Letters to the Editor

of them being universally practised within the NHS for several years to come.

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Dormandy TL. Diagnosis of cervical neoplasia by the estimation of octadeca-9, 11-dienoic acid. *Lancet* 1987;1:537-9.

The Members of the Working Party comment:

The supplement to the BSCC paper on terminology in gynaecological cytopathology was written in response to a number of requests from BSCC members, and others, for guidance on management of women with abnormal cervical smears.

Our recommendations were based on the evidence available at the time, which showed that smears reported as severely dyskaryotic correlate more accurately with the histological results of cervical specimens than smears reported as showing mild or moderate dyskaryosis.¹⁻³ We agree that cyto-histological correlation can probably be improved as a result of better smear taking and more accurate interpretation. This was

one of the objectives of the review of terminology.⁴

We do not think that the dyskaryosis seen in a cervical smear in association with human papilloma virus infection can be reliably distinguished from the dyskaryosis found in CIN; therefore their management cannot be separated. Koilocytosis is not seen in 86% of smears as Dr Slater implies.

The large number of referrals for colposcopy is overwhelming the gynaecological services in some districts, in which case, as stated in our paper and also by Fox,⁵ follow up of mild dyskaryosis and koilocytosis may have to be by cytological examination alone. It may be necessary to distinguish more urgent referrals from less urgent cases according to the severity of the cytological abnormality.

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