



THE BIOPSY

दि बायप्सी

दि कम्पलीट डॉयग्रोस्टिक एण्ड टेलीरेडियोलॉजी सोल्यूशन
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“ ‘BIOPSY’..... RATHER THAN.....” FNAC” सम्पादन : डॉ. राजेश कुमार गुप्ता

Please choose biopsy...!

This is not an era of FNAC, except in certain situation.!!!

for Example-Certain Cystic or partially Cystic lesions like, thyroid and breast lesion are only limited indications for FNAC.

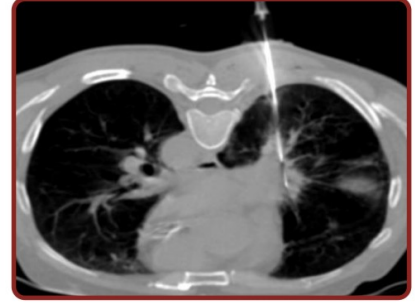
In present scenario ; in era of 2023 tumoral FNAC is not advisable because of- Aspirate of all FNAC only can reveals-whether it is malignant or not, if aspirate is adequate. No tissue differentiation or tissue typing; i.e. Squamous cell carcinoma or Adeno or un- differentiated carcinoma cannot be identified.

The tumor and tissue differentiation is only possible with biopsy. Sample obtained in biopsy is directly characterize histopathology and Same Truecut pieces are applicable in modern gold standard immunohistochemistry (IHC).

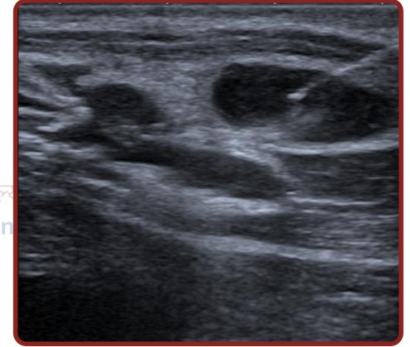
Biopsy is also needed in genetic and mutation study of tumor for precise chemotherapy workup as well as responsiveness of chemotherapeutic agent.

In case of infective situation, the biopsy procedure allows better for microbiology and tissue PCR / evaluations CBNATT.

Modern Co-axial biopsy system and automated & semiautomatic needle are more suitable ranging between 18-20 Gage size does not make major difference with FNAC needle of 20-24 Gage sized.



A : Representing a case of CT guided biopsy (FNAB) of right hilar neoplasm; which converted into adenocarcinoma. Further subclassification has been performed through same token pace by immunohistochemistry.



B: Representing FNAC (aspiration cytology) containing lymphoid component with altered situ neoplasm aggressive. Attachment further biopsied since FNAC was not conclusive; and turned into B cell nodular lymphoma.



Website QR Code

■ MRI ■ CT ■ Image Guided Biopsy ■ Pathology

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Learnig Punch Point :-

- FNAC might also require multiple punctures for aspirate retrieval.
- Visual tissue satisfaction, review reporting and later on IHC (immunohistochemistry) is only compatible and possible only with biopsy.
- FNAC is being discouraged in era 2023.
- IHC is now gold standard with histopathology, which need tissue biopsy.

Genetic and chromosomal mutation study of tumor is only possible in biopsy.

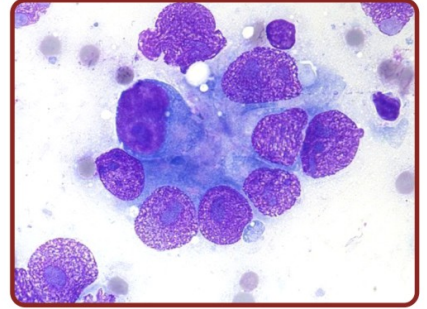
In infective condition-biopsy in helpfull in culture, microbiology and P.C.R. typing.

Golden Point:-

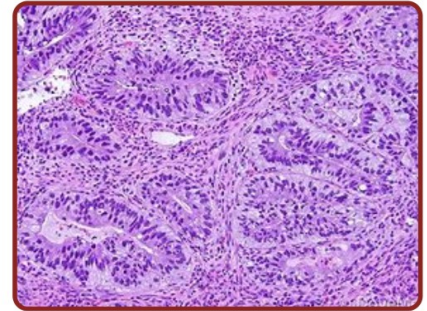
- In Case of any Superficial (Cervical/Supraclavicular or Axillary) Lymph notdes : FNAB is mandatory; since FNAC would be misover or inconclusive in more than 90% case.

Diagnosis of Lymphoma & its typing is not possible in FNAC.

Needs always "Biopsy" or Excision Histo & Followed by IHC.



Adeno Carcinoma Lung: This is an image of the Cytology slide representation from FNAC.



Adeno Carcinoma Lung : This is an image of histopathology slide representation from True Cut Biopsy.

॥ अंतर्दृष्टि ॥

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सहयोगी संस्थान



**THE BIOPSY ADVANCE
MRI IMAGING**



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