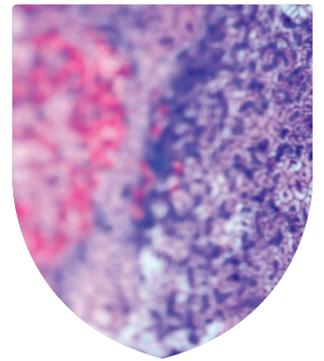


biopsy



A biopsy is a medical procedure that involves the extraction of cells and/or tissues for (usually histological) examination.

Indication for biopsy¹

Suspicious of the malignant or pre-malignant lesion
Unknown aetiology/diagnosis cannot be made with any certainty
Lesions that do not respond to treatment
Determine the diagnosis
Lesions causing patient great concern

Conditions such as severe bleeding diatheses or coagulopathies may be contraindicated for oral mucosal biopsies.

Biopsy procedure

Biopsy kits (Figure 1)

Written informed consent and Laboratory form (Patient name, date of birth, gender, address, NHI, site of biopsy, date of biopsy, clinician name, patient's relevant medical, dental, and social history, description of the lesion, biopsy site, differential diagnosis, urgency etc.) (Figure 2)

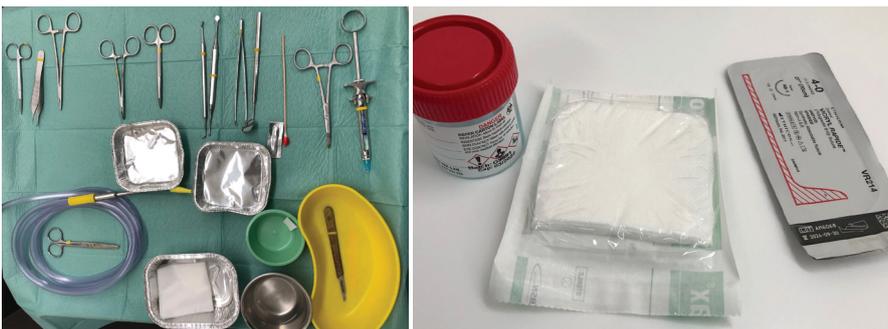


Figure 1: Biopsy instruments

by **Dr Ajith Polonowita**
University of Otago
Head of Discipline,
Oral Medicine
Dr Simon Guan
University of Otago
Oral Medicine Consultant



		Faculty of Dentistry <i>Te Kaupēka Puniho</i> New Zealand's National Centre for Dentistry		Oral Pathology Centre		310 Great King Street, Dunedin, 9016 PO Box 56, Dunedin 9054 Tel: (03) 479-7079 Email: oralpath@otago.ac.nz	
PATIENT SURNAME		GIVEN NAMES		ADDRESS		NHI NUMBER	
ADDRESS		D.O.B		TICK ONE <input type="checkbox"/> M / <input type="checkbox"/> F		LAB USE Rec:	
REQUESTING CLINICIANS NAME		CLINICIANS EMAIL ADDRESS (REQUIRED)		COPIES TO (EMAIL ADDRESS AND NAME)			
PLEASE CLEARLY PRINT CLINICAL DETAILS							
Clinicians Provisional Diagnosis:							
<input type="checkbox"/> Radiographs/photos attached <input type="checkbox"/> Radiographs/photos emailed		No. of containers sent		Clinician Signature		Date	
Patient Consent Oral Pathology Centre, as part of the Faculty of Dentistry, is involved in teaching, research and continuing education for the dental profession. We request your consent to use your specimen for these purposes, once the diagnosis has been made. You will not be identified from the material used.							
Patients signature as consent		Date		URGENT			
Patients signature as consent		Date		SPECIMEN COLLECTION TIME DATE			
<input type="checkbox"/> Biopsy-Incisional <input type="checkbox"/> Biopsy-Excisional <input type="checkbox"/> Re-excision of lesion <input type="checkbox"/> Excision of recurrent lesion							

Figure 2: Example of laboratory form

Biopsy methods

Excisional

Usually used when the clinician is confident that the lesion is benign
 Lesion generally less than 1cm diameter

- Administration of local anaesthetic by infiltration and/or regional block
- Local anaesthetic should not be too close to the lesion (1-2cm away from the site) and to avoid waterlogging of the specimen
- Lesion can be stabilised with a holding suture (Tissue forceps may crush the specimen)
- Excise the lesion in an elliptical shape (Using blunt and/or sharp dissection to detach the lesion)
- Excessive dissection might increase post-operative pain, swelling and purpura
- Place the specimen in the formalin solution bottle with correct labelling (Patient name, date of birth, gender, NHI, site of biopsy, date of biopsy, clinician name, etc.)
- Suture the wound

Incisional (Scalpel, Punch, Needle/trephine/drill, aspiration)

Large lesion or suspicion of malignant or premalignant lesion

- Administration of local anaesthetic as described above
- Select a representative area of the lesion
- Identify the margin between normal and lesional tissue
- Stabilise the lesion with a holding suture
- The specimen should include part of the lesion and normal tissue.
- Place the lesion into formalin solution with correct labelling.
- Suture the wound

We prefer scalpel biopsy over punch biopsy, as punch biopsy may damage the specimen.

Needle / trephine / drill biopsy may yield a small sample and may not be representative.

Aspiration is often used in fluid filled cystic lesions.

REFERENCES

1. Scully C. Oral and maxillofacial medicine: the basis of diagnosis and treatment. 3rd ed. Edinburgh New York: Churchill Livingstone/ Elsevier; 2013.