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S.Y

Macroscopy of the skin

YPS Macroscopy Course - 2/12/2023

Macroscopy

585





neié







Macroscopy of skin



B 2023



Annular with scaly border

Diagnosis	Clinical presentation	Treatment options			
Tinea corporis	Scaly, annular, erythematous plaques or papules on glabrous skin	Topical and systemic antifungals			
Pityriasis rosea	Small, fawn-colored, oval patches with fine scale along the borders, following skin cleavage lines	Topical and systemic corticosteroids; UVA, UVB			
Granuloma annulare	Indurated, nonscaly, skin- colored annular plaques and papules, usually on the extremities	Topical and intralesional corticosteroids			
Sarcoidosis	Indurated, erythematous plaques	Topical, intralesional and systemic corticosteroids; antimalarials; thalidomide			
Hansen's disease	Erythematous annular plaques, with or without scale	Dapsone; rifampin (Rifadin)			
Urticaria	Evanescent annular, nonscaly, erythematous plaques	Oral antihistamines			
Subacute cutaneous lupus erythematosus	Annular or papulosquamous plaques, with or without scale, on sun-exposed areas	Topical, intralesional and systemic corticosteroids; antimalarials			
Erythema annulare centrifugum	Annular patches with trailing scale inside erythematous borders				

Inflammatory skin disease : clinical information=mandatory Clinical pictures as part of routine method Requires clinical education of pathologist - requires step up in diagnostic challenge Relation between dermatologist and pathologist : education of dermatologist by pathologist and trust from dermatologist in dermatopathologist



Tumoral skin pathology









Dermoscopy in vivo









New method?

- Lesion specific and targeted sectioning
- Economically feasible

(8)

Clinicopathologic correlation

Ex vivo dermoscopy

Arch Dermatol. 2007 Dec;143(12):1548-52.
Ex vivo dermoscopy of melanocytic tumours: time for dermatopathologists to learn dermoscopy.
Scope A1, Busam KJ, Malvehy J, Puig S, McClain SA, Braun RP, Marghoob AA.

• Am J Dermatopathol. 2012 Oct;34(7):710-5. Ex vivo dermoscopy of cutaneous biopsies For melanocytic neoplasms: a retrospective review of 517 cases with histopathologic correlation. Amin K1, Fraga GR







2012 routine EX VIVO DERMOSCOPY (EVD)











Melanoma with ulceration in vivo versus ex vivo





B 2023



Focal diagnostic lesions?









82023

Marking system



2311-51965 kuit collisie nevus df?

Targeted slicing













Guided Cutting





Naevi

Standard method

EVD with DD

Three depths with marked central section

and residual tissue for deeper sections.

Marked section of focal lesions.

Punch biopsy

Random cuts give no central information, focal lesions may be missed. Block can be exhausted for eventual additional stains.





Shaving / curettage

Random longitudinal or transverse sections at three levels result in representative slides of the lesion.



Random longitudinal or transverse sections at three levels result in representative slides of the lesions.



Blind transverse bread-loaf sections with processing of tips results in many slides without lesional tissue.

Oriented sectioning without processing tips results in slides with only lesional tissue.



Small, focal lesions can be transected and risk to get lost in slides.

Focal lesion is dotted and traced in the slide.









Heterogeneity

- Heterogeneity within a biopsy: collision of lesions
 - Incidental benign collision of lesions
 - Collision with diagnostic importance
- Heterogeneity within a lesion:
 - Explanatory of dermoscopic image and excision of lesion leading to diagnostic assurance
 - Prognostic for diagnosis
 - \rightarrow identification of progression in atypical naevi and (naevus-associated) melanoma
 - Reflected in detection of molecular heterogeneity \rightarrow identification of melanocytomas



2011

Haspeslagh M, Degryse N, De Wispelaere I. Routine use of ex vivo dermoscopy with "derm dotting" in dermatopathology. *Am J Dermatopathol.* 2013;35(8):867–869.

EVD-DD 2.0 = PL-EVD-DD-GC-IP

2023

Paperless - Ex-vivo-Dermoscopy - Derm-dotting - Guided cutting - Incl. prioritisation



PL: Digital registration of grossing data





PL: digital annotations on EVD picture





















hermes-consult / start / vorig / aanvraag behandelen Locatie re onder kaaklijn Klinische inlichtingen zeer opvallend pikzwart pigmentletseltje met dermoscopisch starburst patroon S worka/vanilla-js-wheel-zoom - Google Chrome A Niet beveiligd 192.168.1.32:8000/document?document=880844 G. Q DIF Nota MLT: ink spot lentigo? graag FB (mail aub) EVD Afmetingen Online aanvraag/stalen

2311-51350





Naked eye

Ex vivo





Structures















Patchy reticular



Peripheral reticular with central hypopigmentation



Peripheral reticular with central hyperpigmentation

Homogeneous



Peripheral globules/starburst

Y



Peripheral reticular with central globules



Globular



Two components











pseudonetwork







202:0









Miescher - Unna naevi



А

25

Ø



В



Unna naevus

85 0































Economically justifiable?

Extra macroscopy steps Investment money and time?



- Mean # of blocks per case: 1.07
 - Spring 2023
 - N = 13222





it often is good to impressive – DEEPER SECTIONS

End of June-end of July: DS: 142/1061 cases = 13.3%

DS_type	total	perc
DS atypisch epitheliaal letsel	15	10.56
DS atypisch melanocytair letsel	75	52.82
DS fragmenten ontbreken	1	0.7
DS inflammatoir	5	3.52
DS letsel nog niet of onvoll. zichtbaar	28	19.72
DS letsel of epid tangentieel aangesn	201	0.7
DS markering niet zichtbaar	2	1.41
DS opsnijden	1	0.7
DS snedevlakken	14	9.86

1/10 atyp epith1/2 atyp melan1/5 lesion?1/50 new inform

DSNI: 3 cases = (

2%







• Mean # of representative lamellae: 97%



% representative lamellae	# samples	% samples
20	1	0.1
25	1	0.1
33	9	0.91
40	2	0.2
43	1	0.1
50	12	1.21
57	1	0.1
60	3	0.3
67	17	1.72
75	11	1.11
80	9	0.91
83	3	0.3
100	921	92.94

Cfr. traditional method

~	U	~	U U	L	i	U.	1.1		J IN
T-nummer	lokalisatie	lengte excisie (cm)	maximale diameter letsel (cn a	antal cassettes	aantal lamellen	representatieve lamel	tumor in kapje	diepers	reden
T23-15037	abdomen	1,5 x 0,8 x 0,5	0,6	2		5 3	nee	nee	
T23-15033	onderbeen	0,8 x 0,6 x 0,3	0,5	2		4 2	nee	nee	
T23-15024	flank	2,1 x 1 x 0,6	0,8	4		6 3	nee	nee	
T23-15102	onderarm	2,0 x 0,8 x 0,3	0,5	3		7 2	nee	ja	voor de zekerheid
T23-14242	rug	2,8 x 1,4 x 1,2	1,2	3		7 4	nee	nee	
T23-13392	borst	1,7 x 1,0 x 0,8	1,0	2		5 3	nee	ja	voor de zekerheid
T23-13502	buik	1,5 x 0,8 x 0,5	1,5	3		4 3	ja	ja	snijvlak kapjes, DTO
T23-00231	buik	0,6 x 0,3 x 0,2	0,3	1		2 2	nee	nee	
T23-00214	interscapulair	1,2 x 0,9 x 0,5	0,8	2		4 4	ja	nee	
T23-00329	borst	1,5 x 0,5 x 0,8	0,5	2		4 3	ja	nee	
T23-00710	rug	1,5 x 1,0 x 0,6	0,6	2		5 4	ja	ja	snijvlak kapjes, DTO

26 bloc/11 cases =2,4 bloc/case 13328 naar 31733 blocs 1,07 2,4 Represenatief : 35/53=66% Deeper cuts : 4/11=36%



UMC Utrecht TX SARAH!



UZ gent dermato

1,5 bloc per case

07
37
,425287
3%



Dermpat 1,07 97 % 13,3%

UZ 1,5 43% ?

UMC 2,4 66% 36%



Cost efficiency EVD-DD: 13222 stalen

Direct costs

totaal kost zonder afschrijvingen en indir kosten * 4,1 receptie 4,9 proc-macro 3,9 blok 4,6 kleuren 9 immunos 26,5 euro per staal

Number of blocs increases with 18405



18405 x 3,9 + 18405 x 4,6= 71780 + 84663 = 156443 savings in 6m

Correction more macro time from 1 min to 3 min per sample from FE laborante : +30 000 euro / year Savings more than 200,000 euro Without savings on deeper cuts : van 30-50 % naar 13,3% : *30% =7000 deeper extra x 8,5^e= 59500 e Total savings 250ke/year

Time Efficiency!

Time management no screening of negative tissue Focus, concentration on hot areas of lesion Internal control of accuracy



Digital ERA

- Area/surface/number of slides to scan and stock!
 - Double capacity of scanners



Learn dermatology and dermoscopy

Allow and upgrade technicians to participate in the diagnostic proces

Educate them in case specific clinicopathologic macro to produce slides with representative and diagnostic tissue

Resulting in a satisfied dermatologist

well sleeping pathologist with appropriate investment off his time and energy

And a happy and healthy patient









THANK YOU

S 82 B5.