Frozen Section Library: Lymph Nodes

Edited by

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The Frozen Section Library series is to provide convenient, user-friendly handbooks for each organ system to expedite use in the hurried frozen section situation. This monograph, *Frozen Section Library: Lymph Node*, is a volume in the Frozen Section Library series. The Lymph Node volume discusses intraoperative approaches to evaluating both lymph node and extranodal tissues for hematolymphoid disorders. Since frozen sections are not routinely recommended for evaluating tissues for hematolymphoid disorders, this volume also highlights the usefulness of other techniques, such as touch preparation cytology in the frozen section room. In addition, other techniques, such as fine needle aspiration (FNA) cytology, as well as FNA biopsy are discussed as alternative approaches. This volume also suggests proper handling for subsequent ancillary studies, including flow cytometric, cytogenetic, and molecular studies. In addition, this volume discusses evaluation of lymph nodes for non-hematolymphoid malignancies and benign mimics.

This book serves as a very useful resource for physicians in the frozen section room and in intraoperative consultation situations dealing with, and interested in, this very complex field of diagnostic pathology. This user-friendly handbook focuses on practical diagnostic issues and is divided into chapters that emphasize the common questions a pathologist must answer during frozen section examination and provides guidance for the differential diagnosis of various
histologic patterns. Special emphasis is given to the limitations of frozen section diagnosis in lymph node pathology. The chapters are written by experts in their fields and include the most up to date scientific information. The book targets on pathologists, residents, and fellows, who diagnose pathologic processes involving lymph nodes as well as hematolymphoid disorders involving extanodal tissues.

Although this volume addresses technical and interpretive issues involved in intraoperative consultations, one must remember that clinical context frames differential diagnoses, and good clinical histories help the pathologist direct diagnostic attention appropriately. When key information is lacking, differential diagnoses become unnecessarily narrow or broad, and interpretation suffers. It may be unreasonable to expect the pathologist to accurately classify an abnormal cell population in the absence of appropriate clinical history. Particularly important is any prior history of malignancy, as the possibility of a new metastasis from a historically remote neoplasm must be considered in the differential diagnosis of a new metastatic process. Although the impetus for clarity, completeness, and accuracy of diagnosis ultimately lies with the pathologist, the clinical team must provide an accurate account of relevant history and an intraoperative diagnosis should not be rendered in a clinical vacuum. Because one cannot always rely on this level of communication, a frozen section room setup with ready access to an online medical record can help avoid some of the shortcomings of histories provided on pathology requisitions.

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