

Abnormal Cervical Smears

Trevor A. Wing MBRCF FRCHM MBAC BSc (Hons) MSc (Dist) DMed (Img)

Overview

All women of reproductive age from age 25 (or earlier if they become sexually active) would benefit from a routine cervical smear test to detect abnormal cell changes and the human papilloma virus (HPV). Once a woman has regular smears, she may at some point have an abnormal result. The most common abnormal result is a borderline or inflammatory result, which means slight changes have been detected in the cells of the cervix: the cells are not perfectly normal, but they are not clearly abnormal either. This can cause distress and worry, so it is important to know that in most cases there is no need to worry. The changes are minor and will most likely return to normal without treatment as the body's immune system clears the inflammation.

A borderline or inflammatory result is sometimes due to the cervix being irritated, or to an infection the body was fighting when the smear was taken. The woman will be asked to return for a repeat test within three to six months to make sure everything is normal again. If the repeat test is normal, there will be another test six months later to confirm the cells are still normal, after which smears return to the normal schedule.

If HPV is detected, it is classified into high-risk and low-risk strains. A woman who does not have HPV, or who has only low-risk strains, has statistically the same risk of developing cervical cancer as any other woman who is HPV clear. If a high-risk strain is detected, she has a significantly increased risk of developing cervical cancer and should have annual smear tests and investigate treatment for HPV.

What do the results mean?

Around 19 in 20 cervical screening results are normal, and about 1 in 20 people are asked to have further tests. Abnormal results report exactly what type or level of abnormal cells were found. Of people referred for a colposcopy (a closer examination of the cervix), around 4 in 10 have no abnormal cells, around 6 in 10 have abnormal cells (CIN), and about 2 in 100 are found to have cervical cancer (NHS cervical screening programme).

- **Borderline or mild changes**, known as mild dyskaryosis and sometimes CIN 1. These often return to normal without treatment, and a repeat test is usually advised.
- **Moderate changes**, known as CIN 2. A colposcopy and treatment are usually offered; for a small area of CIN 2, close monitoring may be offered instead.
- **Severe changes**, known as CIN 3. These women must be treated urgently.
- **Invasive cancer**, which is rare. These women are referred to a specialist unit for immediate treatment.

Several terms describe precancerous (pre-invasive) changes. The system used most often in the UK is cervical intraepithelial neoplasia (CIN), divided into grades: CIN 1 (mild), CIN 2 (moderate) and CIN 3 (severe). These grades relate to the risk of the cell changes developing into cancer. CIN 2 and CIN 3 have a higher chance of developing into cervical cancer than CIN 1, while CIN 1 often returns to normal as the immune system clears HPV.

Conventional treatment

Conventional treatment options are cold coagulation, large loop excision of the transformation zone (LLETZ), straight wire excision of the transformation zone (SWETZ), needlepoint excision of the transformation zone (NETZ), laser treatment and cone biopsy. All these treatments remove the abnormal cells and allow new, normal cells to develop.

Natural treatment

There is no natural treatment for CIN 3 or invasive cervical cancer. However, for borderline changes there are various naturopathic treatments that boost the immune system's ability to return the cervical cells to normal and eliminate HPV, with a repeat smear in 3 months. If CIN 1 or 2 is detected, a naturopathic treatment to eliminate the abnormal cells is available as an alternative to the more invasive conventional treatments above, again with a repeat smear in 3 months.

Our female healthcare philosophy

At the Women's Natural Health Clinic, we specialise in comprehensive natural reproductive, gynaecological, obstetric and general healthcare for women from adolescence to post-menopause. We integrate oriental and western medical diagnosis to create a naturally oriented treatment plan combining herbal medicine, naturopathic medicine, acupuncture, nutritional therapy, exercise and lifestyle, tailored to each woman.

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