



TABLE OF GYN CYTOLOGIC DIAGNOSES AND RECOMMENDED FOLLOW-UP

BETHESDA SYSTEM	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY	ATYPICAL SQUAMOUS CELLS			SQUAMOUS INTRAEPITHELIAL LESION / CARCINOMA	ENDOCERVICAL GLANDULAR LESIONS	ENDOMETRIAL GLANDULAR LESIONS	UNSATISFACTORY
DESCRIPTIVE DIAGNOSIS	ACTINOMYCES (REMOVE IUD) BACTERIAL VAGINITIS YEAST TRICHOMONAS ENDOMETRIAL CELLS PRESENT IN A WOMAN 40 YEARS OR OLDER (ENDOMETRIAL BIOPSY ONLY IF SYMPTOMATIC) HERPES HYPERKERATOSIS TYPICAL REPAIR RADIATION EFFECT REACTIVE CELLULAR CHANGES	ASC-US - CELLS OF UNDETERMINED SIGNIFICANCE *ASC-H - CANNOT EXCLUDE HIGH GRADE DYSPLASIA *HPV TESTING IS STRONGLY RECOMMENDED			LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LSIL) Mild Dysplasia / HPV / CIN 1	AGUS ENDOCERVICAL FAVOR NEOPLASM ENDOCERVICAL ADENO-CARCINOMA IN SITU ENDOCERVICAL ADENO-CARCINOMA	ENDOMETRIALS PRESENT, POST MENOPAUSAL ATYPICAL ENDOMETRIAL CELLS ENDOMETRIAL ADENO-CARCINOMA	UNSATISFACTORY
		HPV TEST NEGATIVE	HPV TEST POSITIVE	HPV TEST UNKNOWN	HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (HSIL) Moderate and Severe Dysplasi: CIS/CIN2/CIN3 SQUAMOUS CELL CARCINOMA			
RECOMMENDED PATIENT FOLLOW-UP	TREAT INFECTIONS AS CLINICALLY APPROPRIATE ROUTINE PAP SMEAR SCHEDULE AS CLINICALLY INDICATED	ROUTINE SCREENING	COLPOSCOPY / BIOPSY	REPEAT IN 3 MONTHS OR COLPOSCOPY/ BIOPSY AS CLINICALLY INDICATED	COLPOSCOPY BIOPSY AND ECC		ENDOMETRIAL BIOPSY	REPEAT SMEAR
		COLPOSCOPY RECOMMENDED FOR ASC-H IN ABSENCE OF HPV TESTING. *ASC-H -r/o HSIL - ACOG Recommends Colposcopy Regardless of HPV Status						