Psammoma Bodies in Cervical Cytology of Nigerian Woman

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Abstract

The presence of psammoma bodies in cervical smears is a rare finding. A case of it was reported from a Manchester cytology centre in the UK. Therefore, a case found in a Nigerian centre is worthy of report. So was the case of tuberculosis discovered during a local Pap smear campaign.

Key words: Cervix; Cytology;Psammoma bodies; Nigeria

Introduction

The importance of cervical screening is a worldwide issue. Recently, an oddity that turned up at the Manchester Cytology Centre in the United Kingdom was the psammoma body [1]. It was published in order "to alert cytopathologists, to the possibilities, on finding psammoma bodies in cervical smears and the management of these cases." Accordingly, a case occurring in woman of the Igbo Ethnic Group [2] in Nigeria is deemed to be reportable.

Case Report

RA, a 62-year-old, para 6, post-menopausal woman of the Igbo Ethnic Group [2] attended the local screening centre whose slides I read. She was previously wearing a loop which was removed following bleeding. She was also found to be a diabetic on treatment. Her slide; see the Figure, showed the presence of psammoma bodies. She has been healthy on follow up.

Figure 1: Psammoma bodies.

Discussion

Pusiol's associates [6], follow up revealed incipient malignancy. Internet sources were considered. Muntz and associates [3] concluded that "our study suggests that the presence of psammoma bodies in normal cytologic smears of asymptomatic women is an incidental finding." In another study [4], the conclusion was also instructive, namely, "There is a strong argument that all women with psammoma bodies on cervical smear should undergo smear review, pelvic ultrasonography, hysteroscopy and biopsy, and laparoscopy to exclude the presence of a gynecological malignancy." Cameron and McCluggage [5] added a curious feature, namely, uterine serous carcinoma with bilateral ovarian metastasis, "which was associated with widespread extensive psammomatous calcification of the uterine leiomyomata, the myometrium, and the cervical stroma." In the recent paper of

Follow up was certainly uneventful in our present case, but it requires to be recorded. So was my paper with some local associates [7], tuberculosis having been discovered during the usual Pap smear campaign. Incidentally, in a 30-year-old married Indian female [8], it appears that follow up was not remarkable.

Interestingly, in the report of Parkash and Chacho [9], they opined that psammoma bodies found in a young patient merits a thorough examination, but not surgical exploration in the absence of additional clinical findings or atypical cells.

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