

Atypical Glandular Cells

Less than 1% of women have Pap test results that fall in the category of “Atypical Glandular Cells” (AGC). This uncommon result always requires additional evaluation. A repeat Pap test alone is not enough.

Background

The surface of the cervix has two types of cells: one type is called squamous cells, which are flat and multilayered. The other type called glandular cells are tall and single-layered. Most cervical cancer and precancer detected by Pap tests occur in the squamous cells. The glandular cells that line the inside of the cervix can also develop precancerous changes that may show up on Pap tests.

Similar glandular cells make up the lining of the uterus, called the endometrium. Abnormalities of these cells may also be detected on a Pap test. It is important to remember that a Pap test is better at finding squamous cell changes than it is at finding glandular cell changes. Women can have serious glandular cell abnormalities that Pap tests miss.

What To Do

If your Pap result is “Atypical Glandular Cells” (AGC), these cells may be from inside your cervix or from the lining of your uterus. Any Pap smear with an AGC result needs to be evaluated.

For most AGC Pap test results, your healthcare provider will probably recommend colposcopy. This is a detailed examination of the cervix in which your healthcare provider looks at your cervix through an instrument that looks like a pair of binoculars mounted on a pole. The colposcope does not touch you. It stays outside your body and is not put into your vagina. Colposcopy does not cause any discomfort other than the speculum placement. The colposcope helps your healthcare provider to check for problems on the cervix, which may be very small. If abnormalities are seen, one or more small pieces of tissue may be removed, which may cause mild cramping. The removal of these small pieces of tissue is called a biopsy. The endocervical canal (the area just inside of the cervix, which cannot be seen with the colposcope) will also be sampled by scraping off cells from the surface, which can cause mild to moderate cramping. If any biopsy site bleeds, the provider may place a special solution on the biopsy site to stop it. It may also be necessary to collect cells from inside the uterus, which is called an

endometrial biopsy. The exam takes about ten to twenty minutes. Biopsy specimens are then sent to the lab for examination. It may take several days or even a few weeks before a final report is sent to your healthcare provider.

What Might Be Found

Only about half of women with a Pap test showing AGC have a detectable abnormality. Those abnormalities include possible precancerous changes and cancers of the cervix, uterine lining or other pelvic organs. The rest of women with an AGC on Pap tests have normal findings. It is extremely important to have a thorough evaluation if your Pap test result is AGC.

In some cases, the biopsy will show an abnormality of the squamous cells rather than the glandular cells. If this happens, your health care provider will recommend the appropriate treatment.

Follow-up

No matter what is found on evaluation, every woman who has had an AGC Pap test should understand her healthcare provider's recommendations for treatment and follow-up. Abnormalities should be treated by experts in gynecology. Very often, if an abnormality is found, it will be treated by a procedure in which the entire affected area of the cervix is removed by a surgical procedure called a cone biopsy. Individual recommendations for follow-up after treatment will depend on the circumstances, and could include more frequent Pap tests, repeat colposcopy and/or endometrial sampling, among others. If no abnormality is found after colposcopy, a woman who has had an AGC Pap test may need a further procedure to explain the abnormal Pap result.

Remember

Although Pap tests are excellent methods of screening for certain kinds of abnormalities, they are not a replacement for regular visits to your healthcare provider.