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Some Reflections in Relation to the Famous "Clue Cell"

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The term "clue cell" has always caught my attention. When I was studying medicine, it was applied to those cells of the female genital tract that, after being stained with the Papanicolaou method, allowed a reliable diagnosis of Gardnerella vaginalis infection to be made through microscopic examination. It was a cell detached from the squamous epithelium of the vagina, generally superficial, "colonized" by short bacillary bacterial elements.

When I completed my specialization in Pathology, things had changed. It was shown that the observation of the still called "clue cell" certified the presence of a coccobacillary flora, not always associated with symptoms and, therefore, with infection. It could be associated with a simple colonization and it was not always due to Gardnerella vaginalis. Poor Gardnerella was relegated to oblivion in pathology while in microbiology she was always well received.

When I reached the level of knowledge sufficient to boast of being a solvent cytologist, I realized that the term "clue cell" was still alive. Obviously, he already knew that their mere presence is a simple artifact: the bacteria do not colonize the cell, but rather overlap it, forming a peculiar optical effect. Its presence is due to colonization or infection, being associated with symptoms in this case in most cases.

But the term is still curious. Experience and the scientific literature itself lay the foundations for the cytological and histological criteria of multiple pathologies in which the presence of different cell types is essential for making a diagnosis. Moreover, the identification of a single cell could determine it. Therefore, these cells that I am referring to are "clue cells" and have nothing to do with those that we met in our initiation to medicine and gynecological cytology in particular. Yes, in fact there are many types of clue cells. I do not know for how long such a peculiar tradition will continue to be maintained.

However, I would like to play and send a message to teachers who are still determined to continue associating Gardnerella vaginalis, clue cells and female genital tract infection: we can find clue cells in urine. The logical. Taking into account the number of times that the vulvar and vaginal flora contaminate the distal urinary tract of women, many urine samples, mainly obtained by spontaneous urination, show superficial squamous cells with superimposed coccobacillary flora, that is, the same clue cells that we already know. But nobody talks about "clue cells" in urine and it is curious. Next, images of voided urine will be presented in which these legendary cells are observed. The objective of the card, the game, the images... is none other than to respect the term, but to point out that, in medicine, as in other disciplines, there are no absolute paradigms and that many of the statements made should go through the update filter and always embrace the context of the findings, a clinical context that can cause the foundations of claims perpetuated by use to fall and that do not always correspond to reality.

Today, I consider the "clue cells" as an anecdote and I try not to focus on the interpretation of a static image but on the observation of all the elements of a context under the protection of clinical data in order to achieve my goal. : the accurate diagnosis that helps the patient.

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