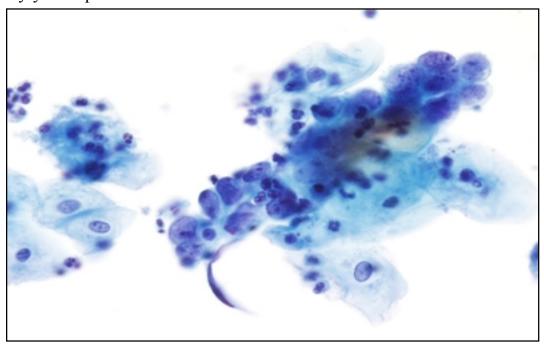
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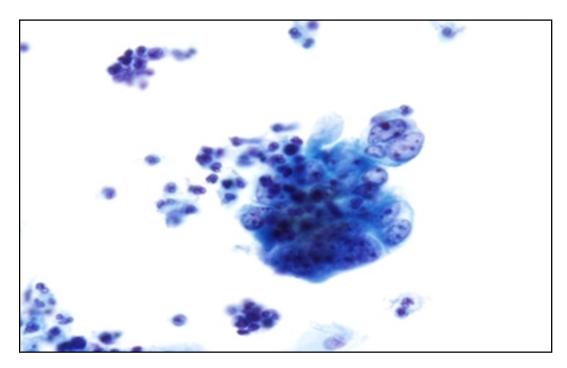
History: 65 Years Old **LMP:** Post Hysterectomy

Case provided by Helen Banks, CT, University of Kentucky.

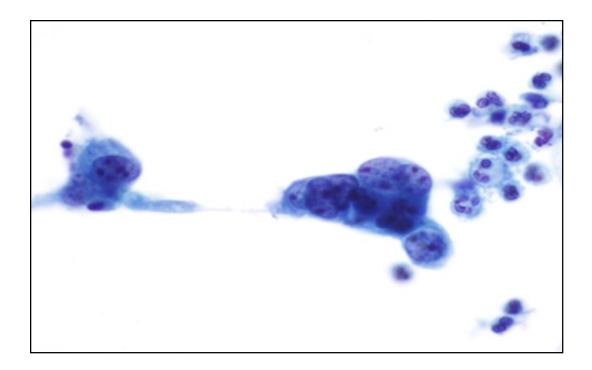
*The images, analysis and diagnosis for this case study were provided to Cytyc by an independent cytotechnologist. All conclusions and opinions are those of the cytotechnologist and not Cytyc Corporation.



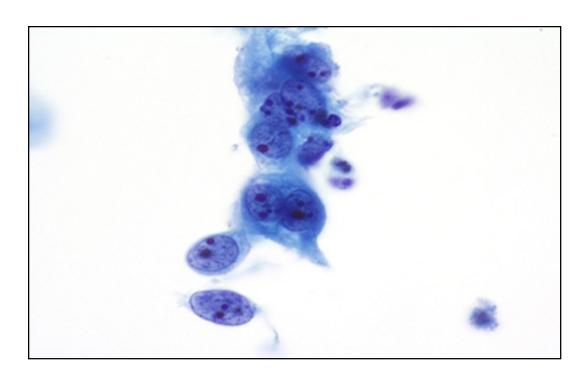
Slide 1



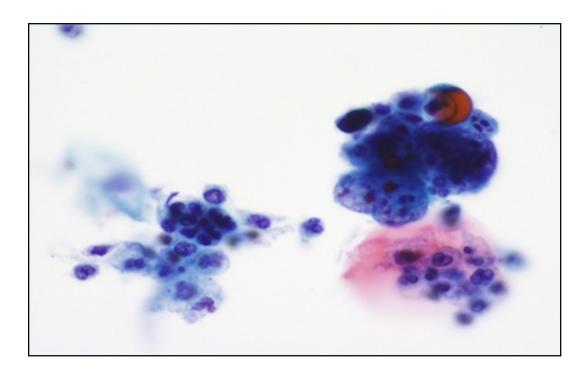
Slide 2



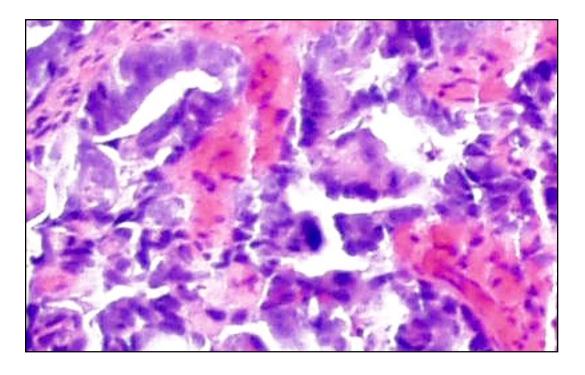
Slide 3



Slide 4



Slide 5



Slide 6

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Discussion:

Slide 1: Mature benign squamous cells adjacent to a group of cells which have large nuclei, scant cytoplasm and appear glandular.

Slide 2: Tight cluster of cells appearing three-dimensional.

Slide 3: Small group and single cell with high n/c ratio and malignant nuclei.

Slide 4: Malignant cells with scant cytoplasm, macro-nucleoli and irregular chromatin distribution.

Slide 5: Tight cluster of malignant cells with ingested polys and debris.

Slide 6: Tissue section of vagina showing recurrent endometrial adenocarcinoma.

Glandular cells could be present in a vaginal smear if the cervix was not completely excised, if there was adenosis of the vagina, or if they were from a malignancy. In this case, the patient's maturation index appeared more mature than atrophic and the cells had malignant nuclei. No diathesis was present, but a large number of polys were present.

Cytologic Diagnosis:

Specimen Adequacy: Satisfactory for evaluation

Category: Epithelial Cell Abnormality

Descriptive Diagnosis:

Rare atypical cells suspicious for malignancy.

Tissue Diagnosis:

Vaginal biopsy: Recurrent endometrial adenocarcinoma.