

## Cervicovaginal Smears' Classification Using the Bethesda System (TBS) 2001: A Cytopathological Study

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### Abstract

<b>Background</b>	The Bethesda System (TBS) aims to simplify cervical smear report and make it more reproducible and facilitates the communication between pathologist and clinician.
<b>Objectives</b>	To evaluate 2001 Bethesda System of cervicovaginal smear classification in the diagnosis of different pathologies seen in women having different gynecological complaints.
<b>Methods</b>	A prospective study of cervicovaginal smears that obtained from 360 female patients (aged 15-75 years) attending Gynecological Consultation Clinic in Al-Imamian Al-Kadhimiyian Medical City – Baghdad- Iraq for the period from November 2011 to April 2012. Smears were stained by Pap stain to evaluate according to Bethesda system 2001.
<b>Results</b>	A total of 360 cases were evaluated, 317 cases (88%) had satisfactory smears for evaluation. 246 cases (68.3%) had negative cervical smears for intraepithelial neoplasia (TBS 2001). Seventy one cases (19.72%) had abnormal cervical smears (AS). Minimal cervical smear abnormalities (ASC-US, ASC-H, AGC, LSIL), includes (53) cases (74.64% of AS). HSIL (CIN- II, CIN-III, & carcinoma in situ), includes (18) cases (25.36% of AS).
<b>Conclusion</b>	Pap smear is a screening test, it is not a diagnostic test; positive result indicates that there may be a problem and that further diagnostic procedures must be done. The Bethesda system is of validity in providing a uniform format for cervical cytology report.
<b>Key words</b>	Pap smear, cervical intraepithelial Neoplasia (CIN), LSIL, HSIL, 2001 Bethesda System (TBS).

### Introduction

The fundamental goal of cervical cancer screening is to prevent morbidity and mortality from cervical cancer. The optimal screening strategy should identify those cervical cancer precursors likely to progress to invasive cancers (maximizing the benefits of screening) <sup>(1)</sup>.

Cytology (Pap test) screening has been very successful in lowering cancer incidence and mortality in countries where good quality screening is available <sup>(2)</sup>.

According to the latest Iraqi Cancer Registry records (2008), cervical cancer ranks the 8<sup>th</sup> among the most common female cancers in IRAQ accounting for 0.8% of total female malignancies <sup>(3)</sup>.

Fewer than 5% of women in developing countries have ever had a Papanicolaou (Pap) test; in contrast, 89% of women in the United States report having had a Pap test in the preceding 3 years <sup>(4)</sup>.

High-income countries have effectively integrated Pap smear-based cervical cancer