There are a number of small points in respect of the data they present which require clarification: the indications for taking a cervical smear are actually not given and it is not clear whether the 185 patients represent the total number smereed over the 5 month period of study. It is really quite important for us to know who was invited to participate and who declined.

The proportion of abnormal smears was much lower in the non-wart group (7 of 55) than in the wart group (52 of 117). However, the wart group is twice the size of the non-wart group, which may not be representative of women patients as a whole.

Although it is clearly stated that 59 patients had a cervical biopsy, it is less clear how many were colposcopied. Surely some patients with abnormal smears showed no abnormality on colposcopy and therefore did not have a biopsy. If these patients are included in table 3, it is not clear from the legend, but 65 (117–52) patients seem to have gone missing.

While the authors' conclusions appear valid from the data presented, the relevance of mildly abnormal smears is called into question. Their biopsy results show that cervical intra-epithelial neoplasia (CIN) was present in 30% (13 of 43) of patients with warts, 11% (1 of 9) in patients in contact with warts, but in 43% (3 of 7) of patients without warts or wart contact. From this it could well be concluded that genital warts are not related to CIN.

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with regard to the points raised by Drs Evans and Kell. Patients attending for our clinic are offered cervical cytology if they have not had a smear within the last 3 years or they or their sexual partners have genital warts and they have not had a smear within one year. The 185 women in the study were drawn from 191 women having smears during the study period. No patients declined to answer the life-style questions, but six patients, all from the warts/warts contact group, were not offered colposcopic examination as they were about to leave the area and thus were not included in the study.

All patients in the study with abnormal smears, from follow up, were colposcoped, as were all, except 3 from the warts/warts contact group who had normal smears.

Table 3 in the paper should have been headed "Abnormal cytology results compared with colposcopy results" and "Biopsy proven CIN". Thus the NO CIN column represents those whose biopsies were negative and those who had a normal colposcopy and are therefore not offered colposcopy. We apologize for the confusion this may have caused.

In the small number of women with abnormal smears but no history of warts or wart contact, we would agree that there was a high rate of CIN. They did however differ from other groups by virtue of having significantly more sexual partners and it is possible some may have been infected with HIV without developing warts. What is not known is the natural history of sub-clinical HIV infection and whether such lesions ultimately develop into frank warts. In combat zones the lesions are often not to be seen but sub-clinical lesions are also associated with abnormal cytology in the absence of warts.

We also agree that we did not find a significant incidence of CIN in the warts/warts contact groups, a point alluded to in the discussion. We did find differences in rates of cytological abnormalities between the warts/warts contact group and the non warts/warts contact group and forward the notion that these abnormalities may be the result of an acute reaction to HIV infection which had settled by the time colposcopy was performed.

Increased evidence of cervical cytological abnormalities in women with genital warts

We read with great interest Dr Rowen et al's paper examining the need for increased cytological vigilance in women with genital warts or contact with genital warts, and agree that this group should also be offered colposcopic examination of the cervix irrespective of their cervical cytology result. Our results and experience are in agreement with the above conclusions. We present data from our department on women with genital warts and negative cytology. In the period May 1987 to June 1998, 248 women with genital warts and clear cytology were treated at our genitourinary medicine out-patient clinic, Royal Liverpool University Hospital.