



2011 IFCPC Nomenclature¹

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Nomenclature Committee chairman: Jacob Bornstein MD

2011 IFCPC colposcopic terminology of the cervix ¹			
General assessment		<ul style="list-style-type: none"> • Adequate/inadequate for the reason ... (i.e.: cervix obscured by inflammation, bleeding, scar) • Squamo-columnar Junction visibility: completely visible, partially visible, not visible • Transformation zone types 1,2,3 	
Normal colposcopic findings		Original squamous epithelium: <ul style="list-style-type: none"> • Mature • Atrophic Columnar epithelium <ul style="list-style-type: none"> • Ectopy Metaplastic squamous epithelium <ul style="list-style-type: none"> • Nabothian cysts • Crypt (gland) openings Deciduous in pregnancy	
Abnormal colposcopic findings	General principles	Location of the lesion: Inside or outside the T-zone, Location of the lesion by clock position Size of the lesion: Number of cervical quadrants the lesion covers, Size of the lesion in percentage of cervix,	
	Grade 1 (Minor)	Thin aceto-white epithelium Irregular, geographic border	Fine mosaic, Fine punctation
	Grade 2 (Major)	Dense aceto-white epithelium, Rapid appearance of acetowhitening, Cuffed crypt (gland) openings	Coarse mosaic, Coarse punctuation, Sharp border, Inner border sign, Ridge sign
	Non specific	Leukoplakia (keratosis, hyperkeratosis), Erosion Lugol's staining (Schiller's test): stained/non-stained	
Suspicious for invasion		Atypical vessels Additional signs: Fragile vessels, Irregular surface, Exophytic lesion, Necrosis, Ulceration (necrotic), tumor/gross neoplasm	
Miscellaneous finding		Congenital transformation zone, Condyloma, Polyp (Ectocervical/ endocervical) Inflammation,	Stenosis, Congenital anomaly, Post treatment consequence, Endometriosis

¹ Bornstein J, Bentley J, Bosze P, Girardi F, Haefner H, Menton M, Perrotta M, Prendiville W, Russell P, Sideri M, Strander B, Torne A, Walker P. 2011 IFCPC colposcopic nomenclature. In preparation for publication



2011 IFPC colposcopic terminology of the cervix – addendum ¹	
Excision treatment types	Excision type 1,2,3
Excision specimen dimensions	Length - the distance from the distal/external margin to the proximal/internal margin Thickness - the distance from the stromal margin to the surface of the excised specimen. Circumference (Optional)- the perimeter of the excised specimen

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2011 IFPCPC clinical/colposcopic terminology of the vagina ¹		
General assessment	Adequate/inadequate for the reason (i.e: inflammation, bleeding, scar) Transformation zone	
Normal colposcopic findings	Squamous epithelium: <ul style="list-style-type: none"> • Mature • Atrophic 	
Abnormal colposcopic findings	General principles	Upper third /lower 2 thirds, Anterior/posterior/lateral (right or left),
	Grade 1 (Minor)	Thin aceto-white epithelium Fine punctuation Fine mosaic
	Grade 2 (Major)	Dense aceto-white epithelium, Coarse punctuation Coarse mosaic
	Suspicious for invasion	Atypical vessels Additional signs: Fragile vessels, Irregular surface, Exophytic lesion, Necrosis, Ulceration (necrotic), tumor/gross neoplasm
	Non-specific	Columnar epithelium (adenosis) Lesion staining by Lugol's solution (Schiller's test): Stained/non-stained, Leukoplakia
Miscellaneous findings	Erosion (traumatic), condyloma, polyp, cyst, endometriosis, inflammation, Vaginal stenosis, Congenital transformation zone	

The IFPCPC clinical and colposcopic terminology for the vulva is pending.

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