RESULTS
The mean age of the women in the study is 38.9 yrs. 10 had done according to the Burke and co-workers recommendations.

Suspected site in the transformation zone. Colposcopic grading magnification. Colposcopy guided cervical biopsy taken from Ayre’s spatula and cytobrush. Acetic acid (5%) and Lugol’s iodine.

Patient was put in dorsal position; vagina retracted using Cusco’s speculum, sample of exfoliated vaginal epithelium taken using 40X magnification. Colposcopy guided cervical biopsy taken from suspected site in the transformation zone. Colposcopic grading done according to the Burke and co-workers recommendations.

EXCLUSION CRITERIA
Women who already had hysterectomy, treatment for cervical precancer or cancer in the past, active genital infection (RTI, STD), Pregnant women, active per vaginal bleeding.

INCLUSION CRITERIA
Women attending outpatient department (age group 25-60 yrs) with suspicious symptoms like persistent leucorrhoea, Postcoital, intermenstrual bleeding and postmenopausal bleeding, suspicious cervix such as hypertrophied or unhealthy cervix and cervix with erosion which bleeds on touch.

EXCLUSION CRITERIA
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INTRODUCTION
In worldwide scenario, carcinoma cervix is second most common cancer in women, accounting for 68.5% of all gynaecological malignancies. It is most common cancer in women in developing countries accounting for 80% of cases. India accounts for 18% of them. Cervical cancer is 100% preventable and also largely treatable, if detected in early stage. [1,9]

The histogenesis and progression of cervical carcinoma is well documented. Hence it is possible to prevent the development of invasive carcinoma by identifying and treating pre invasive lesions. Routine Papanicolaou smears are well accepted practice in detection of abnormal cervical cytology. Unfortunately the sensitivity of cytology can be as low as 50% potentially missing cervical intraepithelial neoplasia or cancer cervix up to 35% of the time. The sensitivity of colposcopy is 87-99% and specificity is 23-87%. Hence colposcopy and colposcopic guided cervical biopsy is used to evaluate the cervix for more potentially advanced pre-malignant disease that is either missed or detected as low grade on Pap smear alone. [6,9]

MATERIALS AND METHODS
A prospective study analysing 100 cases of Pap smear, colposcopy and biopsy in the Outpatients clinic of the Department of Obstetrics and Gynaecology, RIMS Hospital, Raipur, CG.

INCLUSION CRITERIA
Women attending outpatient department (age group 25-60 yrs) with suspicious symptoms like persistent leucorrhoea, Postcoital, intermenstrual bleeding and postmenopausal bleeding, suspicious cervix such as hypertrophied or unhealthy cervix and cervix with erosion which bleeds on touch.

EXCLUSION CRITERIA
Women who already had hysterectomy, treatment for cervical precancer or cancer in the past, active genital infection (RTI, STD), Pregnant women, active per vaginal bleeding.

RESULTS
The mean age of the women in the study is 38.9 yrs. 10 had attained menopause. Mean age of marriage was 18 yrs. 30% of the samples were illiterate and 54% had only primary education. In the study 52% belonged to lower socioeconomic class. 13% had habits like tobacco chewing, smoking mainly passive smoking. 57% were multiparous with 3 or more children. Different methods of contraception including permanent sterilisation were followed by 80%. Subjects mostly presented with white discharge per vagina i.e. 67% and second most common was bleeding per vagina (50%). On examination 94% had erosion in cervix. 73% had normal findings on per vaginal examination.

Pap smear showed malignancy in 5 members. 2 biopsy proven malignancy, 1 cervicitis, CINI and CINIII each.

Colposcopy showed grade III changes in the 3 subjects who have histologically proven malignancy.

In this study sensitivity and specificity of Pap smear is 50% and 96.88% & colposcopy is 75% and 88.54%.

<table>
<thead>
<tr>
<th>Pap smear</th>
<th>Colposcopy*</th>
<th>Colposcopic guided Biopsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>Grade I</td>
<td>Cervicitis</td>
</tr>
<tr>
<td>CIN-I</td>
<td>Grade II</td>
<td>CIN I</td>
</tr>
<tr>
<td>CIN-II</td>
<td>Grade III</td>
<td>CIN II</td>
</tr>
<tr>
<td>CIN-III</td>
<td>* Burke &amp; co-workers recommendations</td>
<td>Malignancy 3</td>
</tr>
</tbody>
</table>

Table 1: Distribution of cases – total 100

<table>
<thead>
<tr>
<th>Pap Smear</th>
<th>Histopathological Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Cervicitis</td>
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<tr>
<td>Normal</td>
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</tr>
<tr>
<td>Inflammatory</td>
<td>9</td>
</tr>
<tr>
<td>CIN-I</td>
<td>2</td>
</tr>
<tr>
<td>CIN-II</td>
<td>1</td>
</tr>
<tr>
<td>CIN-III</td>
<td>-</td>
</tr>
<tr>
<td>Malignancy</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2: Correlation between Pap smear and histopathological findings.
Mean age in the present study was 38 yrs. An increased incidence of sexually transmitted infections in patients <25 years of age and hence many showing abnormal colposcopic features in this age group. 1/3 women of >30 yrs have persistent inflammatory lesions of cervix. Majority were illiterate or had only primary education. Subjects had no knowledge regarding Pap smear or about cervical carcinoma. We observed an inverse relationship between the distribution of cervical cancer and the educational status of women. 51% belonged to low socioeconomic status. Many Indian studies have reported that women from lower socioeconomic strata had higher incidence of cervical cancer. 11,12 Subjects mostly presented with white discharge per vagina i.e. 67% and second most common symptom was bleeding per vagina (30%). 13 In this study positive correlation was seen between substance abuse and occurrence of preinvasive or invasive lesions of cervix. 14 In the present study, mean age of marriage was 18 years. In the study population 57% of the women were multiparous (Parity>2). In the present study women who used barrier method had a higher sensitivity. Hence, both tests can be used to help in diagnosing missed cases if only one test was used.

**DISCUSSION**

Routine Papanicolaou smears are well accepted practice in detection of abnormal cervical cytology. Unfortunately the sensitivity of cytology can be as low as 50% potentially missing cervical intraepithelial neoplasia or cancer cervix up to 35% of the time. Hence colposcopy and colposcopy guided biopsy should be done to improve the accuracy of diagnosis. The sensitivity of colposcopy is 87-99% and specificity is 23-87%. 15,16 Various characteristics and predisposing factors for carcinoma cervix have also been analysed. Accuracy of different screening methods for Carcinoma cervix and their comparison has been done. This will help in diagnosing missed cases if only one test was used.

**REFERENCES**