The Necessity of Clinical History in Histopathology Reporting

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Clinical history is an essential part of diagnostic procedure of a disease. Since the ancient period of medical practice, clinical history has been contributing to disease diagnosis and helping physicians planning the treatment. Even now, despite the availability of a number of modern diagnostic tools, clinical history remains as important as it was prior to their invention.[1]

Histopathology is one of the key specialties of modern diagnostic modalities on which almost every allied branch of Medicine and Surgery depends for a definitive diagnosis.[2] Physicians and surgeons expect the best histopathology service from the pathologists. But many a times they fail to provide adequate clinical information which can make a histopathology report accurate. One of several studies has shown that 20% of all misdiagnoses result from inadequate clinical history. Studies have also shown that more than 80% of the request forms for histopathological examination in different centers of the world are incompletely filled. Studies have also been carried out to explore the causes of such practice of insufficient information in the requests. The latter studies found the clinicians' lack of awareness, lack of seriousness, and lack of communication with the pathologists as the major causes of such practice.[3,4]

As the histopathology procedural steps are complex, the reporting is inherently error-prone. The pathologists have to go through variations of the processed tissue to understand the histogenesis which is even more complex, overlapping and varied. Morphological mimics are another giant difficulty that needs clinical information to be solved. For example, foam cells in a tissue section can suggest both neoplastic and non-neoplastic lesion. Some tumors and tumor-like lesions often mimic inflammatory lesions and vice versa. Lesions of skin frequently have wide histological differential diagnoses. Starting from the name of the specimen, site from where it is taken, biopsy procedure, duration of patient's illness, use of drugs, food habit, family history, socioeconomic status and even address of the patient – every single factor can be equally important categorizing the microscopic mimics. Relevant information about the patient is of immense help for the pathologist to decide or choose a diagnostic term that will be most useful for the patient management. This is particularly true for rare and complicated cases. Appropriate clinical information also reduces undue delay in reporting and other unnecessary investigations.

Now what if the pathologist doesn't get adequate information from the clinician? What could he or she do from his or her part?

Avoiding all conflicts, the pathologist should take the responsibility. The pathologist must try to make out information from the clinician and/or the patient to solve the problem common to the three parties. He or she should realize that it is his or her report which will be the basis of the next steps to execute on the patient. Over-diagnosis, under-diagnosis or misdiagnosis will adversely affect not only the patient but also the signing consultant, his/her confidence and reputation.

In institutional practice, a computer assisted history taking system (CAHTS) has already been proved to be of great help in many centers of the world.[5] Multidisciplinary team (MDT) meeting is still another highly

effective and 'must practice' process of communication between specialties dealing with particular patients.[6] It can reduce the diagnostic errors to the slightest and ensure the best patient management.

References

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