



CORRELATIONAL ANALYTICAL STUDY OF SYMPTOMATOLOGY , PAP AND COLPOSCOPIC FINDINGS IN REPRODUCTIVE AGE GROUP WOMEN IN A TERTIARY CARE CENTRE

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ABSTRACT

BACKGROUND- The current study is done to study cervical epithelial changes in a reproductive age group women at tertiary care centre through investigation modality called pap smear and its correlation with various symptoms and colposcopic findings.

METHODS: A retrospective analytical study of 79 women of reproductive age group was done at CAMA AND ALBLESS HOSPITALS. The cervical smear was taken from all patients using the Ayre's spatula by scrape cytology method. Colposcopy was done for patients with highly suspicious malignant and unhealthy cervix and with inflammatory pap smear not relieved on antibiotics. Finally cervix biopsy was done for cases for suspected malignancy on pap smear.

RESULTS: Inflammatory smears were seen in 35.44 % , ASCUS in 5.06%, LSIL in 3.7% and invasive carcinoma in 5.06% patients. The patients having white discharge pv or menorrhagia had ASCUS and AGCUS on PAP smear which had squamous metaplasia (3.3%) , HPV infection (1.6%)and invasive cancer. HSIL and Invasive carcinoma showed invasive carcinoma.

CONCLUSION: The Pap smear is a simple, safe, practical and cost-effective method for early detection of cervical cancer and its precursors. In low resource countries like India, it is the most logical screening modality although it has a very low sensitivity, but detection rates could be further improved using liquid-based cytology and the use of endocervical cytobrush.

KEYWORDS

ASCUS, Endocervical Cytobrush, Preinvasive, USPSTF

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INTRODUCTION-

Cervical cancer continues to be a worldwide problem. In developing countries ,with limited health care facilities,cervical carcinoma is the second most common cause of cancer death in women .Invasive cancer of cervix is considered a preventable disease because it has a long preinvasive state and with the help of cervical cytological screening programmes and treatment of preinvasive lesions , the incidence of cervical cancer can be reduced. It is anticipated that in developing countries the percentage of women who never had PAP test ;leading to cervical cancer is around 60%.(1)It accounts for 80% of deaths in developing country like India.(2)

However worldwide the incidence of cervical cancer is decreasing and it is being diagnosed at an earlier stage ,thereby giving a better survival rates.

Epidemiological data indicates that incidence of cervical cancer will continue to be high due to poor hygiene, early marriage, multiparity, lack of screening facility. To control the disease, cytological screening should be undertaken routinely and intensively(3).The dramatic reduction in incidence of cervical cancer in developed countries is because of widespread use of cytological screening test.(4) Various screening methods are available like cytology by Pap smear, visual inspection of cervix with acetic acid and/or Lugol's iodine, HPV- DNA Test, Liquid based cytology etc.

Pap smear is an effective method of cervical cancer screening with a low sensitivity rate. It is the laboratory method to examine the exfoliated or scraped cells to detect dysplasia. It is a simple routine outpatient procedure which is less expensive and a popular screening modalities at various centres.PAP smear and gynaecological examination should be performed for any unexplained discharge or irregular bleeding as they may be signs of cervical and other genital malignancies as there have been cases who had bleeding pv and were denied Pap smear many times only to present with advanced cervical cancer.

Before 2012 cervical cancer screening guidelines of the American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS) and U.S. Preventive Services Task Force (USPSTF) differed on age to start and how often to get screened for cervical cancers.

In 2012, all the three-organization recommended that:(5)

- Screening by Papanicolaou test (pap) should not be used for women aged less than 21 years, regardless of initiation of sexual activity
- A screening interval of three years should be maintained by pap smear for women aged 21-30 years. HPV test is not recommended
- Women aged 30-65 years should have a pap test and a HPV test (co-testing) every 5 years or is even acceptable to have a Pap test alone every 3 years.

The cytology based screening programmes have been successful to reduce the incidence of cancer cervix by 80 % and deaths due to it by 70%.

METHODS

A retrospective analytical study of 79 women in reproductive age group women was done over a period of 1 year at Cama and Albless hospitals ,Mumbai.

The correlation of clinical symptomatology and PAP smear findings and colposcopic findings were established. The patients in reproductive age group that is 18-45 were selected. Patients with chief complaints of pain , menstrual complaints , patients who had come for follow up and patients who had come for infertility consultation were included. Detailed history was elicited and per speculum examination of the patient was done, patients who came to the Gynaecology OPD the procedure was explained to the patient in detail and was put in dorsal position after emptying the bladder. Per speculum examination was done without using lubricants. Naked eye examination of the

cervix was done to evaluate its colour, shape, size, presence of any lesions, discharge. The cervical smear was then taken by means of the scrape technique using the Ayre's spatula.

The longer end of the spatula was inserted into the external Os and rotated through 360° maintaining firm pressure so as to scrape the squamocolumnar epithelial junction throughout its circumference. Care was taken to include all abnormal looking areas. The spatula was then withdrawn without touching the vaginal walls to avoid contamination with cells from the lower genital tract. The smear was made by spreading the scraped material evenly, with a circular motion on a glass slide having the patients' identity labelled. It was then fixed in fixative solution, which contains 95% alcohol and ether for 15-30 minutes and then sent to the cytopathology laboratory. The smears were stained according to modification of Papanicolaou (1942).(6)

The patients who had completed a course of antibiotics ,but still continued to have symptoms ,patients who had high suspiciousness of cervical cancer underwent colposcopy. A colposcopic examination in which whole of transformation zone was visualised was said to be a satisfactory colposcopy. If squamo- columnar junction is inside the endocervical canal and whole transformation zone is not visible it is termed as an unsatisfactory colposcopy.

Different pap findings in patient coming with different complains

Symptom	inflammatory	normal	ASCUS	AGCUS	Endometrial cells	HPV koilocytes	Reactive columnar cells	Necrotic Malig cells	LSIL	Total
Pain	6	2	-	-	2	1	-	-	-	11
White discharge pv	11	7	2	1	4	6	2	1	3	37
Menorrhagia	6	1	-	-	2	1	-	-	-	10
Infertility	1	1	-	-	1	1	-	-	-	4
Menstrual Irregularities	1	2	1	1	-	-	1	-	-	6
SCOPV	3	1	-	-	-	-	-	-	-	4
Postcoital Bleeding	-	-	-	-	-	1	-	-	-	1
Spotting pv	-	-	1	1	-	-	-	2	-	4
OTHERS	-	1	-	-	-	-	1	-	-	2
	28	15	4	3	9	11	3	3	3	79

As per this study , PAP screening was most commonly done in 40-45 years age group followed by 35-40 years. The commonest symptom for which this reproductive age group underwent PAP screening was white discharge per vagina followed by pain in abdomen and menorrhagia. The PAP results revealed that most patients presenting with complaint of white discharge had inflammatory smear , cervicitis followed by normal PAP smear results . Some patients around 11.39% (no-9) had HPV infection which was confirmed by HPV DNA and colposcopy.

The patients presenting with menorrhagia had inflammatory smear in 7.59 %, some had endocervical cells in 4.08% present and were advised repeat PAP, but did not follow up.

CORRESPONDING COLPOSCOPIC FINDINGS

	inflammatory	normal	LSIL	AGCUS	ASCUS	HSIL	Endocervical cells	Haemorrhagic smear	Columnar cells
Normal	6	8	-	1	-	-	-	-	-
Ectropion	2	2	-	-	1	-	-	-	-
Cervicitis	8	1	-	-	-	-	-	-	-
HPV	5	-	-	-	1	-	-	1	-
Squamous metaplasia	7	4	-	2	-	1	1	-	-
Invasive cancer	-	-	-	-	1	-	-	3	-
CIN I	-	-	3	-	-	-	-	-	1

SUMMARY OF CASES DIAGNOSED WITH CARCINOMA CERVIX

	Case 1	Case 2	Case 3	Case 4
Age	42 years	45 years	40 years	37 years
complaint	Menorrhagia	Reddish discharge pv	Menorrhagia	White discharge pv
comorbidity	Hypothyroidism	Seropositive, thrombocytosis		HPV Positive
parity	P3L3	P5L5	P3L3	
Pap	Haemorrhagic smear	Normal	ASCUS-H	Haemorrhagic smear
colposcopy	Invasive cancer	Invasive cancer	Invasive cancer	Invasive cancer
Eua	Growth on post lip	Ut bulky, growth bleeds on touch,medial parametrium involved	Ut normal, proliferative growth on cervix which bleeds on touch	
surgery	TAH +BSO	Cervical biopsy	Modified radical hysterectomy	adv RT
HPR	Chronic cervicitis, leiomyoma	Large cell keratinising mod diff sq cell carcinoma	Mod diff sq cell carcinoma involving lower uterine segment	

Amongst the four cases which were identified to be invasive carcinoma on colposcopy , 75 % were true positive results. One case was diagnosed to be HPV positive presenting with a chief complaint of white discharge and were confirmed on histopathological reports.

DISCUSSION-

This is a prospective study in which 79 women of reproductive age group who came to gynaecology Outpatient Department at Cama and Albless hospitals from January 2018 to December 2018. Out of 79 patients , 59 patients had colposcopic examination. In present study , around 10 % cases reported have normal smears. And 10 % cases had normal cervical cytology and colposcopic findings.

Papanicolaou test was first described by Papanicolaou and Traut in 1943. It is recommended that all women over the age group of 35 years should undergo annual check up with the PAP test. Apart from diagnosing premalignant and malignant changes , other local conditions can also be recognised by PAP test like condyloma acuminata and herpes. As PAP is only a screening test hence further investigations like colposcopy , cervical biopsy and fractional curettage. A PAP test can detect only 60-70% of cervical cancers and 70% of endometrial cancers. A single testing detects 10-15% false negative reading , it can be reduced to 1 % with repeated tests .Hence a repeat PAP testing is advised every 3 yearly.(7)

This is a retrospective analytical study done to study the pattern of cervical cytology in patients presenting with various symptomatology and their correlation with colposcopy. The PAP smear results showed normal cervical cytology findings in 21.51 % , inflammatory smears were seen in 32.91% , ASCUS in 5.06%, LSIL in 3.7% and invasive carcinoma in 5.06% patients. The results were similar to Thobbi VA et al and Ghazal et al.(8). Another study done by Suma R shows normal 36% inflammatory smear 61.9% ASCUS 0.3 % LSIL 0.6% HSIL 1.2%.(9)

As the PAP smear screening is advised from 21 years , hence patients within age group of 21 to 45 years were studied. The commonest age group which was screened was 40-45 years with 34.3 % of patients belonging to this age group. Most of the patients who were studied were multipara with parity >2 . It was similar to observations made by Thobbi VA et al.(8)

It was observed that amongst the study subject number of patient symptomatic were 35% parity 2 and above similar to observation by Dasgupta A et al.(10)

The various epithelial cell abnormality were studied. ASCUS smear were advised repeat cytology after 6 and 12 months and HPV DNA testing. ASC-H, HSIL and LSIL were advised colposcopy.

Colposcopy was introduced in 1927 by Hinselmann in 1927. Colposcopy is visualisation of cervix under magnification for pre – invasive cervical lesions. In developing countries like India , it is not cost effective and possible to have universal cervical cancer screening due to low sources . WHO has recommended at least one smear for all women at about 40 years to reduce cancer deaths by 50%(11)

In this study correlation between PAP and colposcopic findings revealed that most patients presenting with complaint of white discharge pv had inflammatory smear which had normal colposcopy or showed findings suggestive of HPV infection and squamous metaplasia . Further HPV DNA testing was advised. Some cases had polyp and ectopion on colposcopy. Most of the patients with abnormal PAP presented with complaint of white discharge pv and menorrhagia. Patients having HPV infection had most common complaint of white discharge PV and few of them presented with other complaints like pain , menorrhagia and post coital bleeding PV.

The correlation between PAP smear , symptomatology and colposcopic findings suggested that most patients presented with white discharge pv , menorrhagia or pain in abdomen. The PAP results showed inflammatory smear with evidence of metaplasia and cervicitis and infection of HPV DNA.

The patients having white discharge pv or menorrhagia had ASCUS and AGCUS on PAP smear which had squamous metaplasia (3.3%) , HPV infection (1.6%)and invasive cancer.

CONCLUSION-

The Pap smear is a simple, safe, practical and cost-effective method for early detection of cervical cancer and its precursors. In low resource countries like India, it is the most logical screening modality although it has a very low sensitivity, but detection rates could be further improved using liquid-based cytology and the use of endocervical cytobrush.

The specificity of this screening test can be increased by a repeat PAP test atleast every 3 yearly. As the progression from pre invasive to invasive cancer is very slow , hence repeat PAP can detect early invasive cancers and eventually decrease morbidity and mortality following cervical cancers. Women education and awareness regarding cervical cytology testing should be encouraged. At the same time the false negative of pap smear enreported needs consideration.

Thus pap smear along with colposcopy can be an effective tool for screening so as to diagnose the early invasive cancer stages which stay relatively asymptomatic.

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