

Papanicolaou Test Screening: A Helpful Tool

Sir,

We read the article "Screening for Cervical Cancer: Experience from a University Hospital in North Western Nigeria (2007-2009)" with interest.^[1]

Cervical cancer is the main cancer among women in sub-Saharan Africa, India, and other parts of the developing world.^[2] In India, the rate of cervical cancer is quite the high.^[3]

In fact, India accounts for a quarter of the world burden. The age-standardized incidence rates range from 16 to 55 per 100,000 women in different regions of India. The incidence is particularly high in rural areas.^[3]

Cervical cancer is preceded by a preinvasive lesion which can be detected by exfoliative cytology like a Papanicolaou (Pap) smear examination.^[4] Therefore, cervical cancer is considered preventable, as the premalignant stages can be detected cytologically.

Pap smear screening is seen to be accompanied by a dramatic reduction in the incidence of invasive cervical cancer in different countries of the world. Usually, two types of Pap tests are used: Conventional and liquid-based cytology. The liquid-based test is popular in the developed countries. However, in countries with low resource, a conventional Pap test is the mainstay of the screening system.^[4]

The revised Bethesda System has helped in the standardization of the Pap smear reporting by unifying various overlapping terminologies and has included specific statements regarding specimen adequacy, general categorization, interpretation, and results.^[4]

Screening with Pap smear has been seen to be accompanied by a dramatic reduction in the incidence of invasive cervical cancer in different countries of the world.^[4] So the need for regular Pap screening should not be ignored.

In the study by Daniel *et al.*, the authors have encountered 7% dysplastic cells.^[1] We have also in our study, involving the female staff members of tertiary health care center in South India, noted cytologically detected epithelial cell abnormality in 5 (6.3%) cases.^[5] In our study, majority of the cases 59 (73.8%) were asymptomatic. Still the detection of dysplastic cells in Pap smear test was quite high. These cases were advised regular follow-up and repeat Pap smear test, after histopathological examination of the cervical biopsy.

Other studies also have encountered similar raised prevalence of epithelial cell abnormality. The cause of this has been attributed to the lack of awareness about cervical cancer screening. It was observed that women aged 45 or above harbor the bulk of premalignant and malignant lesions in the Pap smear. Therefore, these women are among the under users of cytological screening.^[4]

In a study from South Africa, the authors have reported low level of awareness regarding cervical cancer and its screening method among university students.^[6] We have noted significant epithelial cell abnormality detected cytologically in an educated population.

The goals of any cervical cancer prevention program should be threefold: to achieve high coverage of the population at risk, to screen women with an accurate test as part of high-quality services, and to ensure that women with positive test results are properly managed. Coordination of program components, reduction of the number of visits, improvement of service quality, and flexibility in how services are delivered are all essential features of an effective service.^[7]

We are of the opinion that awareness about cervical cancer, Pap smear testing, proper follow-up, and counseling of the patients should be done with the help of clinicians, laboratory personnel, and any other likeminded organization.^[8] With all these combined measures, we may succeed to restrain this potentially curative malignancy, particularly in developing countries.

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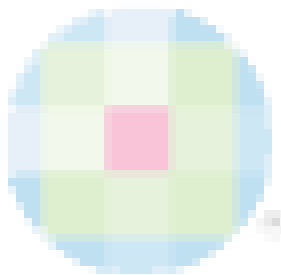
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