



Recommendations for pathological anatomy practice

Algunas recomendaciones en la práctica de la anatomía patológica

M Alfonso Valenzuela Espinoza*

The giant gap present between medical instruction and medical practice is known by all. We do not attempt to approach here special circumstances in which this event takes place. We simply would want to point out the fact that perhaps academic enthusiasm which leads us to encompass the greater possible amount of concepts in academic training of pathological anatomy, is of little help to the teacher when embarking in professional practice.

This fact is especially evident in case presentation, since, clinical and pathological correlation of these cases is nil or, at best, minimal. This bears the consequence of attaining a poor analysis of the physiological and pathological aspects of any disease.

Practice of pathological anatomy requires, for obvious reasons, scientific rigor in all methods involved. This is presently lost in the mediocre pursuit of emitting diagnoses only limited by the distinction of malign or benign tumor. This could easily be compared to a simple distinction between black and white. It could then seem that our task would be only geared to establishing that distinction. Reality dictates that diagnoses encompass numberless nuances. To present an example, we might say that there are lesions presenting similar histological findings but exhibiting different biological behavior; in these lesions the simple determination of benign or malignant would not explain the entity.

It is prudent, therefore, to mention examples such as lesions where giant cells (osteoclasts) proliferate; these cells are associated to hyperparathyroidism as well as in giant cells bone tumors. In the first condition, the parathormone participates in osteoclast proliferation. Osteoclasts act in a reactive manner, whereas in giant cell tumors, these cells proliferate in uncontrolled, autonomous fashion, this explains their neoplastic nature. Granuloma are found in the second example; these granuloma are present in different infectious, neoplastic and autoimmune diseases which exhibit dissimilar etiological pathogenicity; they share granuloma presence as a common denominator.

These examples fully warrant analysis of morphological findings with the help of clinical data, imaging studies and laboratory results. There is clear opposition to the continuance of the firstly described practice. In the course of exercising our medical endeavors, we must break present paradigms when emitting diagnosis, and turn to alternative practices. Collegiate determination, which refers to the participation of several physicians in the solution of the problem represents an option which will allow depth in diagnosis elaboration and determination, but especially it will confer reliability to the physician which in turn will provide better treatment for the patient.

www.medigraphic.org.mx

* Anatomical-Pathological Physician. Head of Pathological Anatomical Service. General Hospital, Tijuana, Baja California.