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INTEROBSERVER VARIABILITY IN REPORTING GASTRIC DYSPLASIA

Mehdi ALIMEHMETI,
Majlinda IKONOMI

University Hospital Centre "Mother Theresa", Department of Anatomic Pathology and Forensic Medicine, Faculty of Medicine, University of Tirana

Abstract

General background: There is still a controversy in the recognition, the terminology used, and histopathologic evaluation of two essential elements in gastric carcinogenesis: atrophy and dysplasia.

Materials and Method: 115 cases, with the slides and their histopathologic reports, from the archive of the LAP were studied for the diagnostic value, the report of dysplasia, the interobserver variability, the relation of dysplastic lesions with inflammatory, atrophic and metaplastic ones. There have been studied retrospectively the reports from the Archive with distribution of the cases according to endoscopic diagnosis, and to the biopsy report and there have been reexamined the slides. The comparison of the median values of the numeric variables was made with the Mann-Whitney test (non-parametric equivalent of the Student's "t" test).

Results: The endoscopic clinical diagnosis were: malignancy /suspicious for malignancy 88 cases (76%) and the nonneoplastic diagnosis (like ulcer or gastritis) 27 cases (24%). From all the cases sent with the clinical diagnosis of malignancy, that was not confirmed by biopsy 51% were reported as dysplasia of different grades and 49% were reported as without neoplastic changes, from 6 cases sent as suspicious for malignancy, 50% were reported as dysplasia and the rest without neoplastic lesions and, from the diagnosis sent as nonneoplastic lesions, 46% of them displayed dysplasia and the rest (54%) were nonneoplastic lesions. From the reexamination of the cases it resulted that there is no difference in reporting the malignancy, but there is a difference in the cases reported as dysplasia (p=0.001) and Negative for Neoplasia (p=0.063, bordeline).

Conclusion: The use of guidelines is to lower the interobserver subjectivity. The evaluation of dysplasia is influenced by the "interobserver variability", especially in atypical reactive lesions. The interobserver variability happens even when there are used different classifications for the evaluation of a pathological lesion.

Introduction

The development of the flexible endoscope and its wide use in gastroenterology has influenced the management of gastric cancer. Remarkable advances have been made in Japan, where, nearly 50% of the cases with gastric cancer are discovered in an "early" phase, which means confined to the mucosa and submucosa (42). However, if we see the global distribution of gastric cancer it is still one of the major health problems, despite the universal attempts to lower its mortality (17). Surgery is the treatment of choice, but in most of the cases the prognosis is not favorable, and the 5-year survival rate is lower than 20% in most of the countries (29).

Endoscopic methods permit also the identification of premalignant lesions and their diagnosis by pathologists plays an important role in the management of the patients (4,2,28,15,7). Gastric mucosa can have progressive changes that go from inflammation to multifocal atrophia and intestinal metaplasia, and further to dysplasia (8,9). There is still a controversy in the recognition, the terminology used, and histopathologic evaluation of its two essential elements: *atrophy and dysplasia* (12,13,14).

Here we present our data in reporting dysplasia, its histopathologic features, interobserver variability related to it, and the need for a standardized terminology for its reporting.

Materials and Method

There have been included the consecutive bioptic specimens of 115 cases, with the slides and their histopathologic reports, from the archive of the LAP. These bioptic specimens were prepared with the standard histopathological techniques and stained with H-E, PAS and Giemsa. There have been studied the following parameters from the bioptic materials: the adequacy of the bioptic specimen, its diagnostic value, the report of dysplasia, the interobserver variability,