Prevalence of atypical naevi in a general pathology practice

I read with interest the recent article by Seywright et al on a proposed subclassification of "dysplastic naevi" based on architectural and cytological atypia. Their results showed that out of 100 melanocytic naevi reviewed, 38 were regarded as being atypical—that is, exhibited either architectural atypia alone or in combination with cytological atypia. Such a high prevalence in this series most likely reflects the source of the material, which was the university department of dermatology, which has a referral centre for pigmented lesions and, indeed, as the authors correctly pointed out, that such findings should not be regarded as representative of the incidence of atypical naevi in the Scottish population as a whole.

Prompted by these results I decided to review the histology of 114 consecutive melanocytic naevi reported in 1985 from a general pathology practice consisting of two consultants, one of whom has a special interest in dermatopathology. The Table illustrates the main findings using the terminology suggested by Seywright et al in their article.

From these results it can be seen that about 6% of all the melanocytic naevi in this series were in the atypical category. This figure compares favourably with those of previous reports in which the prevalence of "dysplastic naevi" in the general population was estimated to be about 5%.

R NORTON
Department of Pathology,
Southern General Hospital,
Glasgow,
Scotland G51 4TF

References


<table>
<thead>
<tr>
<th>Total No of melanocytic naevi</th>
<th>Banal naevi</th>
<th>Atypical naevi</th>
<th>Architectural atypia</th>
<th>Architectural and cytological atypia</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td>107</td>
<td>7</td>
<td>6</td>
<td>1</td>
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This monograph gives a full account of the role of aspiration biopsy cytology in the diagnosis of prostatic pathology. The clinical value of the method in primary diagnosis and in the management of established malignant disease is emphasised, as is the importance of clinical cooperation in the skilled collection technique. The cytological appearances and the pitfalls in diagnosis are described and illustrated. Although the photomicrographs are generally of a satisfactory standard, in some chapters they seem to be rather repetitive. A chapter on immunocytochemistry has presumably been included because of the contribution the technique can make to the diagnosis of metastatic prostatic disease. A section devoted to the cytology of "dysplasia" is somewhat surprising as this controversial diagnosis cannot contribute to clinical care. Although this book makes no further important contribution to the accounts given in the existing texts, particularly the Scandinavian ones, it might prove useful in departments with a special interest in prostatic pathology.

HELENA E HUGHES


This volume attempts to overcome the shortcomings of SNOP and SNOMED for the ultrastructural pathologist, providing a coding system that should occupy the T-YX section of SNOMED. The problems of ultrastructural coding in diagnostic work are considered in the introduction, and as they are defined in that section, seem to be adequately resolved here. As entertainment, the test is less compelling than HB Morton's List of Huntingdonshire Cabmen, but when used to classify six ultrastructurally studied biopsies it proved effective and simple to use.

CL BERRY
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R Norton

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