Preface

Doing neuropathology without all the information you can garner is like crossing some of the less busy city streets without looking first; you can get away with it for awhile, but sooner or later you are going to get hit by a bus. Neuropathologists have extra years of training, but they are also familiar with some secrets that not everyone seems to know.

Neuropathology, much like bone pathology, is much better done in correlation with the radiologic features. There is actually an entire chapter in this book devoted solely to a simplified scheme for differentiating different kinds of lesions based on radiologic features mainly in magnetic resonance imaging (MRI). The differential diagnosis in the central nervous system (CNS) revolves around age and location (information that can also be derived from the scans).

Just because the neurosurgeon sends a specimen for intraoperative consultation does not mean a diagnosis is always necessary to decide what to do next; they probably already have a plan, so relax. If you are not sure of the diagnosis, tell them so. If you can help them with decision making, fantastic! Sometimes you can abort the planned resection of what turns out to be a lymphoma or multiple sclerosis plaque. Also, you almost never need a final diagnosis (just a preliminary), and sometimes the only answer they need is whether they are in the right area, so that ultimately a diagnosis can be derived.

The idea that started the process leading to this book was hatched one day because I wanted to make sure that all of our trainees were familiar with CNS touch preparations and smears. This generally spread out to making this concept available through regional and national meetings by the way of presentations and seminars. When the idea for a book was proposed, it seemed a natural extension. This seems to be a popular theme among neuropathologists currently at courses and finally in book form, which I have been ecstatic to see. Hopefully all of the attention will convince more pathologists, whether in formal training or in the continuing medical education phase, to try intraoperative neurocytology and convince them that correlation with the scans may make the whole process much easier.

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