

then the colposcopist must determine whether the abnormal colposcopic findings represent disease and, if so, the expected severity of the disease. Many abnormal colposcopic signs are also frequently observed in normal tissue. For example, the colposcopic distinction of atypical squamous metaplasia from low-grade premalignant disease might be quite difficult to determine because of similar appearances.

A colposcopic impression will guide management of nondiagnostic pathology laboratory results. If there is no evidence of cervical cancer or serious premalignant disease by colposcopic examination, then the meaning of the equivocal histologic results are placed in proper perspective. Otherwise, microbiologic testing, hormonal evaluation, and query into use of chemical or mechanical devices might assist in the evaluation of minimally abnormal results, as the authors indicated.

A hasty biopsy based only on a single abnormal colposcopic sign increases the number of nondiagnostic histology results, particularly in conjunction with minor cytologic changes. For example, the erroneous practice to biopsy "everything white" is fraught with an expected number of normal or nondiagnostic reports. The colposcopist must attempt to identify the tissue properly before a biopsy by formulating a colposcopic impression, just as the hunter must carefully identify the target so as not to "shoot anything that moves."

A sound practice of medicine is to use laboratory reports to confirm or reject the working diagnosis or clinical impression generated by the physician. Colposcopy is no different in this respect. Clinical colposcopic skills of cervical pathology assessment must counterbalance laboratory findings. A colposcopic impression is imperative to correlate with the cytologic and histologic findings and hence determine appropriate patient management.

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References

1. Nuovo J, Kreiter L. Frequency of nondiagnostic findings on colposcopy: implications for management. *J Am Board Fam Pract* 1993; 6:209-14.

The preceding letter was referred to the author of the article in question, who offers the following reply.

To the Editor: I appreciate the response from Dr. Ferris regarding the recent publication on nondiagnostic findings on colposcopy. I am in agreement with his statement that a colposcopic impression is an integral

part of an assessment of each patient who presents for a colposcopic evaluation of an abnormal Papanicolaou smear. Included in this assessment is an interpretation of the cytologic, histologic, and colposcopic findings. The goal of this manuscript was to focus on one aspect of this process. Our findings indicated that in our clinic nondiagnostic colposcopic biopsy results occurred frequently and that the meaning of these equivocal results was unclear. Based on my experience, I believe that our experience with nondiagnostic findings is similar to the experience of other colposcopy clinics. It is clear that further work needs to be done to answer the many questions that arise on the management of such patients.

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Corrections

Acute Otitis Media in Adults

As the result of misunderstanding between the editorial office and the authors of the recent paper "Acute Otitis Media in Adults: A Report from the International Primary Care Network," (Volume 6, Number 4, pp 333-9), the list of authors was incomplete. The principal investigators and international coordinators of this large international collaborative research study were Larry Culpepper, MD, and Jack Froom, MD. Twelve other authors were involved as country coordinators in nine participating countries. Accordingly, the authorship of this study was as follows: Larry Culpepper, Jack Froom, A.I.M. Bartelds, Peter Bowers, Charles Bridges-Webb, Paul Grob, Inese Grava-Gubins, Larry Green, Jacqueline Lion, Walter Rosser, Bertino Sormaini, A. Stroobant, Rae West, and Yair Yodfat.

Steroid Use among Junior High School Students

In the "Results" section of the abstract (Volume 6, Number 4, p 341), the first sentence should read "There were 4.7 percent of the male students and 3.2 percent of the female students who admitted to using steroids."

Osteitis Pubis

In the article "Osteitis Pubis" by Chris Vincent, MD, (Volume 6, Number 5, p 493) figures 1 and 2 were interchanged. *JABFP* sincerely regrets the error.