

CORRELATION OF CERVICAL ABNORMALITIES WITH ABNORMAL SMEARS IN MASS SCREENING PROGRAMME OF CERVICAL CYTOLOGY

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SUMMARY

Mass screening programme of rural women from 20 villages around our institution was attempted. 27.5% women participated in this programme. An attempt was made to find out correlation of abnormalities of cervix with abnormal smear pick up rate. Incidence of cervical erosion was 10.35% cervicitis 4.90% and cervical neoplasia 2.43%. We found that clinically normal looking cervix is no criteria for excluding such women from screening programme as 3.65% women with absolutely normal looking cervix had dysplastic smears. Dysplastic smear pick up was 38.15/1000.

INTRODUCTION

A plan of action for districts to do screening for cervical cancer among women above 35 years of age is proposed to be initiated in the states in which cancer advisory boards have been constituted. In addition to other aspects the aim is to identify high risk groups in the community. These may be in the form of various demographic factors or clinical findings. In the present study which was done in the department of obstetrics &

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Gynaecology & Family Welfare Department of Mahatma Gandhi Institute of Medical Sciences Sevagram, we tried to find out the correlation between clinical abnormal cervical findings & abnormal smear pickup rate.

MATERIAL & METHODS

Rural women of 20 villages around our institution were screened for any clinical abnormality of cervix. Their smears were subjected to papanicolau's stain (papanicolau 1942). 734 women participated in this programme. These women were from all age

groups & parities. These women were informed about the importance of gynaecological check up & screening on previous evening. They were examined in their villages by cluster approach. Smear collection was done in the villages and further processing was done in the institution.

OBSERVATIONS

Out of 734 women examined 132 (17.98%) had clinically abnormal cervical findings. Of these women 76(57.57%) i.e. 10.35% of all had cervical erosion, 36(27.27%) i.e. 4.90% of all had clinical evidence of cervicitis, 14 (10.60%) i.e. 1.91% of all had endocervical mucous polypi, 6 (4.54%) i.e. 0.82% of all had cervical fibroids of various sizes. Out of total 132 women with clinically abnormal cervix, 91.66% had grade

II & 4.54% had grade III smears with clinically normal cervix (602 women) 86.54% women had grade II smears and 3.65% grade III smears. So 22 (78.57%) women out of 28 women with dysplasia had normal looking cervix and only 6 (21.43%) had abnormal looking cervix (Table I).

DISCUSSION

In mass screening programme the aim is detection and adequate treatment of premalignant lesions of the cervix. This will also help in finding out high risk groups for having this programme on larger scales in a country like India with overpopulation & limited resources. Unfortunately studies available are from institutions where women come when symptomatic. It has been computed that 85% of adult women whether single or married

TABLE I
CLINICAL CERVIX AND ABNORMAL SMEARS IN 734 WOMEN

Cytology	Clinically Normal Cervix		Clinically Abnormal Cervix	
	No.	%	No.	%
Normal smear.	58	9.63	5	3.79
Grade II				
Inflammatory Smear.	521	86.54	121	91.67
Grade III				
Dysplastic Smear.	22	3.65	6	4.55
Inadequate for opinion.	1	0.17	-	-
Total	602		132	

have some degree of cervical erosion (Hawkins and Bourne 1978). In an analysis of 650 cases taken from gynaecological outdoor at Apollo hospital Madras the incidence of cervical erosion was 43%, cervical polyp 4% cervicitis 12.7% pick up rate of abnormal smear was 21.5/1000 women (Swarnakumari 1987). However Chauhan et al (1987) reported incidence of cervical erosion as high as 91.6% in a hospital level study with dysplasia rate of 2.2%. In our study which is unique because it is community based in symptomatic and asymptomatic women Dysplastic smear pick up rate was 38.15/1000. The incidence of cervical erosion was 10.35% and incidence of cervical polyps and cervicitis was 7.91% and 4.90% respectively, 642 (87.05%) women had grade II smears and 28(3.81%) women had grade III smears which is supposed to be premalignant stage. The irradiation of precancerous lesions is virtually 100% effective in controlling cervical cancer (Eyre 1988). Our aim should be to have emphasis on population at risk rather than the frequency of screening. We did not

find any relation between abnormal smear finding & clinical abnormalities. Patients with clinical abnormality had 96.22% abnormal smears and with normal cervix 90.91% had abnormal smears. If we look at the problem of dysplasia also 3.65% women with clinically normal cervix had dysplasia as compared to 4.54% with abnormal cervix. Dysplastic smear pick up rate was 36.54/1000 and 45.45/1000 in normal and abnormal cervix. It appears that clinical look of cervix whether in symptomatic or asymptomatic patients should not be taken as criteria in screening programme of carcinoma cervix.

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