

DIAGNOSTIC SURGICAL PATHOLOGY

Volume 2

Third Edition

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LIPPINCOTT WILLIAMS & WILKINS

Diagnostic Surgical Pathology

Third Edition

VOLUME 2

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Preface to the First Edition

We speak of the loneliness of the long-distance runner, but there may be no one lonelier than a surgical pathologist working solo. Those working in large hospitals have the luxury of being able to consult ad lib with one or more pathologists about a given case, and may even have an associate who is a specialist in the area of difficulty. Easy access to consultation is a prerequisite for accurate diagnosis, and, accordingly, for optimal patient care. It is especially critical in those instances when the busy pathologist has a low level of diagnostic doubt, but this is tempered by the need to sign out the case without consultation because of the press of time. Very difficult cases, those readily recognizable as problem cases, are in a sense less troublesome, as the need for a diagnostic consultation is self-evident. Therefore, knowing when and what one doesn't know is of singular importance.

A pathology reference library is the other information source for the working pathologist. Textbook consultation and human consultation go hand-in-hand. In this text we have attempted to emphasize differential diagnosis of the surgical specimen, and to keep to a minimum discussion of the natural history of disease, treatment and autopsy findings. Although no textbook can take the place of a face-to-face discussion of a diagnostic problem (especially over a multi-headed microscope) between two or more pathologists, we have asked our authors to provide the reader with their reasoning in approaching differential evaluation of a biopsy specimen, thereby giving the flavor of a personal consultation. Moreover, the authors for the various chapters have been chosen based not only upon their recognized knowledge of the specific area, but also upon their skill in written communication. Since surgical pathologic diagnosis is a visual exercise, the book is generously illustrated with color and black-and-white photographs. In addition, the chapter authors have been liberal in their use of references, thereby enhancing the value of their presentations for the reader who wishes additional information.

The Section Editors have worked closely with the chapter authors to ensure that the objectives of the text are met; namely, that it is a treatise on the diagnosis of conditions which confront the surgical pathologist. In summary, the goal of the Editors is that this book will be a working companion, and thereby be accorded a place adjacent to the microscope of the reader.

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Preface

In reviewing the preface to the Second Edition of *Diagnostic Surgical Pathology* (as good editors should), we discovered that we could (rhetorically, of course) repeat the first paragraph of that preface for this Third Edition and remain quite modern. We noted then that, “pathologists are inundated by ever increasing immunologic stains for lymphocytes, leading to new ways to classify lymphomas and, of course, raising questions about where to put the ‘nouveau riche’ lymphomas, if indeed they belong in a separate category.” In the intervening years, of course, new lymphomas have continued to be described at a feverish pace.

Progress in pathology is also reflected by the startling advances in immunohistochemistry and molecular biology. In fact, new journals have appeared to cover both these highly active subjects, and existing journals have expanded to include this subject matter. Our authors have updated and rewritten much of the content of *Diagnostic Surgical Pathology* to reflect these advances.

Nevertheless, let us not forget that the basis for all diagnostic surgical pathology remains to be paraffin sections and hematoxylin and eosin stains—they are the cornerstones of our profession. Therefore, we continue to stress the importance of routine light microscopy in daily practice. Our authors have succeeded in presenting to the reader the latest information on both old and new entities for all organ systems. We trust that the reader will find the Third Edition to be an even more valuable diagnostic tool than the two previous editions.

Among the many new additions is the REAL classification of the lymphomas with a review of the equivalents according to earlier classifications. In addition, there is an introduction to the proposed WHO classification of lymphoma. There is an update of gut lymphomas, as well as an expanded discussion of cutaneous lymphomas. The new classification of papillary urothelial neoplasms has been added based on a meeting of the International Society of Urological Pathology. Newer aspects of kidney tumors are also represented in a new classification.

Other gastrointestinal topics include details of gastric and other intestinal tract stromal tumors, and, especially noteworthy, the relation of these tumors to the interstitial cells of Cajal. A major new addition to the non-neoplastic intestinal chapter is the discussion of inflammatory lesions of the mesentery and retroperitoneum.

In the breast chapter, among many other items, there is an updated discussion of ductal carcinoma *in situ*. The sections on medullary carcinoma and cystosarcomas are also expanded. Newer techniques in handling breast specimens, as well as prognostic markers are summarized. In the genitourinary area, the updated classifications are presented, both for the kidney and the urinary bladder. In the non-neoplastic kidney chapter there are greatly expanded discussions of glomerulonephritis, basement membrane abnormalities, and Alport’s syndrome. In the Wilm’s tumor area, there is an added discussion on focal and diffuse anaplasia and, of course, the latest on PMET’s. The recent advances in regard to prostate cancer, in particular the early stage of the disease, are well presented.

In the thoracic section, the latest on immunohistochemical differentiation of pleural lesions is presented, which should be of great practical value. There is now a better understanding of the testicular germ cell tumors and their response to chemotherapy. A complete update on the status of intersex problems, reflected by the advances in clinical cytogenetics, has been added.

The almost exclusive use of color photography has greatly enhanced most chapters. This is most notably reflected in the chapters on neoplastic and non-neoplastic pulmonary disease and salivary gland lesions. Finally, the list of references for most of the chapters has been divided by subject matter to facilitate use.

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Diagnostic Surgical Pathology

— *Third Edition* —

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