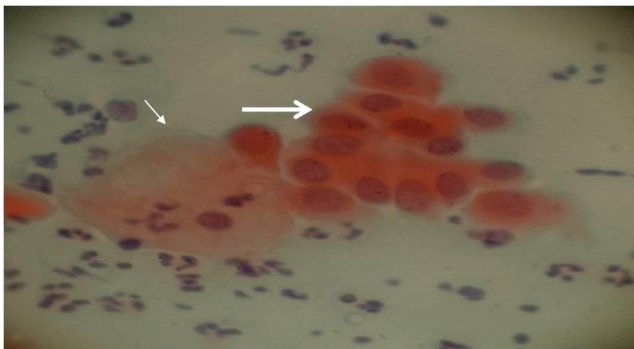


LSIL/ HSIL ratio was 1.6 in the present study which is much lower than that reported by Al-Guraity (2006) 7.3<sup>(12)</sup>. Al-Rubai'ee (2002) reported LGSIL/HGSIL was 9.1<sup>(14)</sup>, and Al-Ani (2001) reported LGSIL/HGSIL was 7.0<sup>(13)</sup>. The ratio in this study was slightly lower than that reported by Al-Alwan (2001)<sup>(23)</sup> which were 2.3; and Wertlake (1999)<sup>(22)</sup> reported a ratio of 3.

As previously mentioned, minimal cytological abnormalities are more common than HSIL in the present study and this also reflects the difference in the incidence of cervical cancer in our country compared to western countries that could be attributed to the promiscuity at early age and multiple sexual relations. In Islamic countries the circumcision, strict observance of religion and, presence of principles and laws that prevents the illegal relationships and extramarital relations may explain the lower incidence of cervical cancer in Iraq compared to western countries<sup>(24, 25)</sup>.



**Fig. 3. Cervical smear shows HSIL: increased N/C ratio, irregular nuclear membrane and hyperchromasia (wide arrow) X40 (Pap stain); narrow arrow pointed at superficial squamous cell.**

Age has been correlated with an increasing incidence of malignancies, and there is also an age correlation with the severity of the disease in precancerous lesions<sup>(23)</sup>. In present study, the mean age for patients with abnormal cervical smears was 39.91 years, the mean age for patients with LSIL was 38.21 years, and the mean age for patients with HSIL was 45.94 years. The risk of having LSIL was higher in women aged 40 years and more, as well as women with HSIL (the peak age interval for women with LSIL

was 40-49 years which was statistically significant and that for HSIL was 40-49 years which was statistically not significant.

Al-Alwan (1995) reported a peak frequency of mild dysplasia in the age group 30-39 years<sup>(16)</sup>, Al-Ani (2001), Al-Ruba'ee (2002) and Ronald et al reported that women aged 40 years and more are at higher risk of harboring SIL especially the higher grade lesions<sup>(13, 14, 26)</sup>. Al-Guraity (2006) reported peak frequency of LSIL to be in the (40-49 years) interval, and peak frequency of HSIL was between (50-59 years)<sup>(12)</sup>. Others, like Blomeur et al (1999) reported a mean age of 35 years to be more likely to have SIL and also Al-Badri (2000) reported the mean age of 39 years respectively<sup>(25, 27)</sup>.

The results of current study, comes in concordance with that of other Iraqi and western studies. Other studies in UK reported that the mean age specific rate for SIL occurs in late 20s<sup>(28)</sup>. The wide differences, in the mean age of SIL could be explained by the widespread difference in the prevalence of risk factors, different sexual habits, design of study, the availability of screening programs and sample size<sup>(12)</sup>.

The most common complaint that was recorded in the present study and by other studies in Iraq like that of Al-Ruba'ee (2002)<sup>(14)</sup>, Al-Guraity (2006)<sup>(12)</sup>; was vaginal discharge, followed by intermenstrual bleeding, postcoital bleeding, postmenopausal bleeding, and vaginal and perianal warts. There was no statistically difference found in the incidence of abnormal cervical smears between patients regarding these different clinical features. The incidence of intraepithelial lesions has no significant relation with vaginal discharge or intermenstrual bleeding; (there was a statistically significant relation between vaginal discharge and ASC-H, ( $P < 0.05$ ) which is, similar to results of previous studies from Iraq<sup>(12-14)</sup>, (no statistically significant differences were found in the incidence of SIL of any grade with the above clinical features).

Regarding SIL, many literatures reported that CIN (SIL) is usually free from symptoms and that