e-Learn LAB — Cytopathology

Based on IQMH Centre for Proficiency Testing Survey CYTO-1905
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Focus of this Presentation

- This is a cytopathology case study
- You will be presented with photomicrographs and asked two questions for the purpose of self-learning
Case discussion and photomicrograph provided by the members of the IQMH Cytopathology Scientific Committee and the IQMH Consultant Technologist.
Clinical Information

Pap test from a 35-year-old female
LMP day 10
Given the morphological and immunocytochemical findings, the most likely diagnosis is:

a) **NILM – endometrial cells**
b) **NILM – lymphocytic (follicular) cervicitis**
c) **ASC-H**
d) **HSIL**
e) **Malignant lymphoma**
That’s Correct!

The best fit response is
b) NILM – lymphocytic (follicular) cervicitis

Continue e-Learn Module
That is not correct

Try Again!
Discussion

• Lymphocytic cervicitis represents chronic inflammation with lymphoid follicle formation beneath the squamous or endocervical epithelium of the cervix.
• The inflammation may be sampled during a Pap test.
• The hallmark is a polymorphous population of lymphocytes with or without tingible body macrophages (seen at 9 o’clock in the image on slide 6).
In liquid-based preparations, the lymphocytes are loosely aggregated or appear as single cells; whereas on conventional preparations, the lymphocytes stream in mucus strands or aggregate into clusters.

Lymphocytes may mimic other hi N/C ratio cells, including endometrial cells and HSIL.
Discussion

• Compared to endometrial cells, lymphocytes are smaller, appear in looser aggregates with more irregular shapes and have coarser chromatin.
• HSIL cells have more cytoplasm than lymphocytes, coarser chromatin and more irregular nuclear contours.
• The quality of HSIL cell cytoplasm is usually denser than a lymphocyte.
Malignant lymphoma (lymphoproliferative neoplasm) is extremely rare in the cervix and more commonly seen in the setting of systemic disease rather than a primary tumour.

Most patients present with symptoms (mass, bleeding, pain) and bulky tumours at the time of diagnosis.
Discussion

• The two most common lymphomas are: diffuse large B-cell and follicular.

• Morphologically they would be recognized as a lymphoid predominant population with abnormal lymphocytes (predominantly small, or mixed small and large, or predominantly large).

• Necrosis may be present on the Pap test.
The Bethesda management recommendation for this Pap test diagnosis would be:

a) Repeat Pap test in 6 months
b) Routine screening
c) Colposcopy
d) Reflex HPV testing
e) Cervical culture
That’s Correct!

The best fit response is
b) Routine Screening

Continue e-Learn Module
That is not correct

Try Again!
Discussion

• Lymphocytic cervicitis has no diagnostic significance and no management recommendation is required in the Pap test report.
• The patient would continue in the Pap test screening program at the usual screening interval.

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