Comment on: Multi-disciplinary team meetings with specialist radiologists may improve pre-operative clinico-radiological diagnostic accuracy in patients requiring orbital biopsy and offer reciprocal educational opportunities.

To the Editor:

I read with interest the report of Hunt et al, reviewing the value of their regular orbital MDT meetings in the planning of operative patient care\(^1\). It is gratifying that they deem histopathology the diagnostic "gold standard." However, I feel the need to raise a point which I’m sure the authors are aware of but did not specifically acknowledge.

A histological diagnosis is an opinion, and it may be wrong, pathologists being as human as everyone else. In the cases where the clinico-radiological and histological diagnoses did not overlap, the clinico-radiological suggestions were not necessarily incorrect.

Discrepancy rates for pathology case reviews vary by subspecialty, type of review and type of discrepancy. One study found a discrepancy rate of 2.6% on randomly selected cases, and 13.2% on “challenging” cases. Thankfully, errors with minimal impact far outweighed those which could have led to patient harm\(^2\). Another study based on a proficiency testing exercise found a misdiagnosis rate of 7-9% within the specimen groups examined\(^3\).

Although it is difficult to both detect and define “error” (and the related entity “variation”) in histopathology\(^4\), when there is a discrepancy between the pathologist’s opinion and that of the MDT, the histological diagnosis must not override all other evidence unchallenged. Prompt discussion of surprises and discrepancies should, I hope, reduce the need for rebiopsy and increase further the opportunity for reciprocal learning.

References

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