Necropsy organ weights are largely useless

In 1993 the Royal College of Pathologists published Guidelines for Post Mortem Reports. The guidelines may well have led to improvements in necropsy practice but were unrefereced and their evidence base was unstated. They have been praised as a gold standard for audit of necropsy reports, and reiterated in an editorial in this journal.

Most of the guidelines are sensible but I question the recommendation, in adult necropsies, of routine weighing of organs. Excluding the heart, the weighing of which can provide important information (particularly when the ventricles are weighed separately), organ weights are of little or no value. The apparent weight of an organ depends on dissection technique and on the accuracy of the weighing balance. In common with other branches of pathology, a numerical result should always be accompanied by the normal range, corrected for the patient’s sex, age, and body size. I suspect very few of us comply with this basic rule. However, even if we were to provide reproducibly accurate and referenced weights, they would not be of use to our clinical colleagues, who are accustomed to clinical evaluation of organs, supplemented by imaging techniques in which, at most, a single linear measurement of an organ is given. To be of use, our necropsy practice should reflect these assessments.

The purpose of the necropsy report is to communicate the findings of the necropsy to others, be they clinicians, coroners, or others. We should stop this ritualistic, pseudoscientific practice and concentrate on providing a relevant, meaningful service to our colleagues.

T H W BARKER
Department of Histopathology and Cytopathology, Norfolk and Norwich Hospital, Brunswick Road, Norwich, Norfolk

We obtained the following comments on this letter:
From Dr R D Start
Dr Barker is correct in his statement that the Royal College of Pathologists’ publication Guidelines for Post Mortem Reports has led to improvements in necropsy reporting. This is clearly evident within recent reports of the National Confidential Enquiry into Perioperative Deaths (NCEPOD). The necropsy report guidelines currently provide the only national audit standard for the quality of necropsy reports and I would agree that an appropriate evidence base is desirable. This was one reason behind my suggestion for national practice guidelines for necropsy.

I am surprised that the routine weighing of organs is in question. Normal organ weight ranges, corrected for patient sex, age, and body size, are available and can be used if necessary. Some variation may occur with dissection technique but this would be consistent for individual pathologists and could be addressed in any national practice guidelines. Furthermore, weighing organs and including organ weights in necropsy reports recording all five weights in the initial necropsy reports at the time of the audit, improving to 84% at the time of re-audit. This could be taken to suggest that at least a proportion of pathologists are unwilling to record data that they perceive as meaningless.

As one of the pathologists who reviewed the necropsy reports at the time of the audit, I would have to say that there were very few instances where the weight of the organ other than the heart contributed to the quality of the report. I would have to agree that from my own personal viewpoint, together with my impressions gleaned from the audit, the routine weighing of organs as a foolproof, useful purpose, provides no information to clinical colleagues, and should cease.

M J GODDARD
Department of Histopathology, Papworth Hospital, Cambridge University Teaching Hospitals Trust, Papworth Everard, Cambridge

We obtained the following comments on this letter:
From Dr M J Goddard
In our paper, we included the measurements of major organ weights (heart, lungs, brain, liver, and kidneys) as one of the audit criteria. We do not consider this a gold standard but set this audit standard on the basis of the guidelines of the Royal College of Pathologists, together with a consensus view of the pathologists whose reports were used in the audit.

It is interesting to note that in the audit, this was the area of the internal examination which was done least well, with only 73% of reports recording all five weights in the initial audit.


The editors have done a marvellous job, more than fulfilling their stated aim of producing a volume describing the multidisciplinary state of modern pathology which will be of interest to a wide range of readers. The book is beautifully produced with excellent colour photographs and line diagrams which clearly explain the practicalities described in the text. I was particularly interested...
impressed by the many tables and flow charts, which can be used as aids to decision making.

All aspects of pathology are covered and it is very easy to find the specific information one needs; the first page of each chapter has its own index, there are summaries of topics at the top of each page, and the general index is detailed and comprehensive. Each subject is clearly introduced with relevant background information. Practical details are easy to follow and alternative methods discussed. Attention is paid to the interpretation of results and to the use of quality controls. At the end of each chapter future directions are covered and there is a useful further reading list. The unifying theme to the book is the application of similar methods to different disciplines. Microscopy and molecular techniques are referred to frequently and it is obvious that a common language is developing between pathologists. This welcome situation will be helped considerably by this work, which should be on the bookshelf of every laboratory. The availability of a version on CD-ROM will increase its appeal.

D M BARNES


Immunologists may well wonder whether there is any need for another volume to complement the many excellent texts that already exist on clinical immunology. Gavin Spickett explains why he wrote the book, saying it was for selfish reasons in that the book that he would like to have had was not available when he was a trainee. Therefore the volume has to be assessed from two points of view: first, does it fill a need in the market, and second, does it meet Dr Spickett’s own requirements?

In my opinion the answer to both questions is yes. The volume is up to date, comprehensive, and easily referenced. The text includes information on both clinical and laboratory immunology and has useful appendices on quality and managerial issues which laboratory trainees will find particularly valuable. Skipping through the volume, I find it is generally very up to date, for example the section on X linked lymphoproliferative disease identifies the cloned gene, information about which was only published in Nature in October 1998.

In a volume such as this, one’s attention tends to get drawn to areas of one’s own particular interest and not surprisingly not all contributions are similarly up to date. I found it surprising that the section on HIV infection did not mention combination antiretroviral therapy, particularly protease inhibitor therapy, or viral load testing in any detail, and also indicated that there was no value in sequential monitoring of CD4 counts once they had fallen below 0.05—information that is clearly incorrect following the advent of new treatments.

However, such criticisms are minor in what is otherwise an excellent volume, and I applaud Dr Spickett’s omission of fundamental immunology which has little or no place in such a book. I think that immunology trainees will find this volume invaluable, as will most of their trainers, but whether the market will be larger than the 150 or so individuals that this group comprises remains to be seen. I certainly cannot see many SHOs in general medicine carrying this book along-side the many other small slim volumes that currently sit in RMO’s pockets, but I may be proved wrong on this too. GRAHAM BIRD

Correction

Because of an error in the publishing process, Dr Ibrahim’s Best Practice article in the February issue (Guidelines for handlingoesophageal biopsies and resection specimens and their reporting, vol 53, no 2, pp 89–94) has been numbered 155 instead of 156. Reprints of this article will be numbered correctly, as will references to the article in our in-house Best Practice advert that appears at the end of each issue. We apologise for this error.

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T H W Barker

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