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Clinical Image

Sampling makes a difference in surgical pathology

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We report an interesting case wherein we received a lymph node [Figure 1] for processing; the lymph node showed reactive lymphadenitis; however, at the edge; there was a small attached connective tissue. That connective tissue harboured granulomatous tuberculous inflammation, clinching the diagnosis of Tuberculosis, which otherwise would have been missed. Therefore, if complete good material obtained by surgical biopsies is sent to one laboratory for diagnostic review, it will aid in diagnosis and reduce chances of error.

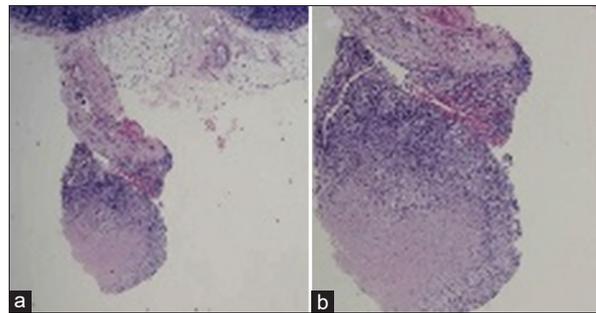


Figure 1: (a) Reactive lymph node showing connective tissue at edge. (b) Connective tissue edge showing granulomatous lymphadenitis.

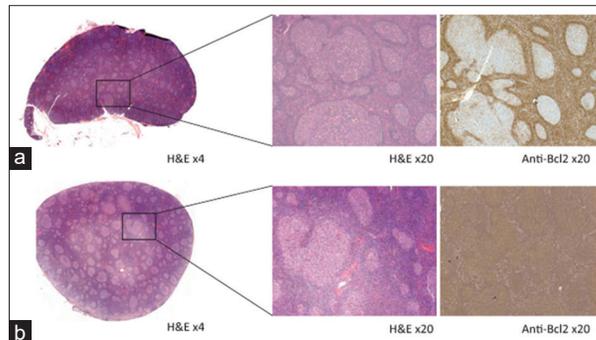


Figure 2: (a) A small section of lymph node for examination and IHC (immunohistochemistry). (b) Section taken from the same lymphnode for examination and IHC; showing presence of Mantle zone lymphoma. (Picture taken from google for illustrating purpose).^[1]

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Single lymph-node [Figure 2] for histopathological examination. It is important to know value of correct sampling. Above image Figure 2a shows a small section taken for examination and Immuno-Histo-Chemistry (IHC); which shows a reactive process in the lymph node. Figure 2b shows a different section taken from the same lymphnode for examination and IHC; showing presence of Mantle zone lymphoma.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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