

PATHOLOGY

SKIN BIOPSY SUBMISSION TO PATHOLOGY – CLINICAL INFORMATION**Date issued: Nov 23, 2022**

Skin biopsies make up a significant number of specimens submitted to Pathology at Shared Health. Clinical information is essential for optimal pathologic evaluation of submitted pathology specimens in general, and in particular for medical skin biopsies. Unfortunately, clinical information is often lacking, which may limit the diagnostic value of the pathology report.

Tissue specimens sent to pathology are not simply “lab tests” but consultations to a Pathologist. Clinical information may guide additional steps in the evaluation, and allow a correlative interpretation with histologic findings to provide a more diagnostically specific report. It may be helpful in some cases to contact a skin pathologist in advance to discuss the approach to biopsy or consideration of ancillary testing.

Securing clinical photographs prior to biopsy should always be considered, and is strongly encouraged for complex resections, and for all medical skin biopsies. Indicate on the pathology requisition that clinical photographs are available on request (photographs can subsequently be emailed or sent to the pathologist via Cortext).

For medical skin biopsies (rashes), the following information should be provided:

- The clinical impression / dermatologic differential diagnosis should be provided whenever possible.
- Specific anatomical location and type of biopsy (punch, shave, etc).
- The type of lesion/lesions present (example, macule, papule, vesicle, etc.) or morphologic description, including variations and evolution over time.
- The duration of the lesions, and the distribution on the body.
- Pertinent medical, occupational/exposure and medication history.
- Previous biopsy results if applicable - if performed at a private laboratory results will not be on file at Shared Health.

For solitary/localized skin lesions, the following information should be provided:

- Specific anatomic location, and type of biopsy (if a punch or shave, rather than a surgical excision).
- Indicate if the biopsy is a complete excision, or a partial sampling of the lesion (concerning pigmented lesions should be completely excised for pathologic evaluation, whenever feasible).

- For partial biopsies, indicate the overall size of the lesion.
- The clinical impression should be provided. Merely indicating “lesion” is not helpful.
- For suspicious lesions it may be helpful to mention features of concern. Some findings may not be present in initial histologic planes of sectioning, and gross photos may or may not be available. Awareness of clinical features of concern may prompt examination of additional levels.
- Indicate if the lesion has been previously biopsied or excised.

For nail unit biopsies, clinical photographs and information including the exact anatomical location of the biopsy is very important. If there are any questions in advance of performing a nail unit biopsy or excision, you may contact one of the skin pathologists listed below.

When sufficient information is provided, the pathology report should provide a diagnosis or differential diagnosis that addresses the clinical information provided. The original reporting pathologist should be contacted to discuss the patient if there are any questions about the report, or if the diagnosis does not seem to fit with the clinical picture (either currently or over time). A second opinion review by another pathologist can subsequently be requested if required.

Contact information for Shared Health Pathologists with sub-specialty expertise in skin pathology:

Dr. Sate Hamza office: (204) 787-4613 email: shamza@sharedhealthmb.ca

Dr. Marc Ranson office: (204) 787-2839 email: mranson@sharedhealthmb.ca

Dr. Ken Von Kuster office (204) 477-3180 email: kvonkuster@sharedhealthmb.ca

Pathology office HSC (204) 787-2036 email: HSCPathologyOffice@hsc.mb.ca

References:

1. Harvey NT, Chan J, Wood BA. Skin biopsy in the diagnosis of inflammatory skin disease. *Aust Fam Physician*. 2017;46(5):283-288. PMID: 28472573.

<https://www.racgp.org.au/afp/2017/may/skin-biopsy-in-the-diagnosis-of-inflammatory-skin>

2. Harvey NT, Chan J, Wood BA. Skin biopsy in the diagnosis of neoplastic skin disease. *Aust Fam Physician*. 2017;46(5):289-294. PMID: 28472574.

<https://www.racgp.org.au/afp/2017/may/skin-biopsy-in-the-diagnosis-of-neoplastic-skin-di>

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