

## Article

Role of Imprint Cytology in the Diagnosis of Upper Gastrointestinal Tract Lesions:

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## Abstract

Background: Histological study of the upper gastrointestinal (GI) endoscopic biopsies provides an accurate diagnosis of the lesions occurring in these regions. But the limitation of histology is longer time required. Study of imprint smears of endoscopic biopsies enables an immediate report. Aim: To compare the accuracy of endoscopic biopsy imprint cytology with histology in the diagnosis of upper gastrointestinal tract lesions. Materials and Method: A total of 77 cases were studied over a period of two years. The endoscopic biopsy tissue was first taken on a clean glass slide and rolled gently with the help of a needle to make an imprint of the tissue on the slide. These imprint smears were immediately fixed with 95% alcohol and stained with H and E and PAP stain. After the imprint smears are made the same biopsy tissue was then put

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in 10% formalin for routine histopathological processing. Two separate staff studied the imprint smears and histopathology slides independently and later the findings were correlated. Results: Biopsy histology results were found to be correct in 100% cases. Imprint cytology had an overall accuracy of 97.6%, 100% and 100% for the diagnosis of malignancies of the oesophagus, stomach and duodenum respectively. One false result was obtained in oesophageal lesions. The combined diagnostic accuracy of imprint cytology and histology for all upper GI lesions was 100%. Conclusion: Imprint cytology can serve as a useful and simple tool for an immediate and accurate diagnosis of upper GI malignancies.

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... Imprint cytology showed an overall accuracy of 97.6%, 100% and 100% for the diagnosis of malignancies of esophagus, stomach and duodenum respectively. 4 But there is no systemic study on imprint cytology of gastrointestinal lesions in our country. Imprint cytology can act as an adjunct to histopathology as it increases the diagnostic efficacy and saves time but

definitely it cannot replace histopathology as chances of false positives are high. ...

... Imprint cytology lets the surgeon to plan a therapeutic strategy approximately one week earlier. 4, 8 With this background, this study was designed to find out imprint cytological patterns of benign and malignant lesions of upper gastrointestinal tract, to find out histopathological diagnoses and to compare imprint cytological diagnoses with histopathological diagnoses. ...

... This observation is similar to other studies who also observed that the frequency of gastrointestinal lesions was more in male. 4, 9 Highest number (30%) of gastrointestinal lesions were found in the age group 61 to 70 years followed by 27(27%) in 41 to 50 years age group and 21(21%) in the age group of 51 to 60 years which have consistence with the study of Vijayanarasimha D et al 9 who observed highest number in fifth to seventh decades of life with a mean age of 55 years. In the present study, 63% lesions were in the stomach, 32% were in the esophagus and 5% were in the duodenum which are also close to the findings of the study done by Vijayanarasimha D et al 9 who observed that out of 110 cases, 52(47.3%) ...

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... Some investigators preferred brushing before biopsy. They showed a diagnostic accuracy of 86.2 to 96 % (Bhasin et al. 1987;Kobayashi et al. 1970;Qizilbash et al. 1979; Sanjeevreddy et al. 2013) , while those who advocated brushing after biopsy showed accuracy of 78.8 to 85 % for cytology (Chambers and Clark 1985;Witzel et al. 1976). In the study of Zargar and colleagues and Keighley and colleagues in the gastroesophageal cancers, brushing before biopsy had better results (Keighley et al. 1979;Zargar et al. 1990). ...

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