Quality assurance and medical audit in histopathology

In the Bulletin of the Royal College of Pathologists, there is a report under this heading that “Council has given consideration to the means for encouraging quality assurance and medical audit in histopathology. It recommends that histopathologists should form ‘slide-clubs’ at which material of interest and importance be used. Experts should be invited to discuss specific topics and exchanges of material between different slide-clubs encouraged. The geographical distribution of these clubs should be such that all histopathologists should be able to participate on a regular basis.”

Is this really the sum of what Council has achieved in its discussion of this important issue? The suggestion that histopathologists should form slide-clubs certainly lacks originality, but in any case the way in which these are advised to function can in no way be regarded as a form of quality assurance or medical audit. What constitutes medical audit in histopathology is perhaps debatable but there is a wide range of options available for both macro- and microscopic work (see Bibliography).

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References


Bibliography


Confusion of terms “birefringence” and “optical activity”

There is a tendency for authors of histopathological studies to use the term “birefringence” when “optical activity” is intended. The first term means double refraction or having two refractive indices, which is shown by passing a beam of light through a crystalline solid and observing that the beam is split into two rays. Optical activity is a different property which applies to some solids and liquids and indicates that a beam of polarised light is rotated when passing through them. This is the phenomenon studied in tissue sections when examining for foreign bodies, crystals, amyloid etc.

The apparent confusion between these two properties of matter possibly arises because each of the two rays issuing from a birefringent crystal—for example, a Nicol prism—consists of polarised light and may be used as a source of such light.

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Platelet storage in PL 146, CLX and Biotest 733822 Plastics

The Oxford Transfusion Centre recently confirmed the superiority of the PL 732 (Travenol Laboratories Ltd) polylefin packs over the conventional PL 146 packs for platelet storage over five days. Since the PL 732 packs are now no longer available in the UK we have now tested two other packs designed for extended platelet storage; CLX from Cutter Ltd and 733822 a new pack from Biotest-Folex Ltd.

Whole blood (450 ml) was collected from 31 healthy donors who had taken no drugs during the previous seven days. All donations were taken into CPD anticoagulant, 7 into Travenol PL 146 packs serving as controls, 12 into Biotest-Folex 733822 packs and 12 into Cutter CLX packs. Each platelet concentrate
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