Preface

The purpose of this atlas is to provide a comprehensive, pictorial resource of pulmonary cytopathology. Although pulmonary cytopathology is enriched with myriad of individual case reports, review articles, seminars, and monographs on an individual topic or topics, there is not currently a single text devoted entirely to all of its fractions with adequate illustrations. More than two decades have passed since the book *Diagnostic Respiratory Cytology*, by W.W. Johnston and W.J. Frable, was published, and more than one decade since D.L. Rosenthal’s monograph, *Cytopathology of Pulmonary Diseases*. Both are still excellent references. The last few years have seen several publications of atlases; however, they encompass only aspiration cytopathology of lungs and other thoracic organs. The chapters on pulmonary cytopathology in some of the newer textbooks are excellent but limited by the small number of illustrations. With major advances in our understanding of lung cancers, the addition of newer diagnostic entities, revised classifications of lung tumors, and newer diagnostic techniques, there appeared to be a need for all of this information to be under one cover.

I have compiled this atlas with that in mind by including the current information in both exfoliative and aspiration cytopathology, both of malignant neoplasms as well as of nonneoplastic lesions, infections, and pulmonary involvement in immunodeficient and immunosuppressed patients, as well as pulmonary cytopathology in neonatal and pediatric age group. I have tried to provide liberal illustrations of common lung malignancies as well as of unusual and uncommon ones, so that the reader does not have to search the literature when confronted with an unusual case. Because I did not have many of these unusual cases in our files, I am immensely grateful to my professional colleagues—locally, within the United States, and globally—who readily responded to my request for glass slides or images. I have also focused on nonneoplastic entities, including noninfectious and infectious disease processes, that often demonstrate cytologic changes in respiratory specimens. Bronchoalveolar lavage has gained tremendous popularity because of its success in the detection of infectious agents, especially in immunocompromised patients. Many of the nonneoplastic disease processes described in this text mandate that the final diagnoses be established by means other than cytology, and rightfully so. The cytologic changes, however, can often provide clues for further investigations.

I have opted to discuss only primary intrapulmonary malignancies in this atlas, thereby excluding pleural diseases and tumors, specifically malignant mesotheliomas. The decision was made because malignant mesothelioma could not be discussed alone without devoting an entire chapter to pleural lesions. I felt this to be beyond the scope of the atlas; however, diffuse malignant mesothelioma has been discussed and illustrated in considerable detail in the differential diagnoses of ade-
nocarcinomas. The sarcomatous variant is also discussed, along with spindle cell les-
sions of the lung. I do hope that omission of a chapter devoted to mesothelial les-
sions will not detract from the completeness of this atlas.

No publication in pathology is complete without discussions on diagnostic accu-
raty and pitfalls. I have tried to emphasize the differential diagnoses in every chap-
ter and attempted to highlight the cytologic differences in tables and in illustrations.

The chapter on cytopreparatory techniques is rather comprehensive. No one will
disagree with the fact that proper cytologic evaluation and diagnostic interpreta-
tion is directly proportional to the quality of the prepared and stained smears. The illus-
trations in this atlas can attest to it. I hope that the information provided in that
chapter will help those who are facing difficulties in cytopreparation. As far as
choice of fixation and staining is concerned, Papanicolaou is fortunately the stan-
dard method for exfoliative cytology and will not cause any debate. The preferred
staining method for fine needle aspiration biopsies is a different issue. I have al-
ways been a proponent of Papanicolaou stain, which explains why most of the im-
ages presented in this atlas are wet-fixed and stained by Papanicolaou method.

The value of any atlas depends on the quality of its color images. The credit for
these goes entirely to Ms. Jane Purslow for her excellence in photomicrography. Her
enthusiasm knows no bounds. I will always be indebted to Jane for her encour-
agement, support, and relentless energy, and for taking hundreds of photomicrographs.
I am very proud of my cytopathology technical staff, both cytotechnologists and med-
ical laboratory technicians, for the excellent quality of cytopreparation. Their dedica-
tion is unsurpassed. I am very grateful to Dr. Irving Dardick of Pathology Images,
Toronto, Canada, for the superb reproduction and color balance of the images. Work-
ing with Dr. Dardick is always a very pleasant experience. The art and photography
department staff at Henry Ford Hospital has been very gracious, helpful, and cooper-
avive in taking several of the photographs related to cytopreparation. I am truly ap-
preciative of their services. I gratefully acknowledge the secretarial assistance pro-
vided by Ms. Laure Porzondek and Ms. Linda Brandt. Ms. Susan Dingler, the education
coordinator of Henry Ford School of Cytotechnology, was always willing to review
the manuscript and offer helpful advice, especially in reference to students’ needs. I
have always kept the interest of cytotechnology students in the back of my mind, and
for that reason the text in some chapters is rather quite detailed.

It is my hope that this atlas will be a welcome addition to the field of cytopathology
and be useful both to those who practice cytopathology as well as to those practic-
ing pulmonary medicine.

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