

## **VAGINAL SMEARS IN DES EXPOSED WOMEN**

In order to substantiate the diagnosis of vaginal adenosis in a patient with a history of intrauterine DES exposure, it is necessary to demonstrate, either by cytology or histology, the presence of glandular epithelium of Mullerian origin in the vagina.

These areas of adenosis are most often submucosal and therefore do not shed cells through the intact vaginal mucosa. However, when glands open onto the surface, cells can be shed directly into the vaginal lumen. These surface abnormalities are visible to the eye especially following full strength iodine staining of the mucosa (unstained areas), or by colposcopy, and are frequently associated with unusual vaginal folds.

If cytology is used for diagnosis, it is first necessary to remove from the vaginal wall all contaminating glandular cells shed from the endocervix and endometrium, by gently swabbing the entire vaginal surface with a cotton ball. To avoid endocervical contamination, the vaginal scrapes must be done prior to any cervical scrape or aspiration. Endometrial contamination is avoided by performing the examination during the latter half of the menstrual cycle. To cover the entire area at risk, four quadrant vaginal scrapes are recommended.

In order to make our screening easier and more efficient, we suggest that two divided, labeled slides be submitted, one containing scrapes from the anterior and posterior walls and the second containing scrapes from the right and left lateral walls. In addition, the routine cervical-endocervical scrape should be performed following the vaginal exam and submitted on a third slide. All three slides are requisitioned and charged as a single case.

If these precautions are taken, the presence of glandular cells in the vaginal scrapes will become significant and a diagnosis of vaginal adenosis will be rendered more secure.