J Cytol Histol 2016, 7:3(Suppl)
http://dx.doi.org/10.4172/2157-7099.C1.006

Liquid based cytology, a propose of a new diagnosis method for canine lymphoma

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Canine lymphoma is the most common hematopoetic tumor in dogs. Its diagnosis can be achieved through fine needle aspiration (FNA) and lymph node biopsy. In a biopsy it is possible to define the phenotype; on the other hand there is a need to use anesthesia for this procedure. At the time of diagnosis, dogs are usually in too frail state for an invasive procedure; hence a non-invasive test will be useful for avoiding patient exposition to risk procedures. Until now, the biopsy and conventional smears (CS) are the methods available to perform lymphoma diagnosis. The method of liquid-based cytology (LBC) is available in human medicine about two decades ago but it has not yet become a clinical routine in veterinary medicine. Using FNA in large lymph-nodes, the liquid-based cytology method keeps the cells better preserved, including its cytomorphological features. The aim of this study is to compare the renowned CS method with the liquid based cytology one. Dogs suspected of being afflicted by lymphoma have been diagnosed using lymph nodes aspirates and afterwards these aspirates samples have been analyzed using both previously described methods (FNA and LBC). Our results with the samples in LBC (Thinprep® stained H&E) and the samples in CS (stained diff quick) show the LBC leads to a clean and uncontaminated sample making it possible to better analyze results and suggesting future molecular techniques, immunocytochemistry in LBC using anti-CD3 and CD20 are under analyses by our groups. The LBC method is an option for diagnosis canine lymphoma.

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Diagnostic values of fine needle aspiration cytology versus core biopsy for evaluating breast lesions

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Background: Fine Needle Aspiration Cytology (FNAC) is a well established technique in the biopsy of breast masses, although there has been a trend toward using Core Needle Biopsy (CNB). The aim of our study was to compare the effectiveness of both FNAC and CNB in identifying breast lesions.

Methodology: A retrospective, comparative hospital based study conducted on 209 patients who underwent either FNAC and/or CNB breast lesions and had histopathological confirmation with surgical biopsy during the period from January 2010 to May 2015.

Results: There were no false positives and only one false negative in CNB, while FNAC showed 3 false positives and 20 false negative results. The sensitivity, specificity, positive predictive value, negative predictive value and accuracy for FNAC were 79.4%, 96%, 96.3%, 79.6% and 87% respectively. CNB had 97% of sensitivity, 100% for both specificity and positive predictive value, 75% of negative predictive value and 97.6% of diagnostic accuracy.

Conclusion: FNAC still regarded as the first method to evaluate less invasive breast lesions. CNB should be performed for equivocal diagnostic cases especially when evaluation of invasiveness or histological type of breast lesions is needed.

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