

# HISTOPATHOLOGY

Pages with reference to book, From 71 To 72

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Surgical pathology has come a long way since 1889 when Friedrich von Esmarch professor of surgery at Kiel had presented the need to establish a histological diagnosis before operating suspected case of malignant tumours. In America the speciality was conceived and developed by surgeons and gynecologists. Surgical pathology implies surgery but presently it is closely affiliated with many branches of medicine where the microscopy not only give the precise diagnosis but also provide the basis for the classification of the lesions and their treatment. Medical specialities in which the diagnosis of the diseases is largely dependent on histopathology includes nephrology, dermatology, neurology and medical oncology. Due to the importance of histopathological examination of the tissues as a tool for diagnosis, there are times some overexpectation on the part of the clinicians from the pathologists. It should be remembered however that the pathologist can furnish precise diagnosis only when (a) the tissues submitted for the histology is adequate and representative, which poses some problem in present endoscopic and needle biopsy era; (b) the disease process studied produces specific microscopic appearance. It is difficult to diagnose ulcerative colitis without clinical correlation and excluding other causes of colitis. Similarly a noncaseating granuloma would mean anything from tuberculosis, crohn's disease, toxoplasmosis to sarcoidosis. The interpretation of the histological appearances is largely subjective due to which the histopathologists are liable to make mistakes, in fact histopathologists have as great a capacity for error and susceptibility to subjective distractions as other practitioners of the art of medicine. There remains appreciable number of unrecognisable lesions specially tumours. Incomplete or incorrect clinical information furnished to the pathologist can make the diagnosis difficult or impossible. Histopathologist must be conveyed all the facts that have any bearing on the case. A good liaison between the pathologist and the clinician is the single most important factor in achieving desirable results out of diagnostic histopathology, such a communication could be maintained well by regular clinic pathological meetings and also sometimes by informal discussions.