intraepithelial lesions) findings in cytology. According to similar study in our country; this was lower than that reported by Al-Guraity (2006) which was (88%) [12], because this study is prospective and with a larger sample size, however they are lower than Margolis et al (1999) and other studies due to lower frequency of HPV in the eastern population [16,17], due to widespread difference in the prevalence of risk factors, different sexual habits and probably the availability of screening programs [18,19].

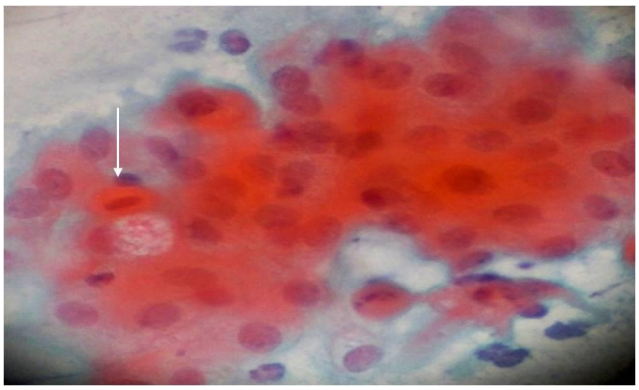

Fig. 1. Cervical smearLSIL: nuclear enlargement with pyknosis and cytoplasmic orangophilia (arrow) X 40 (Pap stain)

ASC was the 2nd common minimal cytological abnormality in this study and it is lower than similar study in Iraq Al- Guraity (2006) [12], because this study is prospective and with a larger sample size.

AGC represented (15.49% AS), this was higher than that reported by Al-Guraity (2006) which was (3.9% AS) Al- Guraity (2006) [12], Al-Rubai'ee (2002) which was (9% AS) - according to TBS 1991[14], also more than that reported by Fadwa (2001) which was (5.7% AS) - according to TBS 1991 [18]. Also our results were higher than Burja et al (1999), who found that incidence of AGUS in their studies were (2.1% Total studied Group) [20].

So different studies gave different rates and number of cases included in different studies may play a rule in the discrepancy between rates. AGC is relatively uncommon cytological interpretation, occurring in approximately 0.18 to 0.74% of cervical smears in screening programs, and representing about 4% of the abnormal cytological findings [21], which is less than our results.

Modifications were incorporated into the 1991 Bethesda System that streamlined the terminology and clarify controversial and borderline cytological abnormalities that lead to introduction of TBS 2001 [10].

In this study HSIL represented (25.36% AS) which is much more than that of Al-Guraity (2006) [12] and other studies in the nearby countries using TBS 1991 for classification Fadwa (2001) [18]. Also, it is much more than that reported by Al-Rubai'ee (2002) using TBS 1991 for classification [14]. Lower percentage was reported by Wertlake (1999), who reported HSIL in (8.5% of AS) [22]. Present study which using TBS 2001 and is prospective taking large size of samples. Current study's results are somehow nearly similar to western studies; unfortunately in these years we have highly increase in STDs (sexually transmitted diseases), and also probably due to the unavailability of screening programs for cervical cancer in Iraq.

ASC/ LSIL ratio was 0.5 in the present study which is lower than that reported by Al-Guraity (2006) [12], which was (1.09). Al-Rubai'ee (2002) reported ASCUS/LGSIL ratio was (1.1) [14], (2.1) reported by Al- Ani (2001) [13] and Davey et al (2000) reported ASCUS/LGSIL ratio was (2.0) [19], with about 80% of laboratories reporting ratios between (0.64) and (4.23) [19].

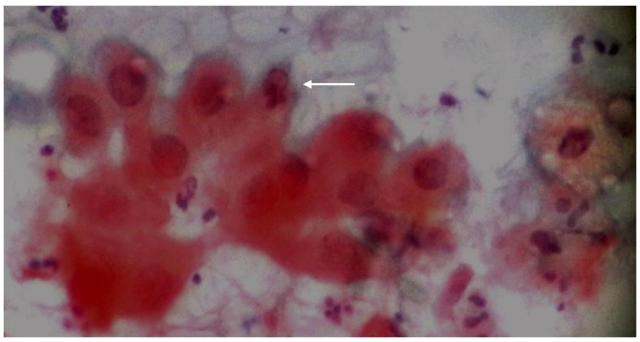

Fig. 2. Cervical smear shows ASC-H: nuclear enlargement with mild hyperchromasia (arrow) X 40 (Pap stain)