

Research paper 21

An audit on completeness of the core data in histopathology reports of peripheral neuroblastic tumours

H. G. D. Thilini¹, S.A. Guneratne²

¹Teaching Hospital, Karapitiya, Sri Lanka

²Lady Ridgeway Hospital for Children, Sri Lanka

Introduction and objectives: Neuroblastoma is the fourth most common childhood tumour. Histopathology plays a major role in the diagnosis of peripheral neuroblastic tumours (PNBT), a family of tumours arising in embryonal remnants of sympathetic nervous system, accounting for 7-10% of tumours in children. The aim of this study was to assess the completeness of histopathology reporting of PNBT according to Royal College of Pathologists (RC PATH) guidelines and set out a standard reporting proforma for our local setting.

Methodology: Histopathology reports of all PNBT reported at the Lady Ridgeway Hospital from 2017 to 2023 were included. Clinical, macroscopic and microscopic core data items were assessed.

Results: A total of 86 PNBTs were reported. The data criteria most often not reported was the pre- or post-treatment status (14%) followed by the sites of separate lymph nodes (8%), number of nodules present and nodular variant subtype (11%), grade of tumour differentiation (28%), necrosis (67%), calcification (67%) and immunohistochemistry utilized two neuroblastoma antibodies (77%). All other criteria were included in over 90% of reports.

Discussion and conclusion: Separate lymph nodes were usually not received in our setting. The absence of tumour necrosis and calcification was not mentioned. Macroscopic identification of nodules is important in the nodular variant subtype of neuroblastoma. Owing to low economic status, performing two neuroblastoma antibodies is impossible. Clinicians must be promoted to provide the treatment status. Guidelines are to be set in order to include important macroscopic findings such as the presence of nodules. Documenting the negative findings must also be encouraged.

Keywords: peripheral neuroblastic tumours, PNBT, neuroblastoma, histopathology

Corresponding author: Dr. Thilini Gamage
Department of Histopathology,
Teaching Hospital, Karapitiya, Sri Lanka
t.gamage1983@gmail.com



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