Cervical Cancer with a Normal Pap

This case report is inspired by the recent Wisconsin Medical Journal (WMJ) article on current cervical cancer screening practices.1 The case is a reminder that suspicious cervical lesions should be biopsied, even for low-risk patients with normal Papanicolaous (paps).

In April of 2002, my clinic partner asked me to examine a cervical lesion on a 68-year-old patient with no history of abnormal paps, no history of multiple sexual partners, no history of smoking and no family or personal history of cancer. The patient had a 4mm well-defined white lesion at 8 AM with no ulceration and no bleeding. She consented to immediate colposcopy. A biopsy and an endocervical curettage were both read as CIN III. In May, I performed an office loop electrocautery excision procedure (LEEP) cone. Pathology from the LEEP cone returned as carcinoma-in-situ (CIS). A LEEP cone is not considered adequate treatment for CIS. The patient was referred to a gynecologist oncologist who performed a cold knife cone. The specimen was negative for dysplasia. In the 15 months since, the patient has had 2 normal colposcopies and 3 normal paps. Apparently, the office LEEP cone cured the patient of cervical cancer. Remarkably, the pap performed the day of the original biopsy was read as normal.

Other authors have reported cancer in the setting of a normal pap. In a study of 22,439 paired pap/cervical biopsy results, 27 of those with a normal pap were diagnosed with cervical cancer.2 In a study of 15,474 paps, 1 patient with a normal pap had invasive cancer, and 11.5% had a discrepancy between their abnormal pap and subsequent biopsy.3 In a study of 585 women with CIS, 15% had a negative pap within 3 years of diagnosis. When these paps were reviewed, 41% were reclassified, with half showing HSIL.4 In a study of pap and cervical biopsy discrepancies, 11% were due to errors in cytologic interpretation and only 1% to errors in cytologic sampling technique.5 Thus, errors in reading paps may be at least as significant as errors in collection, and the possibility of missing life-threatening abnormalities is present.

Emphasizing the importance of investigating gross cervical abnormalities in the setting of a normal pap is not meant to discount the importance of the pap in screening for cervical dysplasia. In fact, recent studies have demonstrated the lack of specificity and sensitivity of visual inspection of the cervix alone.6,7 Conversely, cervical screening programs with routine paps can significantly reduce the incidence of cervical cancer.8,9 Cervicography, the professional interpretation of a photograph of the cervix, on which 5% acetic acid has been applied, is "less sensitive and significantly less specific than cytology."10 The recent WMJ article points to areas where pap technique can be improved.1 Investigating visually suspicious lesions can complement this effort and further improve detection of cervical dysplasia and cancer.

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References
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