



Making better rash decisions

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If you've gone to the effort of performing a biopsy for a skin rash you typically want a specific diagnosis in the pathology report. Consequently, it is usually frustrating for you and your patient if the report you receive only provides a general non-specific conclusion, such as "spongiotic reaction".

How to optimise your reports

The best way to get better, more specific diagnoses from your skin pathologist is to provide them with a more complete clinical history when requesting histology.

As many inflammatory skin conditions have a similar histologic appearance, without a good clinical history the pathologist may struggle to come to a specific diagnosis (see figure 1).

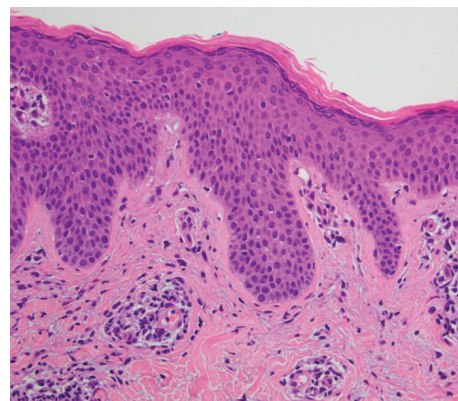


Figure 1. An example of a mild spongiotic reaction with hyperkeratosis, a light lymphocytic infiltrate and a few eosinophils. The histologic differential diagnosis includes subacute eczema, pityriasis rosea or a drug eruption. Clinical information is required for a more specific diagnosis.

Fortunately, with a more complete clinical history, an experienced pathologist is more likely to arrive at the correct diagnosis.

Key features to include

A useful clinical history does not need to be exhaustive (see table 1). Key features to include are age, gender, anatomical distribution of the rash, type of rash, anatomical site of the biopsy and duration of the rash.

| | |
|-----------------------|--|
| Most important | Age Gender Distribution of rash Type of rash Site of the biopsy Duration of rash |
| Helpful | Systemic symptoms New medications Prior medical history Recent travel details Infectious contacts Prior treatment of rash |
| If possible | Likely differential diagnoses Diagnoses to exclude Clinical photograph |

Table 1. Useful clinical information to include when requesting histology for a rash

It is also helpful to indicate whether there has been any treatment for the rash, as this may modify the histologic appearance. For example, corticosteroid therapy will often reduce the degree of inflammation in the biopsy, while a partially treated fungal infection will make fungal hyphae harder to find.

If the clinician has differential diagnoses they consider likely, or diagnoses they want to exclude, this information should be included in the pathology request.

Colour clinical photographs can be particularly helpful to an experienced dermatopathologist when assessing an inflammatory skin biopsy.

Finally, if the pathology report that you receive back does not appear to fit the clinical findings, it is usually helpful to contact the reporting pathologist to discuss the case further.

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Dr McQuillan is an Anatomical Pathologist with particular expertise in dermatopathology. A graduate of the University of Otago, he completed

his pathology training in Adelaide and Melbourne.

As the coordinator of registrar training, Dr McQuillan has a central role in pathology education at Melbourne Pathology, teaching both pathology and dermatology registrars.

Dr McQuillan has a strong commitment to ongoing professional development. He is a member of both the Australasian Dermatopathology Society and the International Society of Dermatopathology. Recently, Dr McQuillan was successful in the ICDP-UEMS Board Certifying Examination for Special Qualification in Dermatopathology.

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