

Review of one year Papanicolaou Smear Study in Chigateri District Hospital

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Abstract :

The papanicolaou smear or cervicovaginal cytology has been the mainstay of screening for cervical cancer in women.¹ Pap smear done routinely for all women visiting Gynaec OPD and their cytology reports were reviewed. There were 1524 Pap smear cases, of which 275 (18%) were negative for malignant cells, 1185 (77%) were positive for benign lesions, 35 (2.5%) had atypical cells, 17 (2%) had dysplastic cells, 2 (0.2%) had carcinoma in situ and 4 cases (0.3%) had invasive carcinoma. Though Pap smear has reduced the mortality and morbidity due to cervical cancer it is not a perfect screening test.

Key words : Pap smear, cervical cancer screening, cervical cytology

Introduction :

Cervical cancer is still the leading cause of death in women, more so in the third world countries. However, the widespread use of cervical cancer screening has markedly reduced the incidence and mortality, especially in developed countries.² Thus, emphasis on screening all the women for cervical cancer will have a substantial impact on the incidence of the disease independent of the technology used for screening. According to recently revised cervical cancer screening and prevention guidelines³, screening should begin at 21 years of age regardless of the risk factors. The objective of our study was to find out the accuracy of Pap smear.

Materials And Methods :

Women attending Gynaec Outpatient Department in Chigateri District Hospital, attached to J.J.M. Medical College, Davangere were counseled and subjected to Pap smear after consent. Pap smear was done by conventional method & additional HPV testing was not done. Screening is done routinely in our OPD and registry is maintained. The cytology report of these cases from January 2013 to December 2013 was reviewed. All women above 21 years of age who were sexually active were included in the study. Women below 21 years of age or with frank lesion were excluded from the study.

Results :

A total of 1524 women were screened for cervical cancer, out of which 812 were among the age group 21-30 years.

Age Group:

21-30	812
31-40	511
41-50	163
51-60	34
61-70	02
75	01
85	01
TOTAL	1524

Parity: In our study, most of the women belonged to Parity 2 or Parity 3 and nulli gravida were only 52 cases

Parity	1154
Parity	2762
Parity	3393
Parity	4138
Parity	525
Nulligravida	52
Total	1524

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The reports were classified according to Bethesda system (2001).

BETHESDA SYSTEM		No of Cases (%)
Negative for intraepithelial neoplasia		275 (18)
Within normal limits Benign Cellular changes (infection or repair) ASC-US, AG-US	Normal	1185 (77)
LSIL	Atypia	35 (2.5)
LSIL	Mild dysplasia	7 (0.6)
HSIL	Moderate dysplasia	5 (0.3)
HSIL	Severe dysplasia	5 (0.3)
HSIL	Carcinoma in situ	2 (0.2)
Invasive carcinoma	Invasive carcinoma	4 (0.3)
Repeat Pap smear		6 (0.5)
Total no of cases		1524 (100)

Discussion :

In our study,1524 women attending gynaec OPD were screened for cervical cancer. The cytology report was as follows.18% of the cases were reported as negative for malignancy, 77% had benign changes (within normal limits), 2.5% had atypical cells, 1.5% had atypical cells and 0.3% had invasive carcinoma. Pap smear was repeated in 0.5% of the women.

Our study was similar to that of the study conducted by Mandakini M Patel et al in 2011 of 995 women cervico-vaginal smears (June 2006 to December 2007) on patients,4% showed inflammatory lesion, 2.2% showed atrophy,4.1% showed ASCUS, 0.1% showed HSIL, 0.7% showed SCC, 2.8% showed metaplasia, 0.4% had Radiation changes, 11.9% were inadequate and 19.5% didn't show any remarkable pathology. ⁷In another study by Hande Celik Mehmetoglu et al in 2010 conducted a study on Pap smear at primary health centre setting. Of the 332 smears evaluated, 98.8% were accepted as normal, whereas epithelial cell anomalies were seen in 1.2%, infection in 17.7%, and reactive cell differences in 67.2% of the smears. ⁸

A discussion of the evolution of the Pap smear would not be complete without reference to the problem of claims due to false-negative results. Screening for cervical cancer by Papanicolaou smears has been associated with a decline in deaths from cervical cancer. Yet the pap smear is not a perfect screening test. ³

Conclusion :

Though the development of Pap smear for detection of cervical cancer and its precursors has reduced the

mortality rate, barriers to screening still exist, leading to significant morbidity and mortality from invasive carcinoma in our country. We must continue to minimize these barriers by targeting the groups at highest risk. Additionally, the development of improved tests for the detection of cervical dysplasia and cancer has minimized the errors of sampling with Pap smear. Nonetheless, as we continue to maximize the access to and ability of screening tests to detect cervical disease, the mortality of cervical cancer will continue to decrease.

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