



REPORT

AN UNUSUAL KIDNEY TUMOR

Peer-Reviewed Case Report
by James Romnes

A 76 year old male had a two month history of weight loss, worsening abdominal pain, and elevated white cell counts. Initial CT scan showed a cystic lesion in the right kidney that was thought to be an abscess. The patient was given antibiotics without significant improvement. A follow-up MRI confirmed a 7.5 cm mass with central necrosis.

Surgery was performed and a 1370 gm kidney with substantial attached perirenal adipose tissue was delivered to pathology [Fig.1].



[Fig. 1] Kidney with abundant perirenal adipose tissue

The bivalved specimen had a grossly circumscribed 8.0 cm solid mass in the upper pole. The mass had a rubbery consistency and central pallor [Fig. 2, 3 p. 3].

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MIAMI BEACH CONFERENCE

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GROSS PHOTOS

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Tips & Tricks



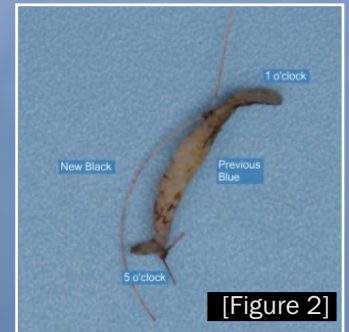
EDUCATIONAL PATHOLOGY:

Tips and Tricks

Contributed by Bill Ahlfeld



[Figure 1]



[Figure 2]

Photo-Op

A picture is worth a thousand words. This sentence has ended every column (including this one) since its inception. And what does it mean? Often, photography can say in a single picture, what would require a large explanation, or maybe couldn't even be described clearly with words. So, how can we as PAs benefit most from this technology?

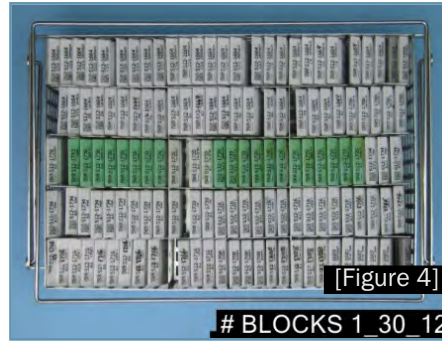
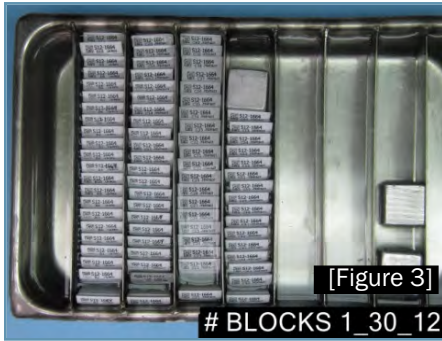
While we are all accustomed to taking pictures of interesting surgical specimens, or those requested by surgeons or protocol, there are other benefits a photo can provide. We recently purchased the MacroPathD photo setup and software from Milestone.

While this column is not meant to be a product endorsement, this equipment has made it much easier to take pictures. It is installed right at the bench and is always available, without the required setup time and movement of the PA to another photo area required of other options. This software also allows annotation of these pictures right at the bench. Text boxes for orientation, arrows, and other shapes, sizing rulers (made accurate by the fixed depth of view), as well as section labeling can all be demonstrated on the image.

While the increased ease of completing the standard photograph requests has been nice, the new equipment has stimulated us to think of other ways we can use the technology to our benefit. Some of these ideas are mentioned below in the hope that they might help others or stimulate additional ideas to share.

Recently, our lab moved the histology, cytology, and microbiology sections offsite (8 miles away) to allow for increased space for the remaining sections. For the anatomic pathology section, this has caused several changes in the way we are able to interact. Previously, when there was an issue with how a tissue section should be embedded, the histotech or lab aide could ask the submitting PA for their assistance. This is no longer possible, in person. We have used the photos to assist with this. Recently, I had a skin re-excision specimen consisting of a thin (2-3 mm width) crescent shaped ellipse of skin, representing the new 5-1 o'clock margin [Figure 1].

(cont. on the next page)



EDUCATIONAL

PATHOLOGY: (cont. from previous page)

The pathologist needed the specimen serially sectioned to examine the previous vs. new margins. This resulted in small, 2x2x2 mm fragments of tissue that needed to be embedded properly. Cutting and placing these small pieces in cassettes was risky so I turned to the photo for help. After inking the specimen (blue ink to represent the previous margin and black ink to represent the new margin), I annotated the photo to demonstrate what I had done and the orientation provided by the surgeon [Figure 2].

We then emailed the photo and sent the specimen in a single cassette without sectioning. The histotech then sectioned the specimen as we discussed (cross sections from 5 o'clock to 1 o'clock). The picture was also sent to the dermatopathologist for reference as well. Everything went smoothly the next morning and the pathologist was able to sign out the case without difficulty.

With the move offsite, we have looked for ways of tracking the receipt of the blocks. (Grossing is done at the hospital, and the blocks are collected in the processor baskets and sent to the specialty lab in formalin to be loaded on the processors.) Although not instituted yet, we are able to take photos at each step of the process. The first picture is of the tray kept at each grossing station which is loaded by the PA throughout the day [Figure 3].

The next picture is of the loaded basket ready for the processor [Figure 4].

Either picture can be 'zoomed' to check for a specific block, either easily on the software or by opening the file (.jpg) and manipulating the image [Figure 5].

This allows for tracking of any specific block at each step. The receiving aide at the specialty lab could also use the basket photo as a reference to verify (along with a computerized block log) that each listed block was received and loaded on the processor.

We have also experimented with photographing the actual paper requisition, which could be printed as necessary, but would save the need for storing all the paper reqs. These are just a few of the recent opportunities we have taken advantage of utilizing the photo equipment. Maybe these will benefit you in your practice, or stimulate you to share additional ideas with us.

Do you have a special tip or technique that has helped you with your workday? Care to share it with your fellow PAs? Members can email their suggestions to tipsandtricks@pathassist.org. If photos will help the clarity or brevity of your tip, please include these with your message. (Remember (again): a picture is worth a thousand words.) ■