Providers of obstetrical and gynecological care need to understand the pathology of the female genital tract in order to provide optimal patient care. A rotation through the Pathology Department was a prior requirement of an Ob/Gyn residency, but has fallen to the wayside with current time constraints in training. The decreased exposure to pathology may make interpretation of pathology reports more difficult for the clinician at times, as a basic understanding may not have been developed. The pathologist–gynecologist interaction requires good communication, with both understanding the other’s point of view.

This is a very personal text. I was originally a practicing obstetrician gynecologist, who retrained as an anatomic pathologist with subspecialty training in obstetrical and gynecological pathology. During my Ob/Gyn residency, my chairman told us that if we didn’t review the pathology with the pathologist after we operated, that we were merely functioning as technicians. When I first switched to pathology, I, like many of my clinical colleagues, viewed the pathology process as similar to an ATM. You enter some information, and the “money” comes spitting out. I was surprised to learn that this is not the case. Pathology diagnosis is a physician-to-physician consultation. In addition, the pathologic diagnosis is not always black and white, much to my shock at the time. There are nuances, shades of gray, artifacts and insufficient or poorly oriented tissue, and lesions that don’t look like the textbook. This is something a clinician who communicates with his/her pathologist understands, and through conversations, both sides continue their education and the best answer is arrived at. This monograph is thus aimed to meet two needs. One is to establish a fundamental knowledge source of Ob/Gyn pathology for the clinician. The other is to enhance communication between the two specialties, in order to accomplish the goal of us all, to provide the best patient care.

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