are branches from the stem of a tree. The association is referred to as arbor vitae uteri. The folds on the two partitions don't exactly meet, but they fit together to be close to the cervical canal. The lower part of the uterus in the female reproductive system is called the cervix or cervix uteri. The cervix is typically 2 to 3 centimeters long and roughly cylindrical, but its shape changes during pregnancy. Along its entire length, the uterine hollow space and the vaginal lumen are connected by the narrow central cervical canal. The term inner os refers to the opening into the uterus, while outside os refers to the opening into the vagina. The vaginal part of the cervix, or the lower part of the cervix, protrudes into the vagina's peak. The cervix has been anatomically documented since at least Hippocrates' time, which is more than 2,000 years ago. After a sexual encounter, sperm should travel through the cervical canal to fertilize an egg mobileular. Cervical caps and cervical diaphragms are two contraceptive methods that aim to prevent sperm from passing through the cervical canal. Due to its fluctuating consistency throughout the menstrual cycle, cervical mucus is utilized in numerous fertility awareness methods, such as the Creighton version and the Billings method. The cervix should dilate and flatten during vaginal birth to allow the fetus to grow alongside the delivery canal. During childbirth, doctors and midwives use the amount of cervix dilation to make decisions easier. The cervical channel is covered with an unmarried layer of Segment framed cells, even as the ectocervix is covered with several layers of Cells delegated with level cells.

CONCLUSION

The squamocolumnar junction is where the epithelial forms come together. Most cancers of the cervix can be brought on by changes in the epithelium caused by human papillomavirus infection. Cytology exams of the cervical area frequently find cervical cancer and its precursors, allowing for effective treatment in the early stages. Preventing sex, using condoms, and getting vaccinated against HPV are all ways to avoid contracting the virus. By preventing infections from the major HPV-causing traces, HPV vaccines, developed in the early 21st century, reduce the risk of cervical cancer.

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