

The Journal of the Association of Clinical Pathologists: A Registered Charity

Editor: David Lowe

Assistant Editor: Helen Holzel Technical Editor: Andrea Horgan Editorial Assistant: Mavis Burrell

BMA House, Tavistock Square, London WC1H 9JR; Tel 0171 383 6209

EDITORIAL BOARD

ID Davies IS Lilleyman GL Ridgway DR Turner AL Appleton FV Flynn DA Winfield CC Bird AJ Malcolm C Roberts AW Boylston DJ Goldie JH McCarthy DN Slater B Woodcock D Burnett JHE Hayek RN Peel **RC** Spencer Editor, BMJ J Crocker FD Lee **RS** Pereira D Tarin

Former Editors

AG Signy 1944-72 HEM Kay 1972-80 G Slavin 1978-88 J Lilleyman 1986-92

Association of Clinical Pathologists

President: Dr WR Timperley; President-Elect: Dr PM Emerson; Vice-Presidents: Dr PJ Fitzpatrick, Dr JD Davies; Chairman of Council: Dr DM Harris; Honorary Secretary: Dr AJ Malcolm; Honorary Treasurer: Dr AC Ames; General Secretary: Mrs JS Turner, 221 Preston Road, Brighton BN1 6SA; Tel: (01273)561188; Fax: (01273) 541227

Information for Authors

Papers should be sent in duplicate to the Editors, Journal of Clinical Pathology, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Telephone numbers: 0171 383 6209/6154. Fax number: 0171 383 6668. They should be typewritten with double spacing on one side of the paper only. The names of the authors with initials or one forename should be followed by the name of the institution where the work was performed. An indication of the position held by each author must be given in an accompanying letter to the Editors, and this should include the signatures of all authors on papers with joint authorship. Guidelines on authorship are detailed in J Clin Pathol 1986;39:110. Results should not be shown as both tables and graphs, and histograms should not be used where tabular information would be more appropriate.

ARTICLES Papers should usually be no more than 2000 words long and should report original research of relevance to the understanding and practice of clinical pathology. They should be written in the standard format with a structured abstract. The abstract should contain the headings Aims, Methods, Results and Conclusions and be no more than 250 words long. The body of the paper should have separate sections for the introduction, the methods and the results, and the discussion. If statistics are used the methods and confidence intervals should be stated. Authors are urged to seek expert advice if in doubt. Revised manuscripts should be submitted as hard copy and on disk. Detailed instructions will be sent to authors on invitation to revise. Occasional Articles have a less rigid format, being 1500-2000 words in length. They are usually invited by the editors, though unsolicited submissions will be considered. Single case reports and brief papers (such as those describing negative findings) will usually be considered only as Short Reports. The format for these is an unstructured 150 word summary, up to 1500 words of text, up to two tables or figures (or one of each) and no more than 10 references. Letters to the Editor should normally refer to previously published papers or make some point about the practice of pathology. They are not intended to be a vehicle for the presentation of new data unrelated to earlier Journal articles.

ACKNOWLEDGMENT OF RECEIPT A stamped addressed postcard should be enclosed for return to the author as acknowledgment of receipt of the manuscript. Overseas authors should enclose international reply paid coupons.

ETHICS The critical assessment of papers submitted will include ethical considerations.

ILLUSTRATIONS Diagrams should be reproduced photographically. The legends for illustrations should be typed with double spacing on a separate sheet. Photographs and photomicrographs must be of high quality in full tonal scale on glossy paper, and unmounted. Only salient detail should be included. Areas without tissue ("background") should be as near white as possible. The width of illustrations should be 6.7 cm, 10.2 cm,

13.7 cm or, in exceptional circumstances, 17.4 cm, to fit the column layout of the Journal. Colour reproduction is welcomed and is subsidised by the Journal; for details of costs to the author please contact the Journal office.

ABBREVIATIONS Abbreviations must be spelt out on first use or be accompanied by explanation in the text. The use of non-standard abbreviations and acronyms should be avoided.

Symbols and abbreviations should be in the Vancouver style.

UNITS All measurements should be given in SI units.

REFERENCES The references must be given in the Vancouver style.

REPRINTS These may be ordered when the proof is returned. Prices for large numbers of reprints available on request.

NOTICE TO ADVERTISERS Applications for advertisement space and for rates should be addressed to the Advertisement Manager, *Journal of Clinical Pathology*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR.

The Journal of Clinical Pathology is published monthly. The annual subscription rates (including Clinical Molecular Pathology) are £265.00; USA \$418.00. Orders should be sent to The Subscription Manager, Journal of Clinical Pathology, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Subscribers may pay for their subscriptions by Access, Visa, or American Express, by quoting on their order the credit or charge card preferred, together with the appropriate personal account number and expiry date of the card. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, may also be sent to the British Medical Journal, Box 408, Franklin, MA 02038, USA. All enquiries, however, must be addressed to the publisher in London.) All enquiries regarding air mail rates and single copies already published should be addressed to the publisher in London.

COPYRIGHT © 1995 Journal of Clinical Pathology. This publication is copyright under the Berne Convention and the International Copyright Convention. All rights reserved. Apart from any relaxations permitted under national copyright laws, no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior permission of the copyright owners. Permission is not, however, required to copy abstracts of papers or of articles on condition that a full reference to the source is shown. Multiple copying of the contents of the publication without permission is always illegal.

Second class postage paid, at Rahway N. J. Postmaster to send address changes to: Journal of Clinical Pathology c/o Mercury Airfreight International Ltd. Inc., 2323 Randolph Avenue, Avenuel, NJ 07001, USA. ISSN 0021-9746.

Cover illustration: Langerhans' cell histiocytosis involving bone marrow. Supplied by Professor JS Lilleyman.

Published by BMJ Publishing Group and printed in England by Latimer Trend & Co., Plymouth

Correspondence

Isolated testicular vasculitis mimicking a testicular neoplasm

I read with interest the case report by Warfield et al1 in which the authors state that ... presentation with clinical features suggestive of neoplasm is exceptional . . ." in an isolated vasculitis. I have recently reviewed five cases of testicular and epididymal vasculitis2 in which two patients presented with testicular swelling and associated signs and symptoms of systemic vasculitis. Three patients, however, had localised gonadal disease and, in these, as the diagnosis of an isolated vasculitis is primarily made by the histopathologist after resection it is, perhaps, unsurprising that the associated testicular swelling was clinically mistaken for a neoplastic process.

The orchidectomy specimens from four of the patients and the epididymectomy from the fifth all showed a similar spectrum of histology in which the vasculitic process occurred mainly in medium sized and small arteries and veins and ranged from full thickness fibrinoid necrosis of the vessel walls to marked fibromuscular intimal proliferation. Interestingly, giant cells of both Langhans and foreign body type were identified within the vessel walls and scattered throughout the parenchyma in two cases. On comparing the isolated vasculitic patient group with those in whom gonadal disease was part of a systemic process, no histological differences were identified that could be used as prognostic indicators of disease progression. Consequently, as also suggested in the case report by Warfield et al, close clinical follow up should be advocated for all patients who present with a localised necrotising vasculitis of this region.

> T LEVINE St Mary's Hospital, Praed Street, London W2 1NY

- 1 Warfield AT, Lee SJ, Phillips SMA, Pall AA. Isolated testicular vasculitis mimicking a testicular neoplasm. J Clin Pathol 1994;47:1121-
- Levine TS. Testicular and epididymal vasculitides: Is morphology of help in classification and prognosis? J Urol Pathol 1994;2: 81-8.

Dr Warfield comments:

We thank Dr Levine for her interest in our report. Two of Dr Levine's cases do share similarities, showing isolated vasculitis confined to the testis without apparent epididymal or systemic disease, albeit in an older age group, but none exhibited evidence of recent testicular infarction. It was this aspect of our case, appearing cystic and heterogeneous on ultrasonography, which was taken as strong supportive evidence for the clinical diagnosis of a neoplasm.

We agree that presently there appears to be no histological difference which might enable reliable distinction between systemic vasculitis with testicular involvement and isolated testicular vasculitis. Whether the isolated cases merely represent an unusual site of presentation and carry a risk of subsequent progression to systemic disease, and what that risk might be, has yet to be determined. We would also like to stress again that careful follow up of such cases is therefore needed.

Notices

Oxford Regional Cytology
Training School,
John Radcliffe Hospital
presents the
Non-gynaecological & fine
needle aspiration cytology course

5-9 June 1995

This one week course is suitable for trainee medical and MLSO staff. Some accommodation is available.

Course fees: Employees of ORHA—No charge for the course, but £10.00 is required to cover administration and hospitality costs. Others: £350. The FNA cytology component may be attended separately on 8–9 June. Fee: £100.

Course Organiser: Dr I D Buley, Consultant Pathologist, Histopathology & Cytology, John Radcliffe Hospital, Oxford OX3 9DU.

Further details from Miss Patsy King on 0865 220510.

South Thames West Regional Cytology Training Centre 1995 Training Courses

FNA Course for Pathologists: 9 May—Includes practical aspects and a microscopy session.

Non-Gynaecological Cytology Workshop for Pathologists:

11 May—Lectures and microscopy to include major organs.

Two day Pre-Certificate of Competence Course:

4 and 5 September—For MLSOs and cytoscreeners preparing for the Certificate of Competence exam.

Four week Introductory
Gynaecological Course for MLSOs
and Cytoscreeners:
2 to 27 October.

Gynaecological Update Cytology for Pathologists: 14th November.

One week Introductory Non-Gynaecological Cytology Course for MLSOs:

20 to 24 November.

One week Gynaecological Update Cytocology Course for MLSOs: 27 November to 1 December.

Half day Breast Workshop (Regional EQA): 4 December—Lecture and microscopy.

Gynaecological Cytology Refresher Course for MLSOs: 7 December.

For further information, please contact: Dr Grace McKee or Mrs Jennifer Walker, Department of Cytopathology, Royal Surrey County Hospital, Egerton Road, Guildford, Surrey GU2 5XX. (tel: 01483 571122 ext. 4374/4373; fax: 01483 453615).

Royal Brompton National Heart and Lung Institute presents the

Practical adult cardiovascular pathology course on

Monday 16 October 1995

Course organisers: Professor M J Davies and Dr M N Sheppard.

This practical "hands on" course approaches in detail the problems that face the diagnostic pathologist when dealing with cardiovascular pathology. The approach to a cardiac necropsy and sudden death will be emphasised. Cardiac specimens will be made available for dissection and analysis and practical demonstrations as well as video demonstrations will be highlighted. A slide seminar with slides distributed to all participants is included. The course is aimed at trainees studying for the MRCPath and also at senior pathologists who wish to update their knowledge.

Course fee: £75.00 (includes coffee, tea and lunch). There is a special fee of £50.00 for juniors in training.

For further information, please contact: National Heart and Lung Institute, Dovehouse Street, London SW3 6LY (tel: 0171 351 8172; fax: 0171 376 3422).

Sheffield Cytology Training School

Courses for Medical Staff 1995

An Introduction to Non-Gynaecological Cytology

17-19 May 1995

A three day course for junior medical staff providing both a practical and theoretical introduction to non-gynaecological cytology. Course tutors will include invited guest lecturers. Course fee (including refreshments): £250.

Cytopathology for Histopathologists

19-23 June 1995

An intensive five day course of lectures and practical instruction by local and visiting speakers suitable for the MRCPath or Diploma in Cytopathology or for established consultants requiring an update. This course is timetabled to run consecutively with the Autopsy and Diagnostic Histopathology Courses organised by the Sheffield University Department of Pathology. Course fee (including refreshments): £350. This course has been approved for the Royal College of Pathologists CME Scheme and course participants in career grade posts will qualify for 5 CME points per day.

Accommodation is available on site at a modest additional charge.

For further information, please contact: Mrs EM Hewer, Manager, Sheffield Cytology Training School, Northern General Hospital, Herries Road, Sheffield S5 7AU (tel & fax: 0114 271 5500).