

## Dysplastic naevi: WHO reclassifies histological grading

In its new classification of skin tumours, the World Health Organisation has made recommendations regarding the grading of dysplastic naevi. As this is a topic that has attracted considerable controversy and debate, Dr Fiona Lehane of our dermatopathology team has prepared a comprehensive paper, *'Dysplastic naevi - the controversy continues'* to provide you with essential information and insights into the changes.

### Key points

1. The entity 'mildly dysplastic naevus' has been removed from the World Health Organisation's classification of dysplastic naevi.
2. Dysplastic naevi are now to be graded as 'low grade dysplastic naevus' (previous moderately dysplastic naevus) or 'high grade dysplastic naevus' (previous severely dysplastic naevus).
3. Current data suggest no further treatment is necessary for dysplastic naevi with low grade dysplasia (previous moderately dysplastic naevi) in which there are clear histologic margins and no pigment evident clinically (unless there was a high level of pre-biopsy clinical concern).
4. Re-excision with a 2-5mm clinical clearance is recommended for high grade dysplastic naevi (previous severely dysplastic naevi) with involved histologic margins.
5. There is growing evidence that observation may be reasonable for low grade dysplastic naevi (previous moderately dysplastic naevi) with histologically involved margins, if they were excised with clinically clear margins and no residual clinical pigment is observed. More data may be required before this is accepted into clinical practice.
6. There does not appear to be a clear consensus regarding whether high grade dysplastic (previous severely dysplastic) naevi require re-excision if completely excised with clear margins, albeit less than 2mm.

### SNP adopts WHO recommended grading for dysplastic naevi

At Sullivan Nicolaides Pathology we have adopted the recommended changes to grading dysplastic naevi. Lesions previously reported as 'moderately dysplastic naevus' are now graded as 'low grade dysplastic naevus'. Lesions previously reported as 'severely dysplastic naevus' are now graded as 'high grade dysplastic naevus'. Your reporting pathologist is available to discuss this. Their contact details can be found on each histological report or at [snp.com.au](http://snp.com.au).

A copy of the bulletin can be found at [snp.com.au](http://snp.com.au).

### About the author

#### Dr Fiona Lehane

BPhy MPhy(Qual) MBBS(Hons) FRCPA Cert Dermatoscopy Dip Dermatopathology (UEMS)

Dr Fiona Lehane graduated in Medicine from The University of Queensland with Honours in 2004, having previously trained and worked for nine years as a physiotherapist. She completed her medical internship at the Royal Brisbane and Women's Hospital in 2005, and went on to train in anatomical pathology at the Princess Alexandra Hospital. Dr Lehane joined Sullivan Nicolaides Pathology in 2011 and spent six months at the Tugun laboratory before joining the dermatopathology team in Brisbane.

In 2018, Dr Lehane was successful in attaining a certificate in dermatoscopy and in the ICDP-UEMS Board Certifying Examination for Special Qualification in Dermatopathology.

She is a member of the Australasian Dermatopathology Society and the Australasian Division of the International Academy of Pathology and regularly attends dermatopathology conferences both in Australia and internationally.

She has several publications, and is involved in research as well as teaching anatomical pathology and dermatology registrars. Fiona also participates in SNP skin education seminars for general practitioners.

## Patient test collection instructions

### New instructions available

SNP provides collection notes to assist patients with preparing for pathology collections. These can be supplied to your clinic as a full set, and reordering of notes is simply done with your pathology stores order.

Four recently-updated notes are now available.

Collection notes can also be downloaded from [snp.com.au](http://snp.com.au) or order with pathology stores.

Glucose tolerance test	Item 34159
Semen collection	Item 35170
Sweat test	Item 34007
Urea breath test	Item 34181



## Important information: changes to collection devices

### New swab kits for PCR molecular testing

Respiratory viruses and/or *Bordetella pertussis* (purple-top kit):

Sigma Transwab – Liquid Amies dual swab kit, allows for use of the same swab samples for both microbiological culture and PCR molecular tests.

The kit contains two swabs: a large bud swab for throat collections and a small bud swab for NPS collections.



Other sites (orange-top kit):

Sigma Transwab – Liquid Amies, replaces the previously supplied black-top swab. The kit contains one large bud swab for use on most body sites. If a smaller swab is needed the smaller swab from the purple-top kit can be used.



**Further information:** A bulletin outlining the new collection recommendations is available to download from [snp.com.au](http://snp.com.au) or contact your Medical Liaison Manager.

### Cervical cytology collection

We are transitioning to new packaging of the cervix sampler and endo-cervix brush. Previously supplied in bulk packaging, the new devices are now individually wrapped. The cervical scraper and cotton applicator are still supplied in bulk packs.



### Important to check expiry dates of all devices and media

This is a reminder to check expiry dates of all devices to avoid re-collection. Specimens collected into kits with preservative media are of utmost importance. Using expired media may compromise specimen integrity and a re-collection may be advised. If you have out-of-date stock, please discard and order new stock.

**For more information on collection devices or any of the articles please contact your Medical Liaison Manager 1300 767 284. A stores request form is available to download from [snp.com.au](http://snp.com.au)**

## Infectious diseases reports update

Our microbiologists continually monitor the infectious diseases circulating in our region to provide you with easy-to-read, up-to-the-minute reports.

### Circulating respiratory virus weekly reports

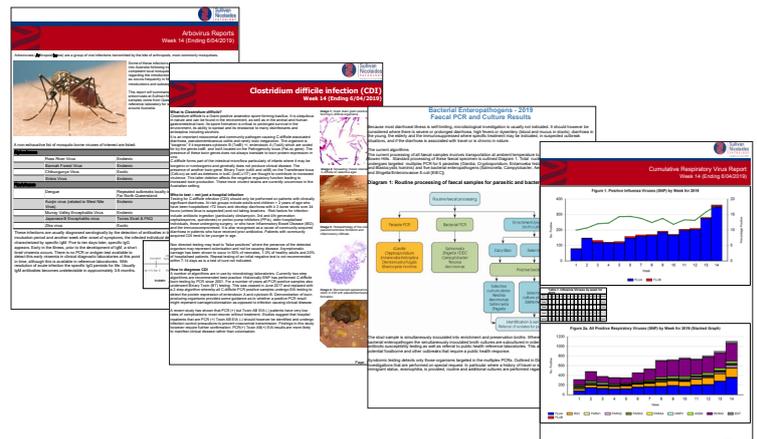
With significantly higher rates of circulating influenza A, this is a reminder that weekly respiratory virus reports are available to help you in managing your patients.

These cumulative reports comprehensively cover all significant infectious respiratory diseases circulating in our area of service and include influenza A and B, parainfluenza 1, 2, 3, and 4, human metapneumovirus, adenovirus, rhinovirus and enterovirus. They are updated each mid-week. Data are comprised of the results of direct detection of respiratory viruses by PCR.

<https://www.snp.com.au/clinicians/results-and-reporting/infectious-disease-reports/>

### Infectious diseases weekly reports

- Respiratory viruses
  - *Clostridium difficile*
  - Arboviruses (Ross River, Barmah Forest and Chikungunya)
  - Faecal enteropathogens
- Updates occur mid-week.



### Latest antibiograms available

The latest aggregated yearly reports of cumulative antibiograms are now available on the Sullivan Nicolaides Pathology website.

These reports for community patients, residential aged care facilities and hospitals, can be a useful resource to inform empirical therapy recommendations as per Therapeutic Guidelines and for local antimicrobial stewardship groups in formulary management.

The provision of yearly antibiograms by health care facilities is now required in the National Safety and Quality Health Service: (NSQHS) Standard 3 (3.14.3).

Data consist of isolates collected across Sullivan Nicolaides Pathology's area of operations in Queensland and Northern New South Wales.