First Hope

PRACTICAL NOTES

Click here to visit our website

FIRSTHOPE / MBBS

MBBS Practical Notes

From first-year laboratory work to final-year clinical stations.

FIRST YEAR / SECOND YEAR / THIRD YEAR / FINAL YEAR

Get the FirstHope app

Explore study resources in the app.

Click here to get the app >

Scan or click here

FirstHope MBBS

firsthope.co.in/mbbs/

Click here to explore MBBS >

Systemic Pathology Organ and Tumour Spotters

Practical 11 / Spotter and viva

Aim

Use organ-specific gross or microscopic findings to compare common benign, inflammatory and malignant processes.

Principle

Tissue invasion and altered architecture are central clues in tumour assessment. Organ-specific patterns and supporting tests guide classification.

Materials and Requirements

- De-identified gastrointestinal, liver, lung, cardiovascular, renal and reproductive teaching specimens or images
- Prepared breast, thyroid, bone and skin slides or digital fields

Procedure

1. Identify the organ and specimen type and describe lesion distribution, consistency or visible invasion as supplied.
2. Orient each specimen and note whether it is an intact organ, slice, excision or biopsy. Mark side where known, locate the lesion and document dimensions from the supplied scale.
3. Compare organised architecture with disorganisation and atypia on the image. State the limits of the view.

Continue with step 4 on the next page.

Procedure Continued

Systemic Pathology Organ and Tumour Spotters

4. Compare expected architecture with what is visible at the lesion edge and centre. Record circumscription, necrosis or invasion when the view supports it, then verify at higher power.
5. Rotate through organ pairs such as cirrhotic liver and steatosis, lung consolidation and tumour, and benign breast lesion and invasive carcinoma.
6. At each paired station choose one gross and one microscopic discriminator. Examples include nodular fibrosis versus fatty change in liver or orderly glands versus infiltrating atypical glands in breast.
7. For the assigned tumour image identify the relationship to surrounding tissue and any supplied margin or node information. Keep observations separate from staging that requires a full record.
8. For each spotter record two discriminators, one relevant clinical feature and a confirmation or staging question.
9. Give a concise response per tag with organ, lesion pattern, evidence and remaining diagnostic information. Check that specimen labels and sketches are traceable to the correct case.

Precautions

- Treat teaching images as selected views.
- Use anonymised examples and avoid concluding stage from a spot image.

Observations and Interpretation

Systemic Pathology Organ and Tumour Spotters

Observations and Record

Item	What to record	What it tells you
Organ and lesion	Site and two visible features	Supports a defensible identification
Differential	Closest mimic and discriminating clue	Explains the reasoning
Further assessment	Sampling, stain or clinical staging question	States what morphology alone cannot settle

Worked Example

On a supplied thyroid image, true papillary architecture plus characteristic nuclear findings supports consideration of papillary carcinoma. Review the whole section and the report before classifying.

Result and Interpretation

Build a labelled spotter record with observations and purpose-specific confirmation.

Viva Questions and Answers

Why assess invasion?

It helps distinguish relevant benign, in situ and invasive processes.

What helps differentiate a mimic?

A specific visible feature supported by the specimen and clinical context.

First Hope

PRACTICAL NOTES

Click here to visit our website

FIRSTHOPE / MBBS

MBBS Practical Notes

From first-year laboratory work to final-year clinical stations.

FIRST YEAR / SECOND YEAR / THIRD YEAR / FINAL YEAR

Get the FirstHope app

Explore study resources in the app.

Click here to get the app >

Scan or click here

FirstHope MBBS

firsthope.co.in/mbbs/

Click here to explore MBBS >