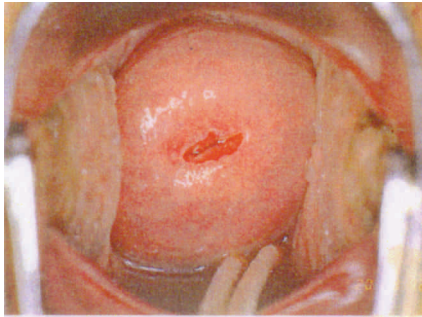


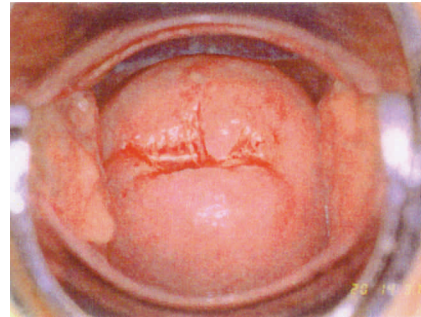
Inspection of the Cervix

Photographs by Dr Peter Greenhouse MRCOG.

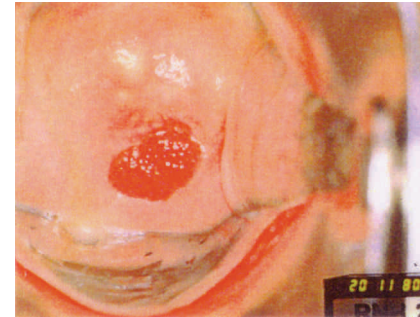
The cervix has a wide range of appearances depending principally on age, parity, hormonal status, presence of infection and previous surgery. Such variety may be confusing and cannot predict the presence or absence of CIN, which is invisible to the naked eye.



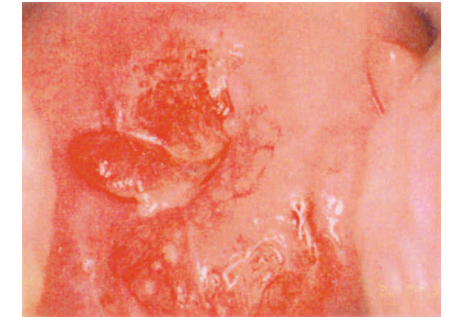
1. Normal Cervix – Nulliparous
Smooth regular contour of cervix, small rounded os.



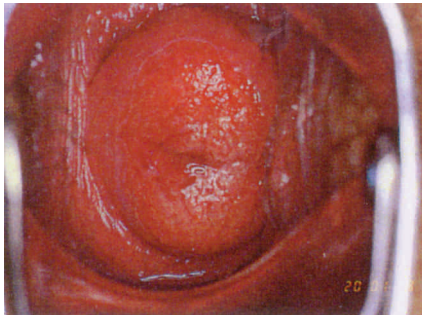
2. Normal Cervix – Multiparous
Irregular cervical contour, widened os.



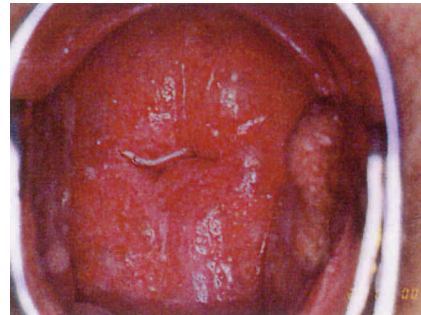
7. Cervical Polyp
Fleshy polyp protruding from cervical os. Potential cause of post coital bleeding.



8. Cervical Polyp
Close up view of endocervical polyp in a cervix with atrophic squamous epithelium.



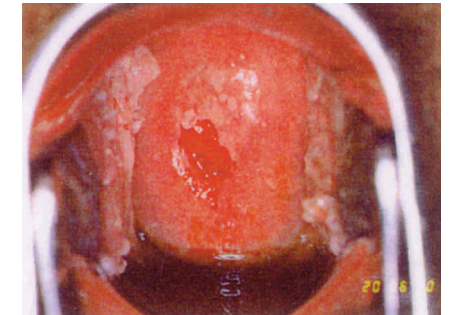
3. Normal Cervix – Wide Ectropion
Physiological eversion of the endocervical epithelium. Erroneously called an erosion. Contact bleeding common.



4. Normal Cervix – Pregnancy
Enlarged, engorged cervix with characteristic "blue hue".



9. Cervical Warts
Raised exophytic appearance.



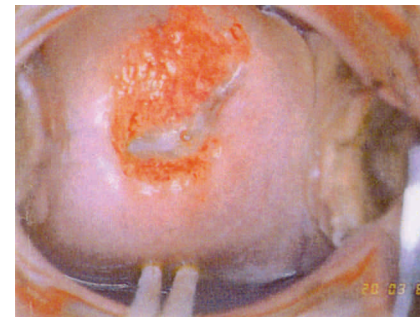
10. Flat Cervical Warts
Appear as slightly raised whitened plaques in the epithelium round the os. Note raised wart in right vaginal fornix (on left of picture).



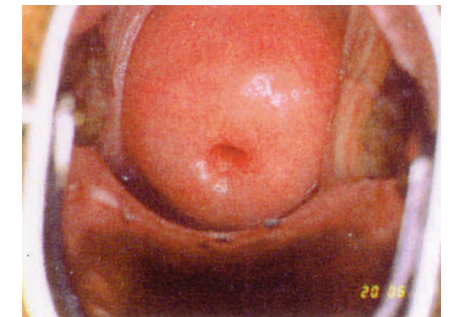
5. Normal Cervix – Atrophic
Normal post menopausal changes with reduction in size, thinning of the squamous epithelium and inversion of the columnar epithelium.



6. Nabothian Follicles
Simple cysts of variable size caused by blockage of endocervical mucous glands.



11. Cervicitis
Yellow mucous discharge with associated ectropion. Suggestive but by no means diagnostic of endocervical infection.



12. Post-Treatment Appearances
Narrowing of the cervical os after treatment with cryocautery or laser. The squamo-columnar junction lies within the endocervical canal.

Cervical Cancer

Cervical cancer should be suspected when the patient has the following suspicious symptoms:

- Irregular intermenstrual bleeding
- Post coital bleeding
- Post menopausal bleeding
- Continuous blood stained discharge

The cervix may not appear grossly abnormal but the following features can be present:

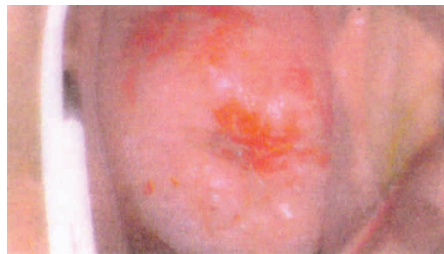
- Contact bleeding
- Raised irregular contour
- Friable easily detached epithelium
- Palpable mass at the vaginal vault

Cellular changes may be obscured by blood giving rise to an inadequate smear report.



1. Contact Bleeding

3 months history of post coital bleeding. Note irregular outline of lesion.



2. Raised Irregular Contour

Grossly abnormal nodular appearance.



3. Detached Epithelium

Irregular cervix with IUCD thread visible. Detached portion of squamous epithelium on the posterior lip after cytological sampling.



Best Practice - Best Result



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