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Dictums of Surgery in Cellularism

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A pathological examination is done essentially for a definitive diagnosis of a disease arrived at by a gross and a microscopic assay with a plethora of supplementary tests such as immunohistochemistry, molecular typing etc.

The surgically extracted specimens submitted for examinations primarily are

I) Smaller pieces "BIOPSY" a single or multiple fragments for interpretation, labelled as

1. Core Biopsy – acquired with a large bore needle
2. Incisional Biopsy-with some residual pathology
3. Excisional Biopsy- Complete removal of the diseased portions.

A benign pathology or a malignant continuum is established, primarily with adjuvant testing as required, tumour typification and grading, prognostic outcomes, determination of molecular elucidation, treatment options available.

Apart from carcinomatous eulogies, infectious and metabolic diseases and inflammatory response can also be elucidated.

I) "Surgical Resection" of comprehensive pathologies e.g. amputations, whole organ removal (appendix/gall bladder/uterus) both as a part of designated treatment (radiotherapy/adjuvant chemotherapy), or for the constitutional diagnosis, also to confirm previous diagnoses, competent staging, evaluating surgical margins with the addenda of adjuvants e.g. frozen section/intra operative fine needle aspiration etc.

Gross Exam: Naked eye inspection of surgical specimens, assembling a critical amount of information which can be gathered by simple measures include surgical margins/tumour exenteration into the extra capsular tissue/serosa/adipose tissue/tumour staging etc.

Clinical data, patient identification, anatomical site appraisal should precede the gross estimation. An adequately worded description of the above parameters, written or dictated, are to be incorporated in the final report.

The assembling of adequate blocks are required for representation of the lesion/excised margins/carcinomatous invasion/tumour free zone, both in number and area selection for a faultless assessment and construction of an exhaustive report.

Ancillary tests are also included such as flow cytometer, electron microscopy, genetic algorithms, microbiological cultures etc.

Site, size, shape, weight, consistency, capsule, resected margins, and the cut surface; homogenous or variegated, well differentiated, infiltrating, necrotic, haemorrhagic, cystic, papillary projections, bony or cartilaginous or adipose tissue metaplasia should be rated.

The margins should be inked, differently coloured if required, a section for a centimetre of the tumour, less than two millimetre thick. Fixation up to overnight for adipose or haemorrhagic tissue specimens yields better results as would cutting with a single stroke of the knife.

Elicit the help of the surgeon for better orientation of the specimen to avoid distortion and artefacts, as and when necessitated.

Digital Pathology: A platform for image based dossier sharing using information technology and digital slides which can be envisioned and stored, analyzed and managed on a computer monitor.

A promising tool to attain a faster and a cheaper diagnosis, prognostication and tumour prediction, though not necessarily to outplace the classic, standard glass slides with conventional staining and morphological computation or reconstruction nor expected to elucidate exceptional results.

As the digital slides are easier to share on the computer via the internet and can be used for information sharing for education, second opinions, shared consultation, archives and data retrieval, primary diagnosis, publications, research and virtual microscopy .The digitalism would be integrated in the institutional workflow.

Telepathology: Incorporating the technology of telecommunication to facilitate image analysis and pathological data for primary diagnosis, prognostication, education and research.