

Pap test abnormalities

The Pap test checks cells of the cervix (neck of the womb) for any abnormal changes. An abnormal Pap test result means that some of the cells of the cervix look different from the normal cells. Of the small number of Pap tests that return an abnormal result, very few are due to cervical cancer.

Most abnormalities detected by the Pap test indicate common infections or conditions that either clear up by themselves or respond to simple medical treatment. Your doctor, nurse or health worker can explain what type of abnormality has been detected or is suspected on your Pap test.

The National Cervical Screening Program recommends that all women between the ages of 18 and 70 years who have ever been sexually active should have a Pap test every two years, even if they have had the cervical cancer vaccine. Young girls who have had the vaccine will still need Pap tests when they are older. Even some women who have had a hysterectomy should have Pap tests (consult with your doctor if you are unsure).

Unsatisfactory sample

Sometimes the laboratory will report that the sample was unsatisfactory and another Pap test needs to be taken. This doesn't mean your original Pap test showed abnormalities. Some of the reasons why the initial sample may be unsatisfactory include:

- There were insufficient numbers of cells collected.
- The cells were hidden by blood or mucus.

Human papillomavirus (HPV)

There are many different types of human papillomavirus (HPV). Some types cause warts on the hands, others cause papillomas on the feet. About 40 types infect genital skin. Some of these (types 6 and 11) can cause genital warts, which are harmless, though unpleasant. The other types cause silent or invisible infection. Some 'high-risk' types of HPV (most commonly types 16 and 18) can cause cervical cancer. However, it's important to understand that most people infected with any of these types develop immunity and clear the virus from their body without any problems.

HPV is so common that most women don't know they have the virus until they get the results of their Pap test. Around four out of five women will have HPV at some stage of their lives and the virus will clear by itself in the majority of cases. For a smaller percentage of infected women, having HPV means an increased risk of cervical cancer. Women with HPV are monitored carefully, usually with more frequent Pap tests.

Low-grade abnormalities

Most low-grade cell changes or abnormalities are caused by transient HPV infection. Low-grade changes are sometimes referred to as mild dysplasia or cervical intraepithelial neoplasia (CIN) 1. Some of these low-grade changes are also seen with other infections or occasionally in women after menopause (atrophic changes). These minor cell changes usually clear up by themselves or require simple medical treatment. Most women with low-grade changes on their Pap tests will be asked to have another test in 12 months rather than two years.

High-grade abnormalities

High-grade abnormalities are reported when the cell changes on the Pap test look more serious. Cervical cells pass through a series of detectable changes before they become cancerous. High-grade abnormalities picked up by the Pap test include:

- Moderate dysplasia/cervical intraepithelial neoplasia grade 2 (CIN2)
- Severe dysplasia/cervical intraepithelial neoplasia grade 3 (CIN3).

Further tests

An abnormal Pap test sometimes requires a follow-up test. This may be either a repeat Pap test (in the case of low-grade abnormalities) or further tests (if a high-grade abnormality is found). Tests that may be required include:

- **Colposcopy** – a gynaecologist visually examines the surface of the cervix using special instruments including a binocular microscope (colposcope).
- **Biopsy** – a small tissue sample may be taken from the cervix during the colposcopy and examined in a laboratory.

Treatment of Pap test abnormalities

Treatment is advised if a high-grade abnormality is confirmed with colposcopy and biopsy. Treatment aims to remove the abnormal cells from the cervix through techniques including:

- **Diathermy** – a special heat-generating instrument is used to kill the abnormal cells. This procedure is often performed under general anaesthetic, but local anaesthetic can be used if you prefer.
- **Laser therapy** – the cells are killed using a precisely targeted laser beam. This procedure is usually performed under local anaesthetic and takes around half an hour.
- **Wire loop excision** – the cells are gently scraped from the surface of the cervix using a loop of wire. This procedure is often performed under local anaesthetic.

Pap tests after treatment

Women who have had treatment for high-grade abnormal cell changes need more regular Pap tests for the first two years following treatment. A test for high-risk HPV types is also used to monitor whether the HPV infection has cleared from the body. This test, along with a Pap test, will be done every 12 months after treatment. Once a woman's Pap and HPV tests return to normal for two years in a row, she can return to two-yearly screening.

Where to get help

- Your local doctor
- Your women's health nurse
- Specialist gynaecologist
- Community health centre
- Family Planning Victoria Tel. (03) 9257 0100 or 1800 013 952
- Cancer Council Helpline Tel. 13 11 20
- PapScreen Victoria

Things to remember

- Most abnormalities picked up by the Pap test indicate infections or conditions that either clear up by themselves or respond to simple medical treatment.
- Cervical cells pass through a series of detectable changes before they become cancerous.
- Treatment options to remove abnormal cervical cells include diathermy, laser therapy and wire loop excision.
- All women aged between 18 and 70 years are recommended to have regular two-yearly Pap tests, even after the cervical cancer vaccine.

This page has been produced in consultation with, and approved by:

PapScreen Victoria - Cancer Council Victoria

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