An abnormal cervical screening test result

The cervical screening test is a reliable test to detect human papillomavirus (HPV) and early changes in the cervix (neck of the womb), before they have a chance to develop into cancer. Some cervical screening test results require follow-up, either because of the sample quality, because there is evidence of HPV or there are changes to the cervical cells.

Visit the National Cervical Screening Program's website for more information about cervical screening test results and possible treatments if referred to a specialist.

Your healthcare provider can also discuss your result with you in detail

**Unsatisfactory smear**

This means there was a technical problem with the smear and the laboratory staff cannot see the cells clearly enough to give a full report. Your provider may ask you to have another smear even though no abnormal cells were found.

**Inflammatory smear**

Sometimes a Pap smear will show signs of inflammation. Infections may be caused by a micro-organism such as Candida Albicans (Thrush). If inflammation is found further investigations or treatment may be needed.

**Atrophic smear**

Sometimes after menopause or when breast feeding there are 'atrophic changes' in the cervix, caused by decreased hormone levels. If your Pap smear result is 'atrophic' you may be given some local oestrogen treatment (for example, oestrogen cream) and asked to have the Pap smear repeated in three months. This is because atrophic smears are difficult to analyse and a repeat Pap smear will ensure the most accurate result for you.

**Possible low-grade squamous intra-epithelial lesion**

These are changes in the cells of the cervix that may represent a low-grade abnormality, but the changes are not enough to justify a 'definite' diagnosis.

**Low-grade squamous intra-epithelial lesion**

This low grade abnormality indicates cell changes are present, most likely due to infection with HPV. The follow-up of women with possible or definite low-grade abnormalities is generally the same, but may vary according to your age and whether you have had abnormal results in the past. Your Qualified Health Care Professional will explain the follow-up you require.

**Possible high-grade squamous intra-epithelial lesion**

This means a high-grade abnormality is suspected but the changes are not clear enough to justify a 'definite' diagnosis.

**High-grade squamous intra-epithelial lesion**

This is a high-grade abnormality that suggests there are cell changes in the cervix that require further investigation. These are still precancerous changes (changes that occur before cancer develops) and your Qualified Health Care Professional will advise the follow-up required for you.

**High Grade Glandular abnormalities**

Glandular abnormalities are seen in cells from the top part of the cervix. There are three types of glandular abnormalities:

- Atypical endocervical or glandular cells of undetermined significance,
- Possible high grade glandular lesion, and
- Endocervical adenocarcinoma in situ.

All glandular abnormalities are referred to as high grade abnormalities and require further investigation.

**Ongoing management:**

If you need further treatment your Qualified Health Care Provider will discuss this with you when you have your colposcopy, or when your biopsy results have come back from the pathology laboratory.
Questions you may want to ask after an abnormal Pap smear:

- What does my Pap smear result mean?
- Do I need more tests?
- Can you give me more information about HPV?
- When is my next check-up due?
- How often will I need to come back?

The type of follow-up you require depends on whether you’ve had previous abnormal Pap smears, your age and your result. Sometimes the only follow-up you will need will be another Pap smear. [Colposcopy factsheet](http://conditions.health.qld.gov.au/HealthCondition/condition/12/62/653/what-is-a-colposcopy)

**Help and assistance:**

- [About the test results - Treatment for abnormal cells](http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/about-the-test-results#3)