

Table 4: Correlation between cytological and histological and/or clinico-radiological diagnosis

Cytological diagnosis	No. of patients	Histological and/or radiological diagnosis	
		Benign	Malignant
Benign	31	27	0
Malignant	3	0	3
Inadequate	5	5	0
Total	39	32	3

Considering non-neoplastic cystic lesions as benign lesion and inadequate cases as false negative results, Sensitivity: 37.5%, Specificity: 100%

The elaboration of the numbers reported in table 4 on the correlation between fine needle aspiration results and histopathological and/or clinico-pathological follow up. Final diagnosis especially in non-neoplastic cystic lesion yielded the following:

A sensitivity of (37.5%) considering the inadequate cytological smears as false

negative results and a specificity of (100%), complication was encountered in one case in the form of vasovagal attack (7.6%).

Cytological diagnoses were classified into:

1. Non-neoplastic cysts; thirteen patients were presented with non-neoplastic functional cystic lesions, nine follicular cysts; four corpus luteal cysts (Figure 1).



Figure 1: Corpus luteal cyst: smear reveals scattered luteinized granulosa and theca cells on a clean background (RBCs were lysed using glacial acetic acid)(X400).

Three confirmed by biopsy others by close clinico-radiological follow up.

2. Neoplastic cysts: Twenty-six female patients were presented with neoplastic cystic lesions. Twenty three were benign in the form of benign serous cystadenoma in seventeen cases, four mucinous

cystadenoma and two cases of mature cystic teratoma, while three cases revealed malignant cytological diagnosis of malignant serous cystadenocarcinoma, all cases confirmed by histopathological final report (Tables 3 and 4; figure 2).

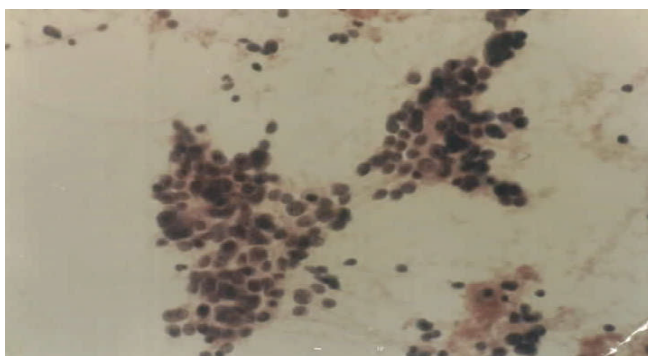


Figure 2: Serous cystadenocarcinoma : smear reveals cellular cohesive clusters of malignant epithelial cells with pleomorphic nuclei. (X400).