

symptom attacks.<sup>16</sup> Therefore, it may be that Fava, et al. failed to identify infrequent or limited symptom attacks that began prior to the onset of phobic avoidance. In my study, although there were several patients in whom the onset of panic attacks and phobic avoidance coincided, the remainder of patients had a significant lag time (mean = 3.18 years) between the onset of panic attacks and phobic anxiety.

The ultimate answer to the natural history of panic disorder and agoraphobia will have to wait for longitudinal studies in which patients at risk for the development of panic disorder/agoraphobia are followed over time for the development of each condition.

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## Postpartum Pap Smear

*To the Editor:* In the article by Weiss, et al., "The Postpartum Papanicolaou Smear," in the January-March 1989 issue, cases of abnormal cervical cytology on the postpartum examination that were not predicted on the prenatal Pap results were presented. While I support the conclusion of the study, to perform Pap smears during prenatal care and again at the postpartum examination, even when the prenatal Pap is normal, I question the 4.9 percent "conversion" rate to abnormal cytology. When defining specimen collection techniques and interpretation of results, no mention was made of assessing adequacy of smears by the presence or absence of endocervical cells. The presence of endocervical cells is an important indicator of the adequacy of a Pap smear.<sup>1</sup> One can only be sure that the entire transformation zone has been accurately sampled if endocervical cells are present on the smear.<sup>2</sup> Furthermore, the rate of epithelial abnormalities has been reported to be lower in smears that contain no endocervical cells.<sup>3</sup> With pregnancy, changes occur in the anatomy of the cervix, and the endocervical canal is filled with a tenacious mucus that can block access to the columnar cells underneath, causing a lower yield of endocervical cells in pregnant women.<sup>4</sup>

Because the progression from normal endocervical cells to dysplasia to carcinoma-in-situ is more rapid than formerly thought, Dr. Weiss's study could hold important clinical implications. However, without the adequacy of sampling technique assessed, one would wonder about the degree of false-negative readings on the prenatal examination in the study group. This would potentially lessen the impact of the conclusion drawn in this paper.

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The above letter was referred to the authors of the article in question, who offer the following reply.

*To the Editor:* Dr. Baxley is correct. The apparent "conversion" of some normal Pap smears into abnormal Pap smears during the course of pregnancy may, in reality,