

# 2011 IFCCPC colposcopic terminology of the cervix

**Table A3.1.** 2011 IFCCPC colposcopic terminology of the cervix

| Section                       | Pattern  |
|-------------------------------|--|
| General assessment            | Adequate or inadequate; if inadequate, for what reason (e.g. cervix obscured by inflammation, bleeding, scar)<br>Squamocolumnar junction visibility: completely visible, partially visible, not visible<br>Transformation zone types 1, 2, 3   |
| Normal colposcopic findings   | Original squamous epithelium: mature, atrophic<br>Columnar epithelium; ectopy/ectropion<br>Metaplastic squamous epithelium; nabothian cysts; crypt (gland) openings<br>Deciduosis in pregnancy   |
| Abnormal colposcopic findings | <p><i>General principles</i></p> <p>Location of the lesion:</p> <ul style="list-style-type: none"> <li>• Inside or outside the transformation zone</li> <li>• By the “clock position”</li> </ul> <p><i>Grade 1 (minor)</i></p> <ul style="list-style-type: none"> <li>• Fine mosaic; fine punctation</li> <li>• Thin acetowhite epithelium</li> <li>• Irregular, geographical border</li> </ul> <p><i>Non-specific</i></p> <ul style="list-style-type: none"> <li>• Leukoplakia (keratosis, hyperkeratosis); erosion</li> <li>• Lugol’s staining (Schiller test): stained or nonstained</li> </ul> <p>Size of the lesion:</p> <ul style="list-style-type: none"> <li>• Number of cervical quadrants the lesion covers</li> <li>• Size of the lesion as a percentage of the cervix</li> </ul> <p><i>Grade 2 (major)</i></p> <ul style="list-style-type: none"> <li>• Sharp border; inner border sign; ridge sign</li> <li>• Dense acetowhite epithelium</li> <li>• Coarse mosaic; coarse punctation</li> <li>• Rapid appearance of acetowhitening</li> <li>• Cuffed crypt (gland) openings</li> </ul> |
| Suspicious for invasion       | <p>Atypical vessels</p> <p>Additional signs:</p> <ul style="list-style-type: none"> <li>• Fragile vessels</li> <li>• Irregular surface</li> <li>• Exophytic lesion</li> <li>• Necrosis</li> <li>• Ulceration (necrotic)</li> <li>• Tumour or gross neoplasm</li> </ul>   |
| Miscellaneous findings        | <p>Congenital transformation zone</p> <p>Stenosis</p> <p>Condyloma</p> <p>Congenital anomaly</p> <p>Polyp (ectocervical or endocervical)</p> <p>Post-treatment consequence</p> <p>Inflammation</p> <p>Endometriosis</p>  |
| Excision treatment types      | Excision types 1, 2, 3   |
| Excision specimen dimensions  | <p>Length: the distance from the distal or external margin to the proximal or internal margin</p> <p>Thickness: the distance from the stromal margin to the surface of the excised specimen</p> <p>Circumference (optional): the perimeter of the excised specimen</p>   |

IFCCPC, International Federation of Cervical Pathology and Colposcopy.