Conclusion
A study of 150 cases was done between the age group of 25-70 years, in cervical lesions and abnormal uterine bleeding. Cytology and biopsies were performed in these cases cytological and histological findings were analyzed and their correlation to each other studied.

In cervical lesions common complains was discharge per vagina & irregular bleeding per vagina.

From the present study following conclusions have been drawn-

i) Vaginal, cervical and endometrial aspiration cytology are simple techniques, which can be performed as an outpatient procedure and there is no need of anesthesia or admission to hospital.

ii) Cytologies provide abundant material for study.

iii) Cytology was painless procedure causing minimal discomfort to the patient and patients were willing even if there was a need to be repeated.

iv) Cytology can detect carcinomas which are clinically unsuspected and must be done as a routine examination for detecting precancerous and cancerous lesions.
v) Value and accuracy of vaginal and cervical smears in the diagnosis of cervical carcinoma are well known, but they have a low accuracy in the diagnosis of endometrial cancer as the endometrial cells desquamated and tend to degenerate before they reach the vagina and posterior fornix.

vi) In moderate dysplasia cytology showed 95.45% correlate with biopsy in severe dysplasia there is 60% correlation between cytology and biopsy. In invasive carcinoma correlation was 75% between vaginal cytology and biopsy.

vii) After hystrectomy there was 100% correlation in cervical biopsy & hyserection in cases of moderate dysplasia.

    In severe dysplasia there was 100% correlation in cytology and hysterectomy 60% correlation in between biopsy & hysterectomy.

    Incases of carcinoma there was 75% correlation in between hysterectomy and cytology and 100% correlation is between hystereotomy and biopsy.

viii) Endometrial aspiration cytology and endometrial biopsy showed 80% correlation for diagnosing percanerous lesions hyperplasia and similar correlation in cases of endometrial malignancy.
ix) In this study all cases of cervical malignancy were diagnosed by biopsy but vaginal smear showed the false negative result also.

And all of endometrial carcinoma diagnosed by biopsy but as aspiration cytology showed one false negative case. The reason for this false negative result was that in case of endometrial lesion cells from all areas can not be picked of by aspiration cytology.

x) Present study shows that cytology is nearing accurate for diagnosis of precancerous and cancerous lesions of uterus and cervix.

xi) Thus we can conclude that at least once annually, every women pre and postmenopausal with symptoms or with out symptoms ,but with suspicious findings clinically should be screened by vaginal, cervical and endometrial aspiration cytologies to detect precancerous and cancerous lesions amongst gynecological disease .