UNIVERSITI TEKNOLOGI MARA



PAP SMEAR SCREENING RESULTS IN HOSPITAL SEBERANG JAYA

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September 2014

ABSTRACT

PAP SMEAR SCREENING RESULTS IN HOSPITAL SEBERANG JAYA

The aim of the present study was to determine the frequency of cytological features from Pap smear screening in Hospital Seberang Jaya (HSJ) from January 2014 to August 2014. The specific aims of the study are to determine the demographic data of patient, the satisfaction of Pap smear sample received and cervical cytological abnormalities. The pap smear specimen is received from various areas which are Klinik Kesihatan Sungai Bakap (KKSB), Klinik Kesihatan Bukit Panchor (KKBP), Klinik Kesihatan Simpang Ampat (KKSA), Klinik Kesihatan Nibong Tebal (KKNT) and Klinik Kesihatan Bandar Tasik Mutiara (KKBTM). The slide received is fixed in 95% alcohol for 30 minutes and above. The slide is stained with Papanicolaou stain using the instrument called autostainer. The slide was mounted with coverslip using the DPX mount and dried it. The slide is screened and diagnosed by cytotechnologies and re-screened by second cytoscreener. The patients' data and report are inserted in Laboratory Information System (LIS). Women age between 20 to 29 years old are the most frequent undergone Pap smear screening. Forty-five percent of Malay women undergo Pap smear screening. Eighty-five percent of slides received are reported as satisfactory smears. The highest cervical cytological abnormalities are negative for intraepithelial lesion or malignancy (NILM) and only 7% are positive cases. Women with a history of normal smears are suggested to undergo Pap smear screening annually.

Key words: Pap smear screening, cervical cytological abnormalities, Hospital Seberang Jaya

ACKNOWLEDGEMENT

Alhamdulillah with Allah's consent, I finally completed my final year project. Appreciation goes to the following names for their continuous support and invaluable contribution towards the completion of the dissertation entitled "Pap Smear Screening Results in Hospital Seberang Jaya.":

First of all, I would like to express my greatest gratitude to my supervisor Miss Nor Raihan Binti Mohd Shabani, who never stopped encouraging and helping me throughout my final year project. Without her support and motivation, I could not have completed this study alone.

Special thanks to my co- supervisor Miss Nurdiana Binti Zainuddin and other lecturers Medical Laboratory Technologies from University Technology MARA (UiTM), Bertam Campus for their assistance support and ideas. My appreciation also goes to all staff from Hospital Seberang Jaya (HSJ) especially Madam Florence Joanis a wonderful Medical Laboratory Technologies (MLT) during my laboratory work in HSJ. Without her assistance, it was almost impossible to get this thesis done. I would like to acknowledge and express my thanks to my course mates for the guidance and assistance and also to my other classmates for all their kindness, help and cooperation.

Last but not least my heartfelt gratitude goes to my beloved husband and mother, Encik Muhamad Faizal Bin Muhamad and Nor Maizan Binti Hussin for their moral and support. To my family members, friends and every one who had been involved in this project directly or indirectly, a million thanks. May Allah bless all of you.

TABLE OF CONTENTS

Chapter	Content			Page
	TITI	E PAGE		i
	DECLARATION APPROVAL ABSTRACT ACKNOWLEDGEMENT TABLE OF CONTENTS LIST OF FIGURES ABBREVIATIONS			ii
				iii
				iv
				vi
				vii
				х
				xi
1.0	INTRODUCTION			
	1.1	Overview		1
	1.2 Research Justification		ustification	3
	1.3	Objectives		3
		1.3.1 Ger	neral objective	3
		1.3.2 Spe	cific objective	3
2.0	LITERATURE REVIEW			
	2.1	Cervical sn	near screening	4
	2.2 Screening pattern		4	
		2.2.1 Sc	reening in women with no previous abnormal pap	4
		sm	near.	
		2.2.2 Sc	reening Interval and Age.	5
		2.2.3 Sc	reening in women with a History of Abnormal Pap	6
		Sn	near.	
	2.3 Cervical smear abnormalities			7

CHAPTER 1

INTRODUCTION

1.1 Overview

Cervical cancers can be detected early if a woman has routine Pap smears. Pap smear is a screening test for cervical cancer and the cells scraped from the lower part of the uterus (womb) that opens at the top of the vagina which is also known as the opening of the cervix. (Medlineplus). Cells are examined under microscope and the result will be interpreted either normal, benign, pre- malignant (before cancer) or malignant (cancer) changes. If abnormal changes are found during the screening process, further tests will be done to see if treatment is needed. There are two methods in the pap smear preparation which are conventional preparation (CP) and liquid base preparation (LBP). Conventional pap smear is a manual process where as liquid based is an automation process (MedicineNet.com, May 1, 2014). Samples are commonly prepared using conventional preparation (CP) method. Conventional preparation can be defined as an adequate conventional specimen has an estimated minimum of approximately 8,000 to 12,000 well – preserved and well – visualized squamous epithelial cells (National Cervical Screening Programme).

Pap smear screening should begin at the age of 21 years old and above. Routine screening is recommended every three years for women 21-65 years old. For women 30 to 65 years who have a normal Pap test with a negative HPV test, the screening can be done every five years. Cervical cancer can be prevented if early cell changes are detected and if necessary, it can also be treated. Three out of four women who develop cervical cancer have either never had a Pap smear or not had once in the last five years. The Pap smear is the best method available to detect these early cell changes and prevent cancer of the cervix. Among the abnormal cases, only 10% smears shows cell changes. The majority of abnormal cells found are minor changes or simple conditions that can be easily treated. In a small number of cases, the changes may be more significant and may need further investigation. These changes, if left untreated, may later develop into cervical cancer (MedlinePlus).

There are many causes for abnormal Pap test results including infection, inflammation related to using a diaphragm or sex, and changes related to menstrual cycle. If the women had a hysterectomy, she doesn't need to have a Pap smear in which the uterus and cervix have both been removed from a non-cancerous condition such as heavy bleeding, fibroids or a