

# Definitive Diagnosis: Appropriate Sampling and Diagnostic Methods

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# The Unfortunate Facts

- It is astonishing how many clinicians convey that they had reservations about performing a biopsy due to a fear of over-utilization
- Some clinicians have stated that they felt guilty about performing a biopsy because the (malignant) lesion in question appeared insignificant or its atypical features were subtle
- Under utilization of these dermatological procedures is notorious
- Cutaneous biopsy techniques are not only profoundly useful tools to more precisely direct patient care, they also allow for significant PRACTICE EXPANSION

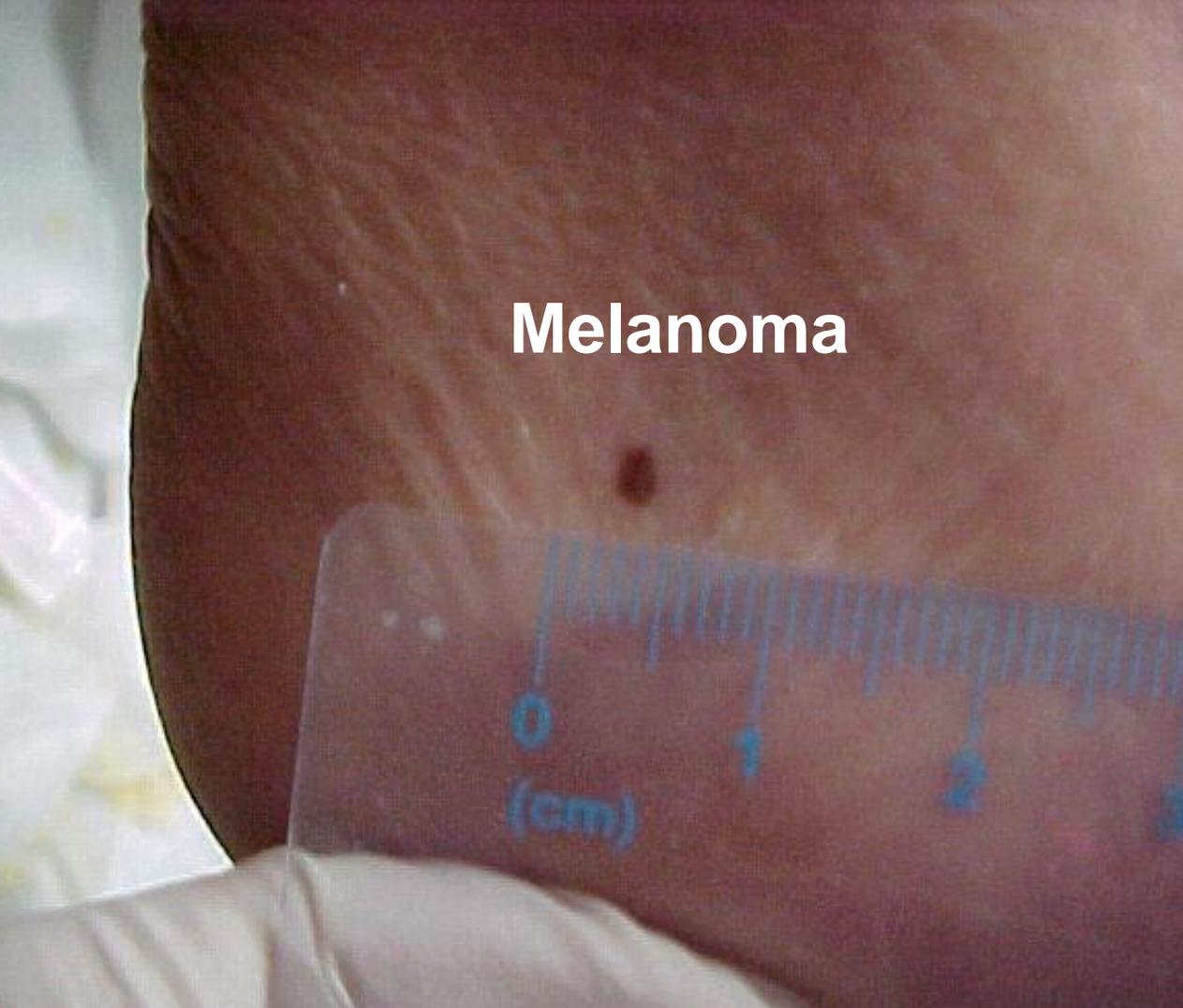
# Why Biopsy?

- ▶ It's best to catch disease in early stages in their course, when curative therapy is available.
- ▶ Eliminate under diagnosed malignances
- ▶ Biopsies eliminate “guessing” in patient care
  - Establish definitive diagnosis
  - To ensure that correct medication is prescribed
  - To ensure that correct definitive surgery is performed
- ▶ Eliminate bona fide morbidity and malpractice litigation

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

Establish Definitive Diagnosis

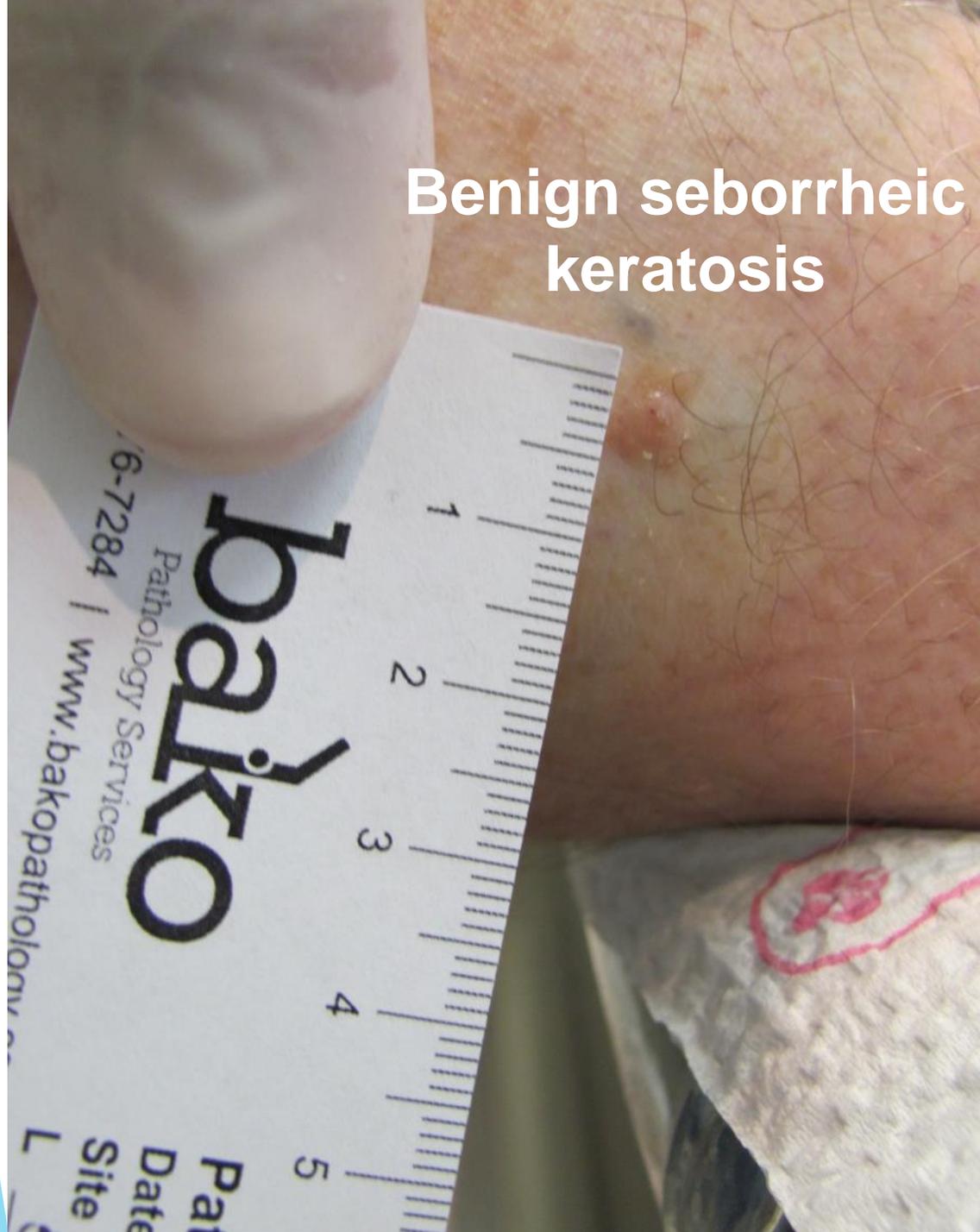
**Melanoma**



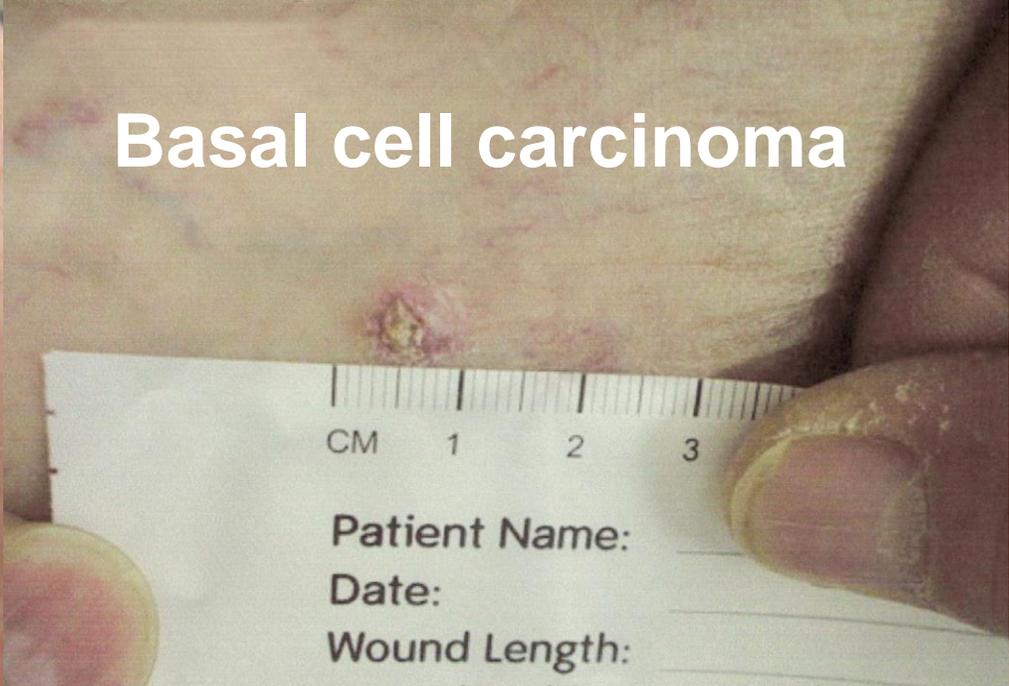
**Benign melanocytic nevus**



**Benign seborrheic  
keratosis**



**Basal cell carcinoma**



**Squamous cell carcinoma**



# Onychomycosis



# Microtrauma



**Tinea**



**Psoriasis**



**Eczema**

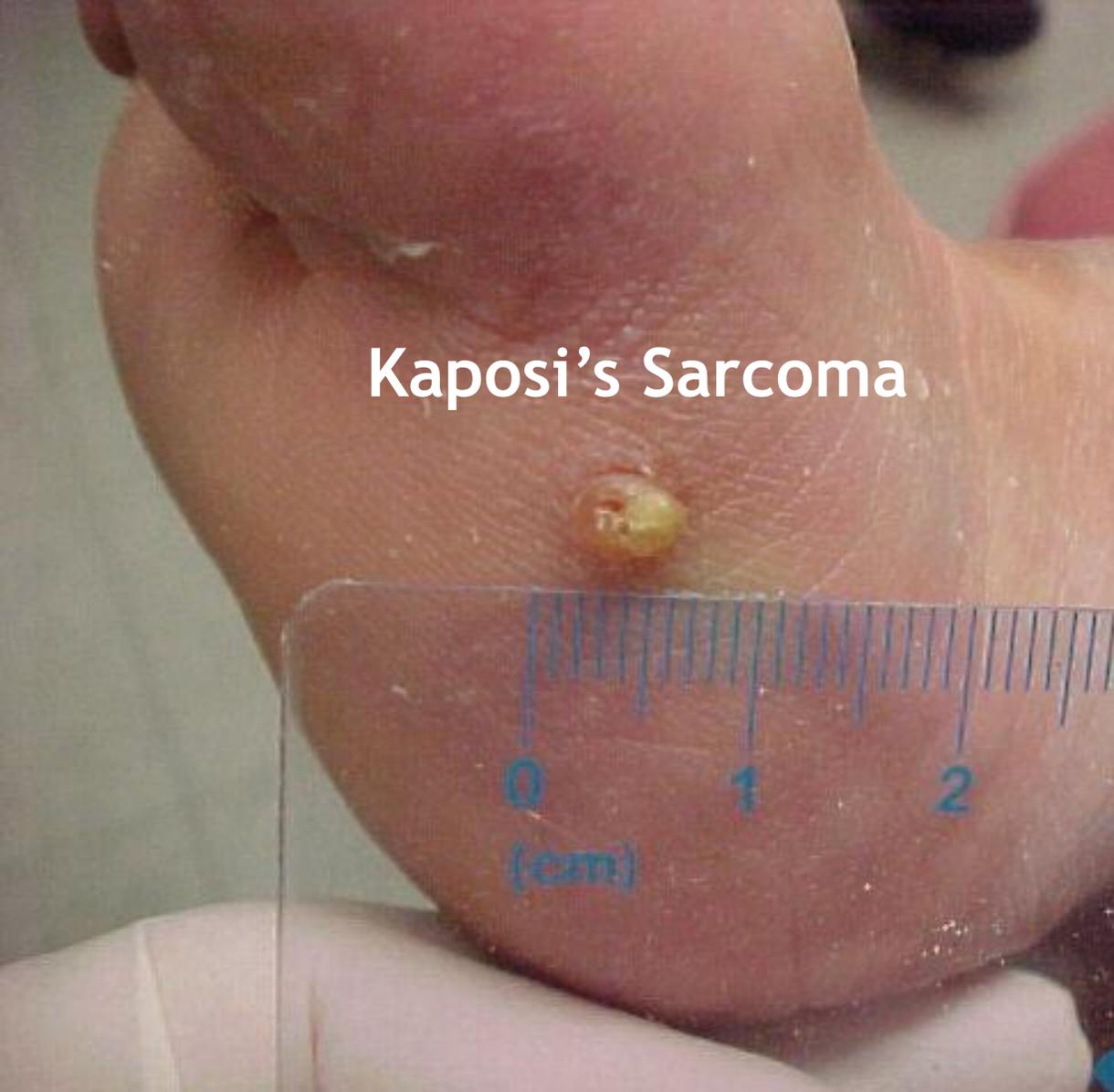
A close-up photograph of a hand showing a single, circular, raised lesion. The lesion has a yellowish, crumbly center and a slightly darker, reddish-brown outer ring. The surrounding skin is light-colored with visible fingerprint ridges.

**Verruca**

A close-up photograph of a hand showing a single, circular, raised lesion. The lesion has a yellowish, crumbly center and a slightly darker, reddish-brown outer ring. The surrounding skin is light-colored with visible fingerprint ridges.

**Squamous Cell  
Carcinoma**

Kaposi's Sarcoma



Wart



# Keep It Simple!

- ▶ Biopsies take 2-3 minutes in an office setting
- ▶ Punch biopsies are best for characterizing nonspecific dermatitides
- ▶ Shave biopsies are better for sampling tumors and pigmented lesions
- ▶ The secret to incorporating these techniques into one's daily routine is keeping them simple
- ▶ Remember, biopsy procedures are not necessarily intended to be therapeutic; their purpose is to guide definitive medical and surgical therapy

# Exam Room Supplies

- ▶ Alcohol wipe
- ▶ Tuberculin syringe and 27 gauge 5/8" needle
- ▶ Lidocain with epinephrine
- ▶ Disposable biopsy instruments (dermal curette, punch, saucerization blade)
- ▶ Suture (for punches 3.5mm or greater) or packing material (such as Gelfoam or Surgicel), if indicated
- ▶ Cauterization agents (such as Drysol or Monsel's solution) to curb bleeding
- ▶ Band-Aid
- ▶ Formalin bottles for routine specimens, Zamboni's fixative for ENFD
- ▶ ETOH (100% alcohol for fine needle aspiration when gout is suspected)
- ▶ Keratin bags: for dry specimens
- ▶ Requisition forms
- ▶ Post-biopsy instructions for patients

# Conclusion

- ▶ The secret to incorporating these techniques in one's daily routine is keeping them simple
- ▶ Remember, biopsy procedures are not necessarily intended to be therapeutic
- ▶ Their purpose is to guide definitive medical and surgical therapy
- ▶ Eliminate under diagnosed malignances
- ▶ Eliminate bona fide morbidity and malpractice litigation
- ▶ Utilize biopsy articles and procedure videos to help incorporate podiatric dermatology into your practice