UNSATISFACTORY SMEARS ARE USUALLY REPORTED FOR ONE OF THE FOLLOWING REASONS:

1. Dense layer of inflammatory cells covering the cervical cells
2. Insufficient squamous cells
3. Cytolysis
4. Blood obscuring cells

Here are some of the reasons for these reports.

INFLAMMATORY CELLS

The presence of inflammatory cells on a Pap smear may:

a. Be a normal physiological reaction
b. Indicate infection
c. Be seen in association with atrophic changes in post-menopausal women

It is very reasonable to reassure women that the presence of inflammation may be normal and does not necessarily indicate a problem. If it is clinically indicated take vaginal/cervical swabs. For example, if the woman has a vaginal discharge you could take tests for candida, bacterial vaginosis, trichomoniasis, chlamydia and gonorrhoea.

For details on what tests to take and how to take them, go to the Melbourne Sexual Health Centre (MSHC) website [www.mshc.org.au](http://www.mshc.org.au). Enter the “Health Professionals” portal followed by “Making a Diagnosis” then “Vaginal Discharge”. Treatment Guidelines can also be found at this website. For further clinical advice about management of these infections please call the MSHC Clinical Advice Line on 1800 00 99 03.

GP Guidelines for Preventative Activities (The “Red Book”; 8th edition) recommend that everyone under the age of 30 who has ever had sex should be tested for chlamydia every 12 months. Tests for chlamydia can be sent to VCS using the usual request form. All chlamydia tests are bulk-billed: please remember to ask your patient to sign the request form.

If you are not doing a speculum examination you can send VCS a vaginal swab, or a first pass urine sample using a Uriswab. Please contact VCS if you need more information about sending Chlamydia tests to us.

If inflammation is reported in a post-menopausal woman consider the clinical indications for tests as above, but keep in mind that this may be a response to atrophic changes (not always able to be reported on an unsatisfactory smear where we might not be able to see the relevant cells). In this case, we recommend you use 12 days of vaginal oestrogen commencing 14 days before you repeat the smear (6-12 weeks after the original report).
### INSUFFICIENT SQUAMOUS CELLS

When we take a Pap smear we aim to sample the squamo-columnar junction (SCJ) as it is here that squamous cell cancer of the cervix arises. An unsatisfactory Pap smear with insufficient squamous cells is defined as “one which contains fewer than 10,000 well-visualized squamous epithelial cells”.*

Although some women do not seem to “shed” squamous cells readily, a common reason for a report of insufficient squamous cells is that the woman has a large eversion. If present, make sure you take your sampling instrument (spatula or Cervex Broom or Combi-Brush) right to the edge of the eversion so that the SCJ is sampled.

We have a DVD (“Taking a Pap Test”) which will remind you about correct Pap smear technique (this can also be viewed at the MSHC website under “Online Education” and “Videos”) and an illustrated Cervix Sampling Card showing instruments and describing techniques. Please contact VCS if you would like either or both of these.

### CYTOLYSIS

Cytolysis refers to cell breakage which sometimes means the smear cannot be satisfactorily read. This is a progestogenic effect sometimes seen in the second half of the menstrual cycle, or post-partum. In these cases we recommend repeating the smear in the first half of the cycle, and leaving post-partum smears for at least 3 months.

### BLOOD-STAINED SMEARS

Occasionally the relevant cells on the slide cannot be seen because they are obscured by red blood cells. The presence of blood may be unavoidable and if a significant amount of bleeding does occur when you take a smear it is worth considering adding a liquid-based sample (see below). Unless clinically indicated we do not recommend taking a Pap smear during menstruation.

### IN ALL CASES OF AN UNSATISFACTORY REPORT:

1. Leave the repeat for 6-12 weeks (repeating before 6 weeks could result in another unsatisfactory smear, or a false negative result)
2. Consider adding liquid-based cytology (Thin Prep). (Cost: $36)

We are aware of the anxiety an unsatisfactory result can cause for both the practitioner and the woman. Please use our brochure, “Pap tests and you. Quality matters.” which explains an unsatisfactory smear result for your patients. (Under the heading “What do the results mean?”)

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* Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities. NHMRC June 2005, Chapter 5 Management of Women with Unsatisfactory Pap Smears p.29