

Original Research Article

Study of Clinico-Cytological Profile of Female Patients from Rural Areas of Telangana Presenting to a Tertiary Care Centre with Gynecological Complaints

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ABSTRACT

Introduction: Cancer cervix being the most common cancer of the female population in India needs early screening and interventions in high-risk females. Pap smears is the gold standard method of screening women of all ages for possible epithelial lesions of cervix which are precursor lesions of cancer cervix.

Objectives: 1. To observe the various gynecological symptoms in patients presenting to a tertiary care centre. 2. To correlate various demographic factors with their clinical symptoms. 3. To correlate their Pap smear findings with their signs & symptoms & various demographic factors.

Materials & Methods: In the present study, we assessed the clinical manifestations of females presenting to the Gynecology out- patient department and correlated the Pap smear findings with the symptoms and other demographic factors. Results: The most common age group was 40 – 49 years (42%). The most common presenting symptom (23%) was Abnormal/Dysfunctional Uterine Bleeding (AUB/DUB). Inflammatory smear was the most common diagnosis on pap-smears (52%). Epithelial lesions constituted 4% of the total cases. LSIL was the most common epithelial lesion.

Keywords: screening, gold standard, precursor.

INTRODUCTION

Cervical cancer is the commonest cancer among females of developing countries. [1] Every year in India, 122,844 women are diagnosed with cervical cancer and 67,477 die from the disease. [2] The cervical cancer statistics of any country reflect the screening as well as preventive measures taken by any country against the disease as it is well known that cancer cervix is preceded by a very long period of a spectrum of precursor lesions which can be treated to prevent further evolution into the dreaded disease. Pap smears remain the gold standard for screening women of all ages for any cases of cancer cervix or its precursor lesions. [3] The sensitivity of the test in

detecting the various epithelial lesions of cervix is in the range of 70 – 80%. [4] In addition to screening, creating awareness about the risk factors and genetic aspects of the disease do a good deal in preventing the disease. Screening should begin at 21 years of age or 3 years after the commencement of sexual activity (whichever is later) and done every 2 years. [5] It can be done every 3 years upto the age of 69 years if 3 satisfactory, normal smears were obtained consecutively. In 1988 Bethesda system of terminology was introduced to classify the findings of Pap smears. [6] The system has been reviewed and revised periodically so that more information can be given to the clinician regarding the further course of

management. The latest revision of the Bethesda System of Reporting was done in the year 2014. Very few studies in the state of Telangana assessed the pap smears of symptomatic females. In the present study, we analysed the Pap smears of symptomatic females presenting with various complaints and correlated them with various demographic factors. The present study mainly aimed to study the symptomatology of cervical and uterine lesions and analyse which symptoms would require more cautious follow-up or treatment by correlating the complaints with the Pap-smear findings.

MATERIALS & METHODS

The present study was conducted at the Department of Pathology, Bhaskar Medical College, Telangana. It was a prospective study for a period of 6 months from January 2016 to June 2016. Pap-smears were taken by a trained gynecologist with strict aseptic precautions Pap-smears received from the Department of Gynecology were reported using the standard reporting format. Complete clinical details of each case were obtained in a structured format. The presenting signs & symptoms were compared with the Pap-smear findings and other demographic and 6 factors and results tabulated.

RESULTS

A total of 756 Pap-smears were assessed in the study period out of which 24 smears were Inadequate/Unsatisfactory for various reasons. The patients did not turnout for repeat procedure and hence were omitted from analysis. 732 cases were analysed in detail.

Table I: Age distribution:

Age distribution	Number of cases
20 – 29	17
30 – 39	83
40 – 49	308
50 – 59	234
60 – 69	78
70 - 79	12

42% of cases were in the age-group of 40 – 49 years followed by 32% in the age-group of 50 – 59 years (Table I).

Table II: Clinical presentation

Clinical presentation	Number of cases
Postmenopausal bleeding(PMB)	139
Prolapse uterus	117
Fibroid	92
Abnorma/Dysfunctional Uterine bleeding(AUB/DUB)	169
Unhealthy cervix	115
Leucoplakia	13
Ovarian cyst	33
Polyp	12
Leucorrhoea	42

Abnormal/Dysfunctional uterine bleeding (AUB/DUB) was the most common clinical presentation(23%) followed by postmenopausal bleeding(19%). Among the 169 patients presenting with AUB/DUB, 40% of the patients were in the age-group of 40 – 59 years (Table II).

Table III: Clinical presentation in various age-groups

Age group	PMB	Prolapse	Fibroid	AUB/DUB	Unhealthy Cervix	Leucoplakia	Ov.cyst	Polyp	Leucorrhoea
20-29				7			4		6
30-39			13	26	22		3		19
40-49	29	23	64	112	48	4	16	12	
50-59	72	68	12	16	37	9	8		12
60-69	31	23	3	8	7		2		4
70-79	7	3			1				1

Post menopausal bleeding, Fibroid uterus, AUB/DUB, unhealthy cervix & ovarian cyst were common among the age-group of 40 – 49 years (Table III).

The smears were categorised into 4 categories – Atrophic smear, inflammatory

smear, Normal findings, epithelial lesion. 38% of the patients presenting with postmenopausal bleeding had an atrophic smear followed by 35% of the patients having an Inflammatory smear. 56% of the patients presenting with prolapsed had an

atrophic smear. 59% of the patients presenting with AUB/DUB had an inflammatory smear. 68% of the patients presenting with unhealthy cervix also had an inflammatory smear. 53% of the patients

who had an epithelial lesion on Pap-smear had an unhealthy cervix on presentation where as 25% of the patients presented with postmenopausal bleeding (Table IV).

Table IV: Cytological profile of various clinical presentations

Clinical condition	Atrophic smear	Inflammatory/ Nonspecific cervicitis	Normal smear	Epithelial lesion
PMB	53	49	29	8
Prolapse	66	40	11	
Fibroid	5	57	30	
AUB/DUB	48	101	16	4
Unhealthy cervix	7	79	12	17
Ovarian cyst	2	22	9	
Polyp	3	6	3	
Leukoplakia	4	5	1	3
Leucorrhoea	19	20	3	

Table V: Distribution of epithelial lesions

Epithelial lesion	Number of cases
LSIL	22
HSIL	8
Atypical glandular cells	1
ASCUS	1

Intraepithelial lesion (LSIL), 25% of the cases were classified as High Grade Squamous Intraepithelial lesion (HSIL). 1 case each was diagnosed as Atypical squamous cells of Undetermined significance (ASCUS) and Atypical Glandular cells respectively (Table V).

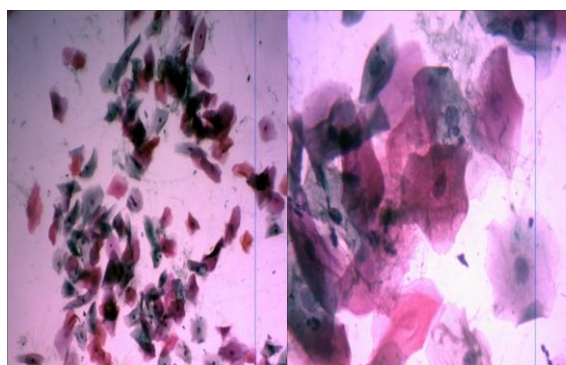


Fig - 1A - B: (A) - Superficial squamous & Intermediate cells & occasional Intermediate cells - 10X ; (B) - Superficial squamous cells with pyknotic nuclei & Intermediate cells - 40X.

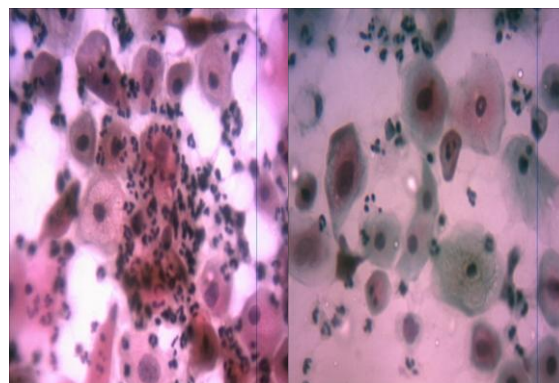


Fig - 3A - B: (A) -LSIL showing superficial squamous & Intermediate cells with koilocytic change & enlarged, irregular nucleus- 10X; (B) -Superficial & Intermediate cells with increased nucleo-cytoplasmic ratio - 40X.

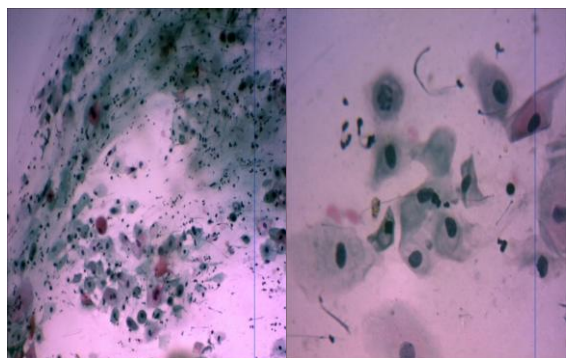


Fig - 2A - B: (A) -Atrophic smear showing clusters of parabasal cells & scattered polymorphs- 10X ; (B) -Parabasal cells with relatively scant cytoplasm than the superficial cells & superficial cell is also noted- 40X.

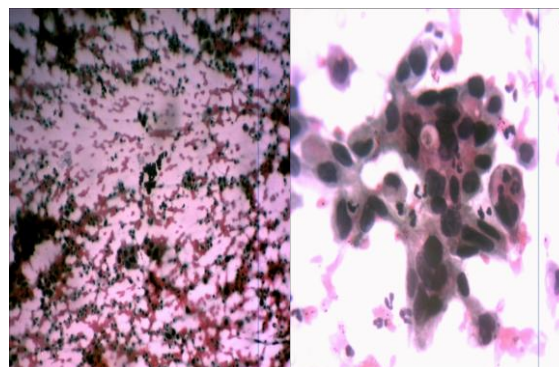


Fig - 4A - B: (A) -HSIL showing marked irregularity of the nuclear membrane and markedly increased nucleo-cytoplasmic ratio-- 10X ; (B) - Cells show marked irregularity in nuclear & cytoplasmic features & hyperchromatic nuclei with a background of polymorphs - 40X

Out of 32 cases which were tested positive for epithelial lesion on Pap-smear, 68% of the cases were Low Grade Squamous

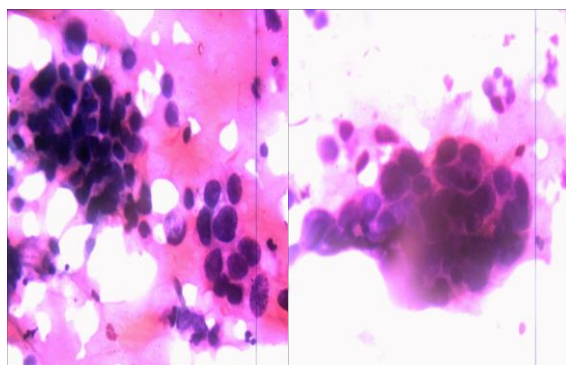


Fig – 5A – B: (A) –Atypical glandular cells – favor neoplastic showing markedly pleomorphic nuclei with hyperchromasia & increased mitotic activity– 10X; (B) – Cells show marked pleomorphism arranged in an attempted gland-like formation & occasional prominent nucleoli– 40X

DISCUSSION

Symptoms related to genital tract in females are diverse and need early attention as they are associated with hormonal imbalances and interference with day to day activities.^[7] Further most of the complaints are non-specific and are common to a wide range of disorders. The exclusion of an epithelial lesion is of prime importance in investigating any female genital tract symptom. The present study was done to elaborate the clinical symptoms of female genital tract and their correlation with the cytomorphology of the lesions by Pap-smears. The study population included 756 females with different gynecological complaints presenting to Bhaskar Medical College, Telangana within a 6-month period – January 2016 to June 2016. 24 smears were inadequate/unsatisfactory and were excluded from the study – 732 cases being analysed in detail. In the study by BS Gaur et al,^[8] the study population included 1000 participants out of which 60 pap-smears were inadequate and omitted from the study. In the study by Bamanikar et al,^[9] out of 560 cases, 32 cases had inadequate pap-smears and hence were excluded from the study. In the study by Shubha Sangeetha et al,^[10] out of 525 cases 125 cases had inadequate smears and hence were excluded from the study. In the present study, 42% of the cases were in the age group of 40 – 49 years and 32% of the patients between 50 – 59 years of age. In the study by BS Gaur et al, 68% of the cases were in the age group

of 31 to 50 years. In the study by Bamanikar et al, 32% of the patients were in the age group of 31-40 years. In the study by Jena et al,^[11] 28% of the cases belonged to the age group of 31-40 years.

Abnormal/Dysfunctional uterine bleeding (AUB/DUB) constituted the commonest clinical manifestation (23%) followed by postmenopausal bleeding (19%) in the present study. Since the present study was targeted only on symptomatic patients, there were no asymptomatic cases. In the study by Jena et al, which was a screening study, 73% of the cases were asymptomatic and the rest were symptomatic. In the study by Rai et al,^[12] 74% of the cases were asymptomatic. In the present study, AUB/DUB was the most common symptom (40%) in the age group of 40-49 years. In the study by Shubha Sangeetha et al, epithelial lesions on pap-smear were common (43%) in the age group of 40 – 49 years. In the study by Rai et al, 32% of the diagnosed epithelial lesions were in the age group of 40 – 49 years.

In the present study, postmenopausal bleeding, Fibroid uterus, AUB/DUB, unhealthy cervix & Ovarian cyst were common among the age-group of 40 – 49 years. In the study by Shubha Sangeetha et al, the most common presenting symptom was abnormal discharge per vaginum and was highest in the age group of 40 – 49 years. 38% of the patients presenting with postmenopausal bleeding had an atrophic smear followed by 35% of the patients having an Inflammatory smear in the present study. 59% of the patients presenting with AUB/DUB had an Inflammatory smear. 68% of the patients presenting with unhealthy cervix also had an inflammatory smear. 53% of the patients who had an epithelial lesion on Pap-smear had an unhealthy cervix on presentation where as 25% of the patients presented with postmenopausal bleeding. To summarise in the present study, unhealthy cervix and postmenopausal bleeding were the two symptoms which were commonly associated with epithelial lesions. The commonest

symptom AUB/DUB in 59% of the cases showed an Inflammatory smear. 15 % of all the cases had a normal smear irrespective of their clinical presentation and Fibroid uterus was the most common presenting symptom (26%) in these cases.

A total of 32 cases were diagnosed as having an epithelial lesion (4%) out of which 68% were diagnosed as LSIL. One case each of atypical glandular cells & ASCUS were reported. Rests of the cases were labeled as HSIL. 3 cases reported as having epithelial lesion also had vulval leukoplakia on presentation. In the study by BS Gaur et al, 18% of the patients were reported as positive for epithelial lesion. In a study [13] conducted at a tertiary care hospital in Kuwait, prevalence of cervical cell abnormality in Pap smear was found to be 4.3%. Another study [14] from Saudi Arabia reported a prevalence of 7.9%.

CONCLUSION

The symptomatology of cervical epithelial lesions is varied. In the present study, epithelial lesion was diagnosed after the age of 40 years. AUB/DUB was the commonest clinical presentation irrespective of the smear findings. The most common smear finding was that of an Inflammatory smear. Unhealthy cervix on per-speculum examination & postmenopausal bleeding were the commonest clinical presentations which were reported as epithelial lesions on smear. Cervical epithelial lesions can be effectively diagnosed if the screening starts before 35 years of age.

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