Prevalence of atypical naevi in a general pathology practice

I read with interest the recent article by Seywright et al 1 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%. 2-4

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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>
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<tr>
<td>114</td>
<td>107</td>
<td>7</td>
<td>6</td>
<td>1</td>
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This volume brings an era to an end; that of Dr Sommers who fathered, conceived, and delivered the series for 20 years. His stated philosophy of bringing contributions from mature and experienced professionals to the public in a form that was understandable by all has largely been fulfilled, and we owe him a gratitude. The present Annual fairly reflects the trends set in the past. The choice of topics is eclectic, if at times uneven, but there is much to think about, though not necessarily all. First, we have a book within a book, the extensive review of head and neck cancers, complete with diagrams, charts, statistics, and backed by a mass of detailed and up to date information. The chapters on endocrine cell hyperplasias, divergent differentiation in neoplasms, and diversity of osteosarcomas have a similar message: there is more to it than meets the eye. Tumour host interactions, papilloma virus induced neoplasia, midline granuloma syndrome, atypical mycobacteria, the vexation of mesothelioma-hyperplasia v neoplasia, aspiration cytology of the liver are all useful, if not definitive accounts. We also have the usual literary contribution, this time on infanticide in 18th century England. The price for the book, however, remains high.

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