

구 연

1. A Comparison of Five Sampling Methods of Cervical Cytology in Premalignant or Malignant Lesions of the Uterine Cervix

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Forty five patients known to have cervical squamous cell lesion were assigned to Papanicolaou smear in five different ways, i. e. 1) Cotton tipped wood applicator at the exocervix and the endocervical canal, 2) Cotton tipped wood applicator at the posterior vaginal fornix and the endocervical canal, 3) Cytobrush at the endocervical canal, 4) Cervix brush and 5) Cyto-spatula. At the completion of cytologic study, all the subjects were done colposcopically directed biopsy or ECC. To evaluate the false negative rate of each cytologic test and the precision of the directed biopsy, cervical cone biopsy or hysterectomy was performed on all patients. The false negative rate was 58.5 % in 1), 35.6 % in 2), 11.1 % in 3), 4.4 % in 4), and 17.1 % in 5), respectively. With these results, cervix brush or cytobrush appears to be effective in the detection of premalignant and malignant lesions of the uterine cervix.

2. Evaluation of "Atypical Squamous Cells of Undetermined Significance" by The Bethesda System

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In 1976, the cytologic concept "atypical squamous cells" was introduced by Melamed et al. Cells with minimal but significant deviation from normal squamous epithelium, not easily attributable to inflammation, but not suggesting any well defined precancerous lesion were classified into this category. Papanicolaou's class II encompassed all atypical cells including changes produced by cervical inflammation or trauma.

The recently proposed Bethesda System Classification for cervical and vaginal cytology has made a sensible proposal to standardize the terminology related to atypia. In cellular abnormalities due to inflammation or repair, the word "change" has been suggested as a substitute for atypia. While terminology related to atypical cells may become standardized, the cytologic criteria