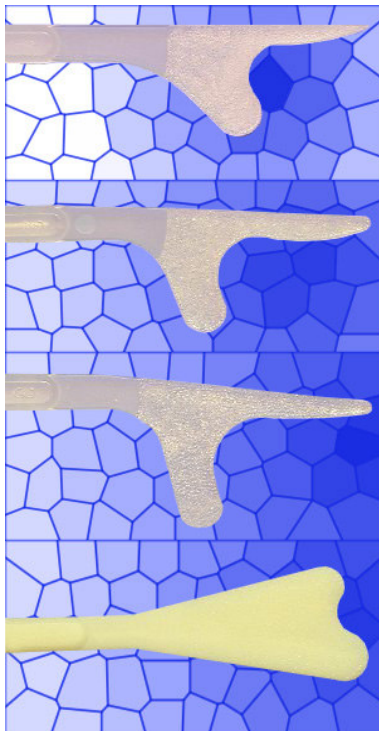


The possibilities of minimizing the number of false-negative results with the Szalay Cyto-Spatula

The most frequent causes of false negative smears are:

1. **From the clinical specialist's viewpoint:** Insufficient cervical sampling (approx. 30% insufficient smears with the cotton swab).
2. **From the cytologist's viewpoint:** Negative result (Pap 1 or 2) of a positive case owing to inadequate smear.
3. **From the biological side:**
 - a) **ENDOCERVICAL ABNORMALITIES:** The squamo-columnar junction, which plays such a seminal role in the genesis of cervical carcinoma, is often relocated in the canal. Therefore fifteen to twenty per cent of intraepithelial lesions are found in the endocervix. Neither the colposcope, nor the traditional methods of cytologic sampling, ensure their early and accurate detection.
 - b) **SUPERFICIAL EPITHELIAL CHANGES WHICH HINDER REPRESENTATIVE SAMPLING:** Traditional cytologic sampling results in smears composed of cells which have exfoliated from the most superficial layer of the epithelium. In some cases of high grade squamous intraepithelial lesion and invasive carcinoma special stains (Krutsay) reveal superficial keratinisation which on occasion may form thick hyperkeratotic plaques. These not only prevent the spontaneous exfoliation of underlying neoplastic cells, but also form impermeable barriers for the cotton-tipped applicator, so that procuring of neoplastic cells becomes impossible. The metabolic exchange and blood supply of the superficial portion of invasive carcinomas are precarious. This results in extensive cellular degeneration and necrosis. The covering necrotic blanket makes the deeper lying neoplastic cells unavailable for examination. Hence the relatively frequent false negative smears in cases of invasive carcinoma (20-25%). **The SZALAY CYTO-SPATULA** enables cells to be sampled, even from the deeper cell layers where tumours often develop.

Selecting a SZALAY-CYTO-SPATULA



Szalay Cyto-Spatula No. 1 (Length: 220mm)
for a small through medium sized portio (most of the cases)

Szalay Cyto-Spatula No. 2 (Length: 220mm)
for a large sized portio and a wide cervical canal

Szalay Cyto-Spatula No. 3 (Length: 220mm)
for a very large sized portio with a wide cervical canal and a wide vagina

Szalay Cyto-Spatula No. 4 (Length: 220mm)
a) for a larger cervix with an extended transformation zone, in addition to a cervical smear with a No. 1, No. 2 or No. 3 spatula.
b) for a smear from the outer surface only, in patients with an obliterated cervical canal or one that is too narrow for the passage of a No. 1 spatula. The cytology laboratory must be informed if this is the case.
c) in addition to an endocervical smear with a Cytobrush.

The dimensions of the pictures do not exactly correspond to the actual size of the Szalay Cyto Spatula