

Whole Woman's Health of Baltimore
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Understanding your Pap results

Results	Description	Follow-up
Within Normal Limits	No abnormal cells detected.	Return for pelvic exam and Pap test in one year.
Atypia Cells of Uncertain Significance ASCUS	Some cells show a few changes, or mild atypia. These changes might be due to a type of infection or Human Papilloma Virus (HPV)	There is not one standard management plan for a patient with an ASCUS Pap smear. The appropriate follow-up and testing will depend on the patient's personal history. Nevertheless, appropriate evaluation usually includes a repeat Pap smear and/or colposcopic examination. Sometimes the inflammation is due to an infection or some other irritant and resolves with appropriate treatment.
LGSIL Low Grade Squamous Intraepithelial Lesions Class III CIN I (mild dysplasia)	Some normal cells are changed into abnormal cells. These cells could change into cancer in the future. These changes also are called mild dysplasia.	Usually, colposcopy is performed after an LGSIL Pap smear. However, close follow-up only may be warranted depending on the patient's personal history.
HGSIL CIN II (moderate dysplasia) High Grade Squamous Intraepithelial Lesions Class IV CIN III (severe dysplasia) CIS (carcinoma <i>in situ</i>)	This also is called moderate to severe dysplasia.	Colposcopic evaluation is necessary after an HGSIL Pap smear is discovered. A biopsy may be done to determine the amount of abnormality. Treatment involves surgical removal of abnormal cells.
Squamous Cancer	Cancer cells are present.	Biopsy to confirm Pap tests and determine treatment. The diagnosis of cervical cancer must be made by a biopsy. The Pap smear is only a screening test.

This information was taken from www.jamesline.com, a website for the Arthur G. James Cancer Hospital at The Ohio State University.