The Gynocular is a pocket-size monocular colposcope with 5 to 12 magnification, LED illumination, green filter, and rechargeable battery and can be mounted on a camera tripod (see Table 1 and Figure 1).

Materials and Methods
The study was a randomized, crossover, pilot clinical trial for evaluating agreement of diagnosis of cervical lesions by colposcopy using a standard colposcope and a pocket-sized battery-driven colposcope, the Gynocular, in 69 women positive for visual inspection with acetic acid. Swede scores were used at the time of colposcopy and compared with the final histological diagnosis after directed cervical biopsy. To test the level of agreement between the colposcopy and Gynocular, we calculated the percentage agreement and the J statistic. We calculated the detection rates of cervical lesions of the Gynocular and a standard colposcope using biopsy results as criterion standards. All included patients also underwent a Pap smear.

Results
The level of agreement of Swede score between the Gynocular and colposcope was 70.1% and the J statistic was 0.65 (p < .001). Biopsy identified 4 women (6.7%) with cervical intraepithelial neoplasia 1 (CIN 1) and 1 woman (1.7%) with CIN 2; 2 women (3.4%) had CIN 3, and 2 women had invasive cervical cancer (CIN 3+). Pap smear detected 2 women (3.1%) with CIN 1 but did not identify any high-grade cervical lesion. Cervicitis was present in 17 (27.4%) of the Pap smears and in 34 (57.6%) of the biopsies.

Table 1 / Figure 1
The Gynocular is a pocket-size monocular colposcope with 5 to 12 magnification, LED illumination, green filter, and rechargeable battery and can be mounted on a camera tripod (see Table 1 and Figure 1).

Table 2 / Figure 2
Figure 2. Agreement between Gynocular and colposcope (n = 67). Visual representation of the agreement between the colposcope and Gynocular. The dots on the line show scores where colposcopy and Gynocular have perfect agreement.

The points off the line, both above and below the line, are measurements where the 2 measures do not agree, and 1 dot may represent more than 1 measurement alone (see Figure 1). Optics, resolution, and illumination are comparable with a colposcope. The baseline patient characteristics were summarized using means and frequencies and the J statistic (see Table 2).

Table 3
We calculated detection rates of CIN 1, CIN 2, CIN 3, CIN 3+, and cervicitis and compared the detection rate with the obtained Swede score (see Table 3).

Conclusion
The present study shows that in VIA-positive women, a portable, battery-driven, pocket-sized colposcope, which does not require an electric grid, shows a significant level of agreement with stationary colposcopy in assessing cervical lesions.