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Commentary

Papanicolaou Test: Diagnosis of Cervical Cancer

Pieter Tanis*

Department of Department of Surgery, University of Amsterdam, Amsterdam, Netherlands

DESCRIPTION

The Pap test may be a technique for cervical screening used to distinguish precancerous and cancerous processes in the cervix or colon [1]. Abnormal findings are regularly followed up by more delicate diagnostic methods and, if warranted, mediations that intend to prevent progression to cervical malignant growth. The test was independently investigated during the 1920s by Georgios Papanikolaou and Aurel Babes and named after Papanikolaou.

A speculum is inserted into the vagina to broaden it. Then, a brush is inserted into the vagina to gather cells from the cervix. Comparative technique is utilized to gather cells in anus of both women and men. The gathered cells are inspected under a magnifying lens to search for abnormalities.

The test expects to identify potentially precancerous changes called Cervical Intraepithelial Neoplasia (CIN) or cervical dysplasia; the Squamous Intraepithelial Lesion framework is additionally used to describe abnormalities caused about by human papillomavirus, a physically sent DNA infection. The test stays a compelling, generally utilized technique for early location of pre cancer and cervical cancer [2].

The sample is placed on a glass slide or in a container containing a solution to preserve the cells. Then sample is sent to a laboratory for a pathologist to examine under a microscope. A pathologist is a doctor who spends significant time in perusing research facility tests and assessing cells, tissues, and organs to analyse infection. A pathologist can identify abnormal cells by examining the sample. A Pap test can be awkward and cause a little bleeding. The test might show something that doesn't look normal but would go away on its own. Abnormal outcomes cause tension.

Abnormal cells can be cancerous, but they are most often treatable, precancerous cellular changes, instead of cervical cancer. Some of the cells gathered from the cervix during a Pap test may also be tested for human papillomavirus, also called HPV. Infection with HPV is a dangerous factor for cervical cancer [3].

In the United States, Pap smear screening is suggested beginning around 21 years old until the age of 65 years. However, different nations do not suggest Pap testing in non-physically dynamic females. Rules may change from each three to five years. Maybe in case results are abnormal, and relying upon the nature of the abnormality, the test ought to be repeated in six to twelve months. If the abnormality requires nearer examination, the patient might be referred for detailed review of the cervix by colposcopy. The Pap test, when joined with a normal program of screening and suitable development, can lessen cervical cancer passings by up to 80%.

Disappointment of prevention of cancer by the Pap test can happen for some reasons, including not getting normal screening, absence of fitting development of strange outcomes, and examining and translation mistakes. In the US, over portion of all invasive cancers happen in females who have never had a Pap smear; an extra 10% to 20% of cancers happen in the people who have not had a Pap smear in the first five years. Around one-fourth of US cervical cancers were in people who had an abnormal Pap smear however didn't get proper development (patient didn't return for care, or clinician didn't perform suggested tests or treatment).

Adenocarcinoma of the cervix has not been demonstrated to be prevented by Pap tests. In the UK, this has a Pap smear screening program; adenocarcinoma represents about 15% of every single cervical cancer [4].

In the United States, around 2–3 million strange Pap smear results are discovered each year. Most abnormal outcomes are somewhat abnormal or poor quality squamous intraepithelial sore, showing HPV infection. Although most second rate cervical dysplasia suddenly regress without ever leading to cervical cancer [5].

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Correspondence to: Pieter Tanis, Department of Surgery, University of Amsterdam, Amsterdam, Netherlands, E- mail: p.taniss@amsterdamumc.nl

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