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ABNORMAL PAP SMEARS: EVALUATION AND TREATMENT

The cervix is the lower part of the uterus that protrudes into the vagina. Pap smears brush and scrape off loose cells for microscopic evaluation. Interpretation depends on the number of cells that are shedding at the time the smear is taken. Pap smears are a screening tool that may require repeating for more precise testing (colposcopy and or biopsy) to be sure of the proper diagnosis. We use “liquid” technology where the brush is placed in fluid that can later be tested for Human Papillomavirus (HPV) that can cause cancer. At age 30, routine HPV testing may be added every 5 years.

With the exception of DES exposed women, abnormal PAP smears are almost always a result of HPV infection. Our job is to figure out which abnormal PAPs and HPV infections will go away by themselves (90%) and which ones may progress to invasive cancer.

Pap Test Results: The Bethesda System

If you have an abnormal Pap test result, some of the terms used can be confusing. Our lab uses the “Bethesda System” to describe Pap test results. This system uses the term **squamous intraepithelial lesion (SIL)** to describe precancer changes. “Squamous” refers to the type of cells that make up the tissue that covers the cervix. With this system, your results will be placed in one of the following groups:

- **Normal (negative)** – There are no signs of cancer or precancer.
- **Atypical squamous cells of undetermined significance (ASC-US)** – Changes in the cervical cells have been found. ASC_US is the most common abnormal Pap test result. If HPV testing was not initially requested, it will be done on the fluid if you are older than 24.
- **Squamous intraepithelial lesion (SIL)** – Abnormal changes are seen in the cells that may be a sign of precancer. SIL can be low grade (LSIL) or high grade (HSIL). These grades are related to the grades of dysplasia and CIN. LSIL almost always indicates that an HPV infection is present, but it also may indicate mild precancer changes. LSIL is very common and usually goes away on its own without treatment. HSIL indicates more serious changes. Carcinoma in situ (CIS) is a severe form of HSIL. It is the result most likely to progress to cancer.
- **Atypical squamous cells, cannot exclude HSIL (ASC-H)** – Changes in the cervical cells have been found. These changes are not clearly HSIL but could be. Further testing is needed.
- **Atypical glandular cells (AGC)** – Cell changes are seen that suggest precancer of the upper part of the cervix or uterus.

- **Cancer** – Abnormal cells may have spread deeper into the cervix or to other tissues.

Other PAP findings:

- **Endometrial cells** – can be “normal” or “abnormal”. Even normal cells should not be present after menopause. An ultrasound and/or biopsy may be recommended
- **Infections** – sometimes the pathologist will see yeast, bacteria, or other signs of infection and let us know.

What Happens After I Have an Abnormal PAP Smear and/or HPV Testing?

Management depends both on your age and the type of abnormality that is found. Repeating PAP smears and HPV testing are the most common follow-up. Colposcopy is also used to get a more precise diagnosis.

COLPOSCOPY: This is an office examination of the cervix. It takes about 10-20 minutes. You are in the same position as for a pap smear with a speculum in your vagina. Mucus is cleared away with swabs and the colposcope is focused on your cervix. This is like a microscope magnifying the cervix so that the pattern of blood vessels can be seen. Abnormal areas have different types of patterns and can be biopsied or removed if small. If the cervix appears normal, or if there is a concern about the canal of the cervix beyond where we can see, a scraping of the canal is done with a special sharp instrument. Momentary cramping is the only discomfort most women feel. The exact diagnosis is made by a pathology report and the results take about ten days to come back. Taking 600mg of Ibuprofen before you come is helpful.

Endometrial Biopsy: A plastic tube suction tissue from the uterine lining if there are concerns about abnormal glandular cells or endometrial cells.

Treatment of abnormal PAP smears and/or HPV is usually done in the office. Each woman is unique and her treatment will be individualized.