SCREENING FOR CARCINOMA OF THE UTERINE CERVIX IN A V.D. CLINIC*

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Early diagnosis of carcinoma of the cervix by cervical smear has been the subject of many papers since the method was first described by Papanicolaou and Traut (1941); and this procedure may lead to the early recognition of the condition of Stage 0 carcinoma, or carcinoma *in situ*. At this stage, carcinomatous cells are confined to the cervical epithelium, and the only argument has been whether this condition must progress to invasive cancer. Boyes, Fidler, and Locke (1962) surveyed 150,000 women in British Columbia during the years 1949–1959, and produced statistical evidence to suggest that 60 per cent. of such lesions will progress to invasive cancer within 17 years.

It was decided to screen all female patients over 25 years of age attending the V.D. Clinic, as is now normal practice in the gynaecological department of this hospital, and the present paper contains the results of cervical scrapes done between January, 1960, and June, 1961.

Method

During the period under review, 1,075 female patients over 25 years of age attended the department and 235 cervical scrapes were taken. The discrepancy in numbers is accounted for by defaulting patients who had local genital tests on one occasion only (see below), and by patients who were re-booked statistically for new infections.

At a routine local genital examination, a scraping of cervical mucosa was taken with a wooden "mutton bone" spatula (Ayre, 1947) and spread evenly on to a slide marked with the patient's number. The slides were immediately stored in jars containing Schaudin's medium as a fixative and were taken to the laboratory once daily, where they were stained with

haematoxylin and eosin and examined by the pathologist.

In an initial series, the slides showed many abnormal cells due to inflammation, and a heavy overlay with pus cells and bacteria. It was therefore decided to delay screening until the patient had been given initial treatment (*i.e.* until the second or third visit).

Results

Among the 235 cervical scrapes done, four were reported to be highly suggestive of carcinoma, and two contained suspicious cells. These six cases are reviewed below.

Case Reports

Case 1, an English woman aged 39, with a previous history of gonorrhoea, attended with a vaginal discharge. Non-gonococcal genital infection was diagnosed and treated. The cervix then appeared normal, but the cervical scrape showed atypical cells. She was referred to the gynaecological department, where biopsy revealed carcinoma *in situ*. She was admitted for total hysterectomy.

Case 2, an English woman aged 40, attended with trichomonal vaginitis. The cervical scrape showed atypical cells despite a clinically normal cervix, and carcinoma *in situ* was confirmed by biopsy. She was admitted for total hysterectomy.

Case 3, a Barbadian woman aged 32, under treatment for gonorrhoea, was noted to have some patches of leukoplakia surrounding the external cervical os. The cervical scrape showed atypical cells. Biopsy confirmed this, and at total hysterectomy she was found to have Stage One carcinoma of the cervix, but without metastatic spread.

Case 4, an English woman aged 38, presented because of post-coital bleeding. No signs of venereal disease were found, but she had a large erosion of the cervix, which was thought to be traumatic as she admitted to intra-vaginal manipulation with the handle of a breadknife

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during the past 20 years. The cervical scrape, however, showed atypical cells, confirmed by biopsy, and she was admitted for total hysterectomy. At operation, lymph gland involvement was found, extending up to glands around the common iliac arteries. She was subsequently given radiotherapy, but at the latest follow-up, there were signs of pelvic recurrence.

Case 5, an English woman aged 57, was referred from the gynaecological department with gonorrhoea, when awaiting admission for removal of a cervical polyp. The cervical scrape showed suspicious cells, though a repeat scrape was normal. At operation, a non-malignant polyp was removed, and sections of the cervix showed chronic cervicitis only.

Case 6, an English woman aged 38, was attending with venereophobia and complaining of severe menorrhagia. Clinical examination revealed a bulky uterus with normal cervix, but the cervical scrape showed some suspicious cells. A repeat scrape was normal. Hysterectomy was later performed on account of the menorrhagia, and no evidence of carcinoma was found.

Thus, in the six cases in which further investigation appeared to be necessary, two had carcinoma *in situ*, two had invasive carcinoma, and two showed no evidence of malignant disease.

Discussion

It would seem that the routine cervical scrape is a worthwhile investigation for all women over 25, and screening while under treatment at the V.D. clinic obviates the need for a separate attendance at the gynaecological department.

To collect the specimen adds only one minute to the time needed for examination, and does not therefore unduly increase the work of the clinic. The chief problem is the need for trained pathologists who will have time to examine the slides. If it is already arranged for the pathologists to examine scrapes

taken in the gynaecological department, the additional scrapes from the V.D. clinic will not greatly increase their work.

The incidence of carcinoma *in situ* was found by McLaren, Taylor, and Attwood (1958) to be 4 in 1,000, and it is interesting to note that the incidence in our series (2 in 235) was double the expected rate.

Summary

In a V.D. clinic cervical scrapes for malignant cells were taken routinely from all women over 25 years of age.

An 18-month survey resulted in the detection of two cases of carcinoma *in situ* and two of invasive carcinoma in 235 patients tested.

It is suggested that the routine scrape for malignant cells is a worthwhile addition to local genital tests in V.D. clinics.

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La recherche du carcinome du cervix dans un eclinique vénérienne

RÉSUMÉ

Ou préleva des frottis de chaque femme de plus de 25 ans qui se présenta dans une clinique vénérienne pour la recherche des cellules malignes.

Pendant 18 mois ou trouva deux cas de carcinome *in situ* et deux de carcinome invasif chez 235 malades.

Ou suggère qu'il serait prudent d'ajouter la recherche des cellules malignes à l'examen des frottis génitaux dans toutes les cliniques vénériennes.