

DERMATOPATHOLOGY

CLINICOPATHOLOGICAL CONSISTENCY IN DIAGNOSIS OF SKIN DISEASES IN MONGOLIA

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Introduction: Diagnosing skin diseases requires both clinical and histology changes in some cases. Histopathological diagnosis of skin disorders is usually based on the clinicopathological correlation. There is no study has been done in Mongolia to evaluate consistency between clinical and histological diagnosis, so far.

Objective: To determine consistency between clinical and histological diagnosis of skin diseases

Materials and methods: We retrospectively reviewed 1052 biopsy reports from 01 Jan 2016 to 31 Feb 2017 in the National Dermatology Center of Mongolia. We divided biopsy reports into 5 groups: 1) definite pathological diagnoses consistent with the first clinical diagnoses, (2) definite pathological diagnoses consistent with the second clinical diagnoses (3) definite pathological diagnoses consistent with the third clinical diagnosis (4) definite pathological diagnoses consistent with the fourth clinical diagnosis (5) definite pathological diagnoses inconsistent with clinical diagnoses.

Results: 925(87.9%) cases had histological diagnosis while 127(12.1%) cases had no histological diagnosis. 262 (86.1%) of 304 cases with no preliminary diagnosis had histological diagnosis whereas 42(13.48%) cases had no histological diagnosis. 650 cases had preliminary clinical diagnosis whereas 304(28.9%) cases had not. Clinical diagnosis of 386(59.38%) cases was consistent with histological diagnosis whereas 264(40.62%) cases was not consistent. First clinical diagnosis of 362(93.8%) cases, second clinical diagnosis of 22(6.5%) cases, third and fourth clinical diagnosis of 1(0.03%) case were consistent with the histological diagnosis, respectively.

Conclusion: Therefore, in a dermatology clinic, lack of clinical descriptive and preliminary diagnostic information for pathology requisition forms might affect final pathological diagnosis.