FNA Cytology in the Diagnosis of Lymphoma
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In collaboration with

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FNA Cytology in the Diagnosis of Lymphoma

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The enlarged lymph node became one of the main targets for fine-needle aspiration (FNA) cytology, and was soon accepted in the diagnosis of various types of lymphadenitis and metastatic disease. The diagnosis of lymphoma by FNA cytology was, however, controversial for many years in spite of early reports, in particular by Lopes Cardoso, which demonstrated the great potential of the technique. The scepticism at that time mainly resulted from the emphasis on growth patterns in the diagnosis and subtyping of lymphomas. Obviously, the growth pattern cannot be discerned from FNA smears. However, the introduction of immunocytochemistry led to new classification systems which put much less emphasis on growth patterns and more on immunologic characteristics. In 1988, Tani and coworkers and Ortel and Ortel described the application of immunocytochemistry in the cytologic diagnosis of lymphoma on FNA material. It now seemed possible to conclusively diagnose a majority of lymphomas, which, together with the excellent clinical performance of FNA sampling, should lead to the spread of the technique. Other ancillary techniques such as FISH and PCR have also been applied successfully to FNA material.

This manual has been divided into two chapters which describe the technical and methodological aspects of lymphoma diagnosis, and seven chapters which focus on the cytologic features of neoplastic and reactive lymphoid lesions. We have followed the most recent (2001) WHO lymphoma classification when describing the various lymphoma subtypes. In addition, a separate chapter has been devoted to lymphoma look-alike lesions. Key cytologic and immunologic features are listed to facilitate a conclusive diagnosis of the different lesions.

It is our strong hope that this book will be in the best interest of the patients and will be of help and support to cytopathologists in their diagnostic work with patients with lymphadenopathy of reactive or neoplastic background.

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