A sexually active 25-year-old nulliparous woman presented for a routine gynecological checkup. The patient reported normal menses, including her last menstrual period 2 weeks prior. Her past medical history included multiple sexual partners and an episode of gonococcal cervicitis at age 21 which resolved following antibiotic treatment with a single dose (125 mg) of intramuscular ceftriaxone. She denied any other history of sexually transmitted diseases and was negative for HIV, syphilis, hepatitis B, and hepatitis C antibodies. Multiple past Papanicolaou (Pap) smears were negative for human papillomavirus (HPV) by nucleic acid and cytologic analysis.

A physical examination revealed normal vital signs, including normal heart and lung signs. The results of an external genital examination were unremarkable. A speculum examination revealed a healthy-appearing vaginal wall; however, the cervix appeared slightly erythematous and was mildly tender. No cervical discharge was present, and no cervical masses or ulcerations were observed. A cervical specimen was collected, and a portion of the specimen was sent for viral culture. Cytologic examination of the specimen revealed numerous squamous cells that were negative for HPV cytopathic effect or dysplasia. Numerous polymorphonuclear cells and lymphocytes were observed, consistent with the clinical presentation of cervicitis. Also present throughout the specimen were clusters of large atypical cells. A characteristic example is shown in Fig. 1.

Fig. 1. Papanicolaou stain of large cells from cervical brushings (magnification, ×1,000).

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