

Colposcopic Classification: Rio de Janeiro 2011

I. General assessment

Adequate or inadequate for the reason (eg, cervix obscured by inflammation, bleeding, scar)

Squamocolumnar junction visibility: completely visible, partially visible, not visible

Transformation zone types: 1, 2, 3

II. Normal colposcopic findings

Original squamous epithelium: mature, atrophic

Columnar epithelium; ectopy/ectropion

Metaplastic squamous epithelium; nabothian cysts; crypt (gland) openings

Deciduous in pregnancy

III. Abnormal colposcopic findings

General principles

Location of the lesion: Inside or outside the transformation zone; location of the lesion by clock position

Size of the lesion: number of cervical quadrants the lesion covers

Size of the lesion as percentage of cervix

Grade 1 (minor)

Fine mosaic

Fine punctation

Thin acetowhite epithelium

Irregular, geographic border

Grade 2 (major)

Sharp border; inner border sign; ridge sign

Dense acetowhite epithelium

Coarse mosaic

Coarse punctation

Rapid appearance of acetowhitening

Cuffed crypt (gland) openings

Nonspecific

Leukoplakia (keratosis, hyperkeratosis)

Erosion

Lugol's staining (Schiller's test): stained or nonstained

IV. Suspicious for invasion

Atypical vessels

Additional signs: fragile vessels, irregular surface, exophytic lesion, necrosis, ulceration (necrotic), tumor or gross neoplasm

V. Miscellaneous findings

Congenital transformation zone

Condyloma

Polyp (ectocervical or endocervical)

Inflammation

Stenosis

Congenital anomaly

Posttreatment consequence

Endometriosis