

# Clinicopathologic evaluation of 100 skin biopsies in Afzalipour Hospital, Kerman, Iran

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**Dear Editor,**

Skin biopsy is an essential investigation for dermatologists. The technique used to obtain a specimen for microscopic evaluation and may have a significant impact on the ability of the dermatologist to make a correct diagnosis. In Afzalipour Hospital, a tertiary center, 100 skin biopsies were prospectively reviewed during a three-month period in the autumn of 2013. These biopsies were taken from the Dermatology Clinic of Afzalipour Hospital, which are all managed by different dermatology residents and the same paramedical personnel. These biopsies were separately reviewed by different dermatology residents and a dermatopathologist before a final diagnosis was made. The correlation between the pathologist and the dermatologists was high at 90% agreement. Another study found a clinicopathologic correlation of up to 75% by the treating dermatologists<sup>1</sup>. The high correlation seen here might be due to the active participation of the dermatology residents in reviewing the dermatohistopathological slides and the open discussion between the dermatology residents

and the dermatopathologist. Table 1 shows the pattern of skin diseases diagnosed by skin biopsies in Afzalipour Hospital.

Derived from the data, it is interesting to note that 13% ( $n = 13$ ) of the skin biopsies were drug-related dermatoses, constituting the second commonest skin lesions biopsied. Eczematous changes were seen in 38.46% ( $n = 5$ ), psoriasiform changes in 23.07% ( $n = 3$ ), vasculitic in 15.37% ( $n = 2$ ), lichenoid in 7.7% ( $n = 1$ ), erythema multiforme in 7.7% ( $n = 1$ ), and fixed drug eruption in 7.7% ( $n = 1$ ) of drug-related dermatoses. Other studies found that morbilliform rash comprised the majority of the cases clinicopathologically<sup>2,3</sup>. This is in marked contrast with the current study where eczematous changes were the commonest drug-related dermatoses.

Another interesting finding was the high proportion of cutaneous lymphoma. Cutaneous lymphoma was seen as the second most common malignancy comprising 20% ( $n = 2$ ) of the 27 cases of cutaneous malignancies. It ranked behind basal cell carcinoma with 50% ( $n = 5$ ) and squamous cell carcinoma with 20% ( $n = 2$ ). Malignant melanoma was seen in only 10% ( $n = 1$ ) of the cases. Malignant

**Table 1.** Pattern of skin diseases diagnosed by skin biopsies in Afzalipour Hospital

Skin disease	Number of cases	Percentage
Benign tumors	16	16
Drug-related dermatoses	13	13
Infectious diseases	11	11
Eczema	9	9
Papulosquamous disorders	12	12
Malignancies	10	10
Connective tissue diseases	5	5
Vasculitis	5	5
Non infectious granulomatous disorders	2	2
Vascular disorders	2	2
Urticaria	1	1
Non-infectious bullous disorders	6	6
Lymphatic disorders	1	1
Folliculitis	1	1
Non-specific changes	6	6
Total	100	100

melanoma was the acral lentiginous type. In Singapore, Koh *et al* noted that basal cell carcinoma comprised 55.6% of the 4765 skin cancer cases seen from 1968 to 1997, followed by squamous cell carcinoma with 29.5% and malignant melanoma with 5.9%<sup>4,5</sup>. Although the frequency of basal cell carcinoma and squamous cell carcinoma was almost similar, our study showed that cutaneous lymphoma was more common in Afzalipour Hospital compared to malignant melanoma. However, due to the small number of cases, this finding cannot be conclusively confirmed. In conclusion, the high clinicopathologic correlation and the pattern of drug-related dermatoses and cutaneous malignancies in our study differed from other studies.

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