CONCLUSIONS

Patients with suspicious urine cytology with a negative initial evaluation should have a repeat urine cytology examination six to eight weeks later. Asymptomatic patients with negative repeat cytology and patients with an obvious benign pathology that can explain their abnormal result do not require repeat evaluation. Patients with persistent positive cytology or recurrent haematuria need further careful evaluation, including assessment of the prostate. Most patients in this group will subsequently be found to have an underlying malignancy.

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- (6) Please issue duplicate slides for further management: I still don't trust you.
- (7) 2500 ml of urine from a dipsomaniac, to look for malignant cells: I didn't know how to discard it.
- (8) 0.5 × 0.5 cm axillary node for FNAC, patient is HIV positive: I don't have the nerve to biopsy it.
- (9) **Please** look for *Helicobacter pylori*: the consumer forum president has become flatulent; scopy's normal, tummy's no trouble; dig into that haystack, find a needle, and save us all from the ordeal.
- (10) Request for a complete necropsy on a patient who died 420 days after an aspirate from a lipomatous swelling on his right little toe: we don't know why he died, but we're hoping to pin the blame on you.

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Teaser

POPULAR PATHOLOGY REQUISITIONS: THE HIDDEN MEANING

- (1) For urgent processing: pleeease, the boss is breathing down my neck, and I haven't the faintest clue what this is, save me!
- (2) Diffuse mildly enlarged thyroid: I didn't feel it, the boss did.
- (3) Ill defined nodularity in the upper, outer quadrant of the right breast for FNAC: I saw you joblessly loitering in the canteen, so I'm sending some business your way; enjoy the hide and seek!
- (4) 22 year old woman with vaginal bleeding every 28 days, to rule out endometrial pathology: now, I am jobless.
- (5) FNAC benign, frozen section to rule out malignancy: buddy, I don't trust you.