

AFP Clinical Answers

CIN2, Abdominal Pain, Lung Cancer Screening, Postpartum Hemorrhage, Faltering Growth

Is watchful waiting a reasonable alternative to invasive treatment for women 25 to 30 years of age with CIN2?

Based on one prospective cohort study, most lesions regress at least partially within two years without treatment for women 25 to 30 years of age with grade 2 cervical intraepithelial neoplasia (CIN2) confirmed with biopsy and a human papillomavirus (HPV) type that is not 16. Watchful waiting may be appropriate. For women with HPV 16, only 51% had a partial or total regression of CIN2, suggesting that immediate treatment (i.e., loop electrosurgical excision procedure) is warranted. Most progression or regression was evident at 12 months.

POEMs: Majority of Grade 2 Cervical Intraepithelial Neoplasia Lesions Regress in Women 25 to 30 Years of Age; May 2023

Should analgesia be provided for patients with undifferentiated abdominal pain?

Two systematic reviews confirm that controlling pain in patients with acute abdominal pain is patient-centered. Analgesia should be provided because it improves patient comfort, does not hinder the accuracy of the physical examination, and may facilitate the assessment.

Acute Abdominal Pain in Adults; June 2023

Does low-dose computed tomography screening for lung cancer reduce lung cancer–related mortality and what are the harms?

Low-dose computed tomography (CT) screening decreases deaths from lung cancer in people 40 years and older with an absolute risk reduction of approximately 0.4% and a number needed to screen of approximately 226 people over an average of 8.8 years of follow-up to prevent one death. Low-dose CT screening is associated with harms, including overdiagnosis and false-positive

results, with a number needed to screen to produce one harmful outcome of approximately 44.

Cochrane: Lung Cancer–Related Mortality and the Impact of Low-Dose Computed Tomography Screening; May 2023

What is the most effective medical therapy for preventing postpartum hemorrhage after vaginal delivery?

Oxytocin plus misoprostol is more effective than oxytocin alone in reducing postpartum hemorrhage after vaginal delivery. However, this combination causes more nausea and vomiting than oxytocin alone. Tranexamic acid plus oxytocin does not significantly reduce the rate of postpartum hemorrhage compared with oxytocin alone. Oxytocin is the first-line medication because of the balance of high effectiveness and low incidence of adverse effects.

FPIN Clinical Answers: Preventing Postpartum Hemorrhage; May 2023

Which laboratory tests should be ordered in children with faltering growth for whom initial interventions have not been successful?

Consensus guidelines suggest obtaining a complete blood count, chemistry panel, celiac screening (if exposed to gluten), lead level, iron studies, urinalysis, and an erythrocyte sedimentation rate.

Growth Faltering and Failure to Thrive in Children; June 2023

Tip for Using AFP at the Point of Care

Looking for more information about cancer? Check out the collection of AFP's best content about cancer in AFP by Topic at <https://www.aafp.org/afp/cancer>. More than 70 topic collections are available at <https://www.aafp.org/afp/topics>.

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