



Gynaecological LBC: Three Year Experience In A Tertiary Care Centre

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INTRODUCTION

Implementation of Pap testing was responsible for reducing the incidence of cervical cancer between 1955 and the mid 1980's. The second major advancement in **cervical cancer screening** is Liquid-based cytology, a method of preparing cervical samples for **cytological examination** which increased the quality of slide tremendously. The present study provide the **audit of three years experience** of gynae LBC at our centre.

RESULTS

- In **past three years 8167** females were sampled. [Graph 1]
- Among these **0.19%** were **inadequate**, **10.02%** harbored trichomonas/ candida, actinomycetes or had altered **cervical flora**.
- **8.63%** cases showed **reactive cellular changes**,
- **LSIL** cases were **1.81%**, **0.88 %** cases were **HSIL**, **1.56%** cases were **ASC-US**, **0.23%** cases were Atypical squamous cells - cannot exclude **HSIL (ASC-H)**
- Only **0.22%** cases were **SCC**.
- In proportion to large number of LBC only **2391** cases underwent **follow-up colposcopy**.

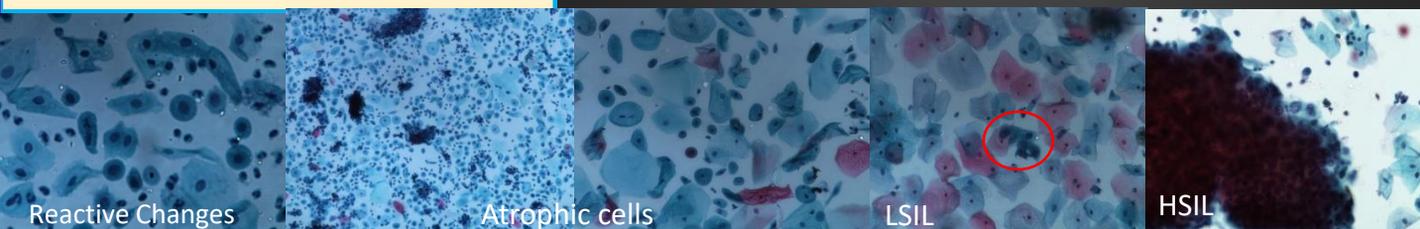
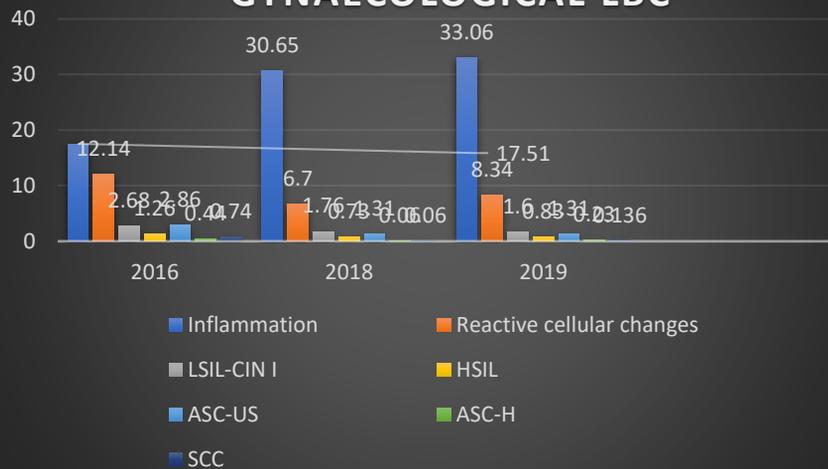
OBJECTIVE

To assess performance of **liquid-based cytology** in terms of detection of gynaecological cancers like **HSIL**, **LSIL**, **squamous cell carcinoma** with trouble shooting.

MATERIAL AND METHODS

Systematic review of the cytological smears and consultant interview was done in our centre in retrospective manner.

GYNAECOLOGICAL LBC



DISCUSSION AND CONCLUSION

- Liquid based cytology represents the first major change in preparation method for cervical screening samples over 50 years. This study aimed to evaluate liquid based cytology as a tool for gynaecological cancer screening.
- The literature evaluating them in extensive and varied. Most are observational studies, either split samples studies comparing outcome with previous outcomes at the same laboratory.
- Our observations clearly show low rate of unsatisfactory samples. The smear background was notably cleaner and cell morphology was better evaluated in LBC.
- We see that with experience the rate of inflammatory smears and recognition of pathogens has increased in the centre; moreover there is decrease in ASC-US diagnosis which is actually given when the pathologist is slightly confused.
- On cytological reevaluation and review from consultant interviews we found that most of the reactive cellular changes like atrophy, regenerative and reparative changes are misdiagnosed as ASCUS or LSIL by inexperienced eye.
- So hence we conclude that one must carefully examine the slides and strictly follow the criteria.
- Paying attention to chromatin distribution, and nuclear size is of critically important.

REFERENCES

1. National Institute for Clinical Excellence. Liquid based cytology in cervical screening: an updated rapid and systematic review. London: NICE, 2003.
2. Denton KJ. Liquid based cytology in cervical cancer screening. BMJ 2007;335:1-2.