(35.78 ± 9.79 years). The peak age interval for women with AGC was (30-39) years, for women with ASC was (30-39) years, for women with LSIL was (40-49) years (which was statistically significant), and for women with HSIL was (40-49) years (which was statistically not significant).

The frequency of clinical presentations for all patients considered as Abnormal Smear (AS) is as follow:

Vaginal discharge was the clinical presentation for (32) cases (45% of AS). Thirteen cases (18.3% AS) interpreted as LSIL, twelve cases (17% AS) interpreted as HSIL, three cases (4.2% AS) interpreted as ASC-H, two cases (2.8% AS) as ASC-US, and two cases (2.8% AS) as AGC.

Recurrent cervicitis was the clinical presentation for (20) cases (28.15% of AS). Of which, nine cases (12.7% AS) interpreted as LSIL, six cases (8.5% AS) as HSIL, two cases (2.8% AS) as AGC, two cases (2.8% AS) as ASC-US, and one (1.4% AS) as ASC-H.

Intermenstrual bleeding was the clinical presentation for (17) cases (24% of AS). Of which, seven cases (9.8% AS) interpreted as LSIL, four cases (5.6% AS) interpreted as AGC, three cases (4.2% AS) as HSIL, two cases (2.8% AS) as ASC-H, and one (1.4% AS) as ASC-US.

Post coital bleeding was the clinical presentation for (16) cases (22.55% of AS). Of which, five cases (7% AS) interpreted as LSIL, four cases (5.6% AS) interpreted as AGC, three cases (4.2% AS) as ASC-US, two cases (2.8% AS) as ASC-H, and two cases (2.8% AS) as HSIL.

Vaginal and perianal warts were the clinical presentation for (4) cases (5.6% of AS). Of which, two cases (2.8% AS) interpreted as LSIL, one (1.4% AS) as AGC, and one (1.4% AS) as ASC-H.

Post-menopausal bleeding was the clinical presentation for (2) cases (2.8% of AS), of which one case (1.4% AS) interpreted as LSIL, and the other one (1.4% AS) as HSIL (Table3).

Table 3.The frequency and percent of clinical presentation for AS patients

Clinical features	ASC-US		ASC-H		AGC		LSIL		HSIL		Total		P value
	N	%	N	%	N	%	N	%	N	%	N	%	
Vaginal discharge	2	2.8	3	4.2	2	2.8	13	18.3	12	17	32	45.1	0.129
Intermenstrual bleeding	1	1.4	2	2.8	4	5.6	7	9.8	3	4.2	17	24	0.799
Postcoital bleeding	3	4.2	2	2.8	4	5.6	5	7	2	2.8	16	22.5	0.238
Vaginal & perianal warts	0	0.0	1	1.4	1	1.4	2	2.8	0	0.0	4	5.6	0.643
Postmenopausal bleeding	0	0.0	0	0.0	0	0.0	1	1.4	1	1.4	2	2.8	0.865
Total	6	8.5	8	11.2	11	15.5	28	39.3	18	25.5	71	100	
P value	0.542		0.886		0.322		0.942		0.170				0.668

Discussion

In the present study, the results of cytological examination and their interpretation are classified according to The Bethesda System 2001 (TBS) for reporting the results of cervical cytology which is developed as a uniform system of terminology that would provide clear guidance for clinical management. The current study is the 2nd one in Iraq that uses The Bethesda System 2001 (TBS) in the evaluation and interpretation of cervicovaginal smears. However, the first study was done by Al-Guraity (2006) [12] which was retrospective study and including 91 cervicovaginal smears; while present study is a prospective one and the sample size is 360 cervicovaginal smears evaluated by The Bethesda System 2001 (TBS).

Minimal cytologic abnormalities are more common than HSIL. Al-Guraity (2006) [12] reported the same observation (according to TBS 2001). Al-Ani (2001) [13], Al-Ruba'ee (2002) [14], Apgar and Brotzman (1999) [15] reported the same observations (according to TBS 1991). It includes:

LSIL as a single entity, was the most common cytological abnormality in the present study and it includes CIN I and koilocytic atypia. It represented about 61% of SIL (squamous