



EVALUATION OF RECORDING OF FACTUAL INFORMATION IN BIOPSY REQUEST FORMS

Dermatology

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ABSTRACT

Background: Biopsy request form is an inevitable tool through which clinician conveys the necessary information to the pathologist. Hence bring in the details precisely and comprehensively is of great necessity. Thus we performed a study to know the comprehensiveness of the biopsy request form.

Methods: All the biopsy request forms from January 2017 to December 2017 were assessed for the following details; demographic details, clinical information, details regarding the biopsy procedure performed, other details such as request for special stains, etc. The details were collected using a comprehensive check list.

Results: 860 biopsy request forms were evaluated. The demographic details, hospital number of the patient, morphology and distribution of the lesions were entered in 100% of the histopathology request forms. Request for special stains when required were mentioned in only 8 out of 48 forms (16.6%). Duration of illness, biopsy technique used and site of the biopsy were missed out in 364 (42%), 108 (12.5%) and 20 (2%) of the request forms respectively. The details of previous biopsy were not mentioned in any of the forms.

Conclusion: Through this study we could assess the insufficiency of the details recorded in the biopsy request form. This could be solved by framing the request form in which all the necessary information are included.

KEYWORDS

Evaluation, factual information, biopsy request form

INTRODUCTION

Biopsy request form is an inevitable tool to convey the necessary clinical information and to intimate the requirements of the clinician to receive the appropriate histopathology reporting from the pathologist. Hence the request from should be precise and comprehensive. Missing out certain essential facts will diminish the accuracy of the histopathology reporting.

The biopsy request forms in many tertiary care hospitals have a standard format which misses out several details necessary for dermatopathology reporting. Pathologists in our hospital seek dermatologist for certain details missed out in the histopathologist request form prior to reporting. Thus we performed a study to know the precision and comprehensiveness of the biopsy request form.

METHODOLOGY

All the biopsy request forms which were filled in during the period of January to December 2017 were evaluated for the details using a comprehensive check list. The following were the details evaluated for; demographic details (name of the patient, age and sex); clinical details (duration of the disease, sites involved, treatment taken if relevant, morphology and distribution of the lesions); procedure details (technique used, site of biopsy); details needed in certain specific circumstances (details of previous biopsy and special stains when needed); other details (name and signature of the requesting dermatologist, hospital number of the patient). The numerical details were expressed as numbers and percentages.

RESULTS

Eight hundred and sixty biopsy request forms were evaluated in this study. Three hundred and sixty four request forms (42%) provided all the required details. The demographic details, hospital number of the patient, morphology and distribution of the lesions were entered in 100% of the histopathology request forms. Request for special stains when required were mentioned in only 8 out of 48 forms (16.6%). Duration of illness, biopsy technique used and site of the biopsy were missed out in 364 (42%), 108 (12.5%) and 20 (2%) of the request forms respectively. The details of previous biopsy were not mentioned in any of the forms. The name and signature of the clinician requesting for the histopathological examination was mentioned in all the forms.

Table 1 briefs the details regarding the number and percentage of the biopsy request forms in which the factual information were not recorded

DISCUSSION

Since the pathologists usually do not see the patients in person, the histopathology request form is indispensable to convey accurate clinical information⁽¹⁾. By not entering certain information, the pathologist might lose valuable clues required for reporting. For example, duration of the illness was not mentioned in 42% of the forms which is essential to know about the chronicity of the disease. The special stains were requested for in only 16.6% of the forms when required which needs to be improved upon.

Site of the biopsy was entered in almost all except for 2% of the forms. The site of biopsy is important as the histopathology of skin differs at various sites for example, parakeratosis in buccal mucosa, thickened stratum corneum and presence of stratum lucidum in palmo-plantar skin, are normally expected histopathological findings which can be mistaken if the site of the biopsy is not mentioned.

Demographic details, which plays an important role in follow up of the patients or retrieval of the patients' clinical details and the previous biopsy details of the patient, was entered in all the request forms in the present study. The name and signature of the requesting dermatopathologist was not mentioned in 5 request forms. This could cause difficulty to the reporting pathologist in communicating the concerned clinician. The medications used by the patients were not entered in 6% of the request forms. This fact is essential since the medications used by the patient can alter the pathological picture. Morphology and distribution of the lesions were entered in all the request forms. This fact is highly essential for the pathologist in understanding the clinical picture.

In this study, certain particulars were missed out in the request form since the form used in our hospital was not designed in such a way so as to include the above mentioned details. Missing out these details can have a negative impact on pathology reporting. Rajaratnam et al⁽²⁾ observed that the diagnostic accuracy of pathologist increased from 55% to 78% when the pathologists were provided with patients history. Rademaker et al⁽³⁾ observed that sufficient clinical information was absent in one third of the request forms they studied. Aslan et al⁽⁴⁾ in their retrospective study to analyze the clinicopathological consistency in skin disorders in 3949 pathology reports, observed that providing a good clinical description in pathology requisition forms increased the diagnostic accuracy

The details that are indispensable for pathology reporting which need to be included in the biopsy request form are as follows:

- Demographic details of the patient which includes name, age, gender, hospital number
 - Date in which the biopsy is performed
 - Brief clinical history and examination which includes onset of the disease, details regarding disease progression, duration of the disease, morphology and distribution of the lesions, relevant systemic findings
 - Relevant investigative findings: blood, radiologic findings, etc.
- Site of the biopsy
 - Type of biopsy performed
 - Details of previous biopsy if performed
 - Request for special stains if required
 - Clinical images of the lesions when needed
 - Name and signature of the requesting dermatologist

Providing the clinical photographs to the pathologist can be valuable at certain instances. Cerroni et al⁽⁵⁾ studied the influence of clinical images on the histopathological reporting in which biopsies were evaluated by nine independent full-time dermatopathologists before and after analysing the clinical images. It was observed that there was a 16.6% increase in the diagnostic accuracy by dermatopathologists after evaluation of the clinical images.

Through this study we establish the fact that the biopsy request form that we currently use in our institution did not prove to be fruitful since several details were missed out while filling it. Many a times the biopsy request forms are filled by the postgraduate students who tend to miss out the details while filling the forms. Thus we make a valuable suggestion to all the institutions to design the biopsy request form including the above mentioned details so that it turns out to be highly comprehensive.

Thus to conclude, we emphasize the necessity of having a comprehensive request form including the above mentioned details to convey the necessary information to the pathologist. We also emphasize the need for having regular clinic-pathological meetings to discuss the dubious slides for better reporting.

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Table 1 number and percentage of the biopsy request forms in which the desired factual information were not recorded

Particulars evaluated in the skin biopsy request form	Number of forms in which the particulars were not entered	Percentage
Demographic details	0 (entered in all the forms)	0
Onset of the disease	364	42%
Progression	344	40%
Duration of illness	88	10%
Medications used	52	6%
Morphology of lesions	0 } (entered in all the Forms)	0
Distribution		0
Size of the lesions	112	13%
Biopsy technique	108	12.5%
Site of biopsy	20	2%
Name and signature of requesting dermatologist	5	0.6%
Hospital number of patient	0 (entered in all the forms)	0

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