In 1958, scientific articles published in Acta Cytologica were by invitation only. Acta was not a journal for publication of papers proffered by authors on their own topics 40 years ago. Instead, symposia in the journal contained international discussions of scientific problems that were of interest to the gynecologic cytologist. The following experts from the second issue of Acta dealt with "Cytological Definitions."

In an attempt to clarify what is understood by commonly used cyto logic terms, the members of the Terminology Subcommittee of the International Academy of Gynecological Cytology have been asked to give their definitions and opinions of the following topics:

**Exfoliative Cytology of Dysplasia During Pregnancy**

E. von HAAM, Columbus, Ohio, U.S.A.: Overreactivity of the basal cell layer... in the cervix of pregnant women is responsible for the appearance of dyskaryosis and abnormal parabasal cells in about 20 percent of cervical smears. . . . In our experience . . . most of the parabasal cells were larger than normal parabasal cells, showed round or oval, finely granular nuclei and dense and often eosinophilic cytoplasm. . . . The intermediate cells were both types, the typical navicular cells of pregnancy and the immature proliferative type developing from the differentiating parabasal cells. . . . Dyskaryosis in the superficial cells expressed itself by the presence of enlarged nuclei with coarse and prominent chromatin networks.

R. E. L. NESBITT, D. S. ROME, and A. A. STEIN, Albany, New York, U.S.A.: The use of the smear is of particular importance in screening pregnant women for cervical lesions because pregnancy puts certain limitations upon the time and frequency of diagnostic procedures. . . . Among the atypias of squamous epithelium not severe enough to be clas-
sified as carcinoma in situ, basal cell hyperactivity seems to be the most important. Careful study shows that the atypism is confined to cells of the superficial and intermediate type and that the parabasal cells are quite normal in appearance. Wherever indicated, as in the case of a Class III or IV smear or carcinoma in situ diagnosed by ring biopsy, a wide cone of cervical tissue should be removed in the postpartum period to establish the definitive diagnosis and treatment.

G. TERZANO, Buenos Aires, Argentina: The cervix of the uterus undergoes changes during pregnancy: (a) in the stroma: congestion, inflammation and decidual reaction, (b) in the endocervix: glandular hyperplasia and epidermization and (c) in the ectocervix: thickening of the epithelium with partial hyperplasia of the basalis. Dysplasia during pregnancy would seem to be a reversible lesion, since it returns to normal after delivery.

J. CAMPOS, Lima, Peru: During pregnancy, especially during the last months . . . increase in number and size of parabasal cells, cytoplasmic vacuolization, opaque nuclei, sometimes binucleated cells and definite atypical nuclei are frequent findings in cervical dysplasia of pregnancy. . . . Navicular cells, when present, allow differentiating the above mentioned dysplasia from dysplasias of different etiology.

Exfoliative Cytology of Carcinoma in Situ During Pregnancy

J. A. de BRUX and J. DUPRE-FROMENT, Paris, France: The problem of carcinoma in situ is intrinsically very complex, and its coexistence with pregnancy only increases the difficulty. The intraepithelial carcinomatous nucleus is young, more compact than chromatic, situated in a cytoplasm which is always cyanophilic. . . . The nuclear-cytoplasmic ratio is reversed, the nuclear membrane is thickened, the nucleolus is enlarged . . . the chromatin is lumpy and irregular. . . . Surrounded by a more or less large cytoplasm, it resembles a parabasal cell.

H. E. NIEBURGS, New York, New York, U.S.A.: A diagnosis of carcinoma in situ, whether during pregnancy or in the non-pregnant state, is made in cytologic specimens according to general criteria such as anisokaryosis, increased nuclear-cytoplasmic ratio, hyperchromasia, etc. In the writer’s opinion, no diagnosis of carcinoma in situ should be made either in the non-pregnant state or during pregnancy, unless the characteristic atypical changes are also present in cells of the parabasal type. . . .

J. E. AYRE, Miami, Florida, U.S.A.: Cervical cell scrapings from known carcinoma in situ lesions followed throughout pregnancy will frequently show an accentuation of cell pathology as pregnancy progresses. Basically, the cytology of carcinoma in situ is the same during pregnancy as in the non-pregnant state. It is particularly noteworthy that a high Karyopyknotic Index, a rare finding in normal pregnancy, is almost invariably manifested in cell scrapings from the pregnant cervix which harbors carcinoma in situ. . . . From the standpoint of cancer detection, it would seem wise to recommend that all women have routine cervical cytology as part of their final postpartum examination.

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