

## LETTERS

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### Skin biopsies by GPs

Sir,  
Several papers have reported that histological examination of general practitioner-excised tissue frequently contradicts the general practitioner's diagnosis, and the authors have recommended that all general practitioner-excised tissue should be examined histologically to avoid missing malignancies and to check adequacy of excision.<sup>1-3</sup> Such a policy would place additional demands on pathologists, so any decision about this must be based on an understanding of the health benefits which would result. The only current information comes from studies of specimens which general practitioners choose to send, and the types of tissue which general practitioners currently discard may not be comparable. A pilot study was undertaken to discover whether lesions which general practitioners at present discard are more likely to be trivial, on the basis of histological examination, than lesions which they choose to send to pathology.

Forty two general practitioners in 11 practices agreed to send for histological examination a specimen of every lesion excised during January-March 1992. Pathology report forms relating to these specimens, and to those sent by the same practices during April-June 1991 when the general practitioners had sent specimens only as they saw fit, were obtained from the five local pathology departments. The use of histology services by these practices increased by 56% as a result of the intervention (Table 1). The diagnostic mix changed significantly between the two periods ( $P < 0.05$ ); most of the increased workload was accounted for by warts and skin tags, with a small increase in other benign lesions. No increase in malignant or pre-malignant lesions was observed although the frequency of these

conditions was too low to make reliable estimates of change.

This small study shows that lesions which general practitioners choose to send for histopathological examination are not a representative sample of all general practitioner-excised tissue. Study general practitioners successfully distinguished inconsequential from potentially serious lesions and appeared to make appropriate use of histopathology services. The number of important diagnoses which general practitioners miss through failure to confirm a diagnosis histologically may therefore be smaller than observational studies indicate. The benefits of obligatory histological examination of all general practitioner-excised tissue may be small. A larger study would provide better estimates, both of the nature of additional diagnoses made and the costs to pathology departments, and would allow a rational policy decision to be made about the need for histological examination in all cases.

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**Table 1.** Histological diagnoses of specimens received before and after a requirement that all general practitioner-excised tissue be sent for histological examination.

|                                   | % of specimens                      |                                  | % change |
|-----------------------------------|-------------------------------------|----------------------------------|----------|
|                                   | Pre-intervention period<br>(n = 73) | Intervention period<br>(n = 114) |          |
| Warts/skin tags                   | 25                                  | 43                               | +172     |
| Other benign conditions           | 70                                  | 54                               | +22      |
| Malignant/premalignant conditions | 5                                   | 3                                | -25      |

n = number of specimens.

### References

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### Oculokinetic perimetry

Sir,  
Screening for glaucoma has attracted considerable interest. Many patients are unaware they have glaucoma, resulting in late presentation to ophthalmological services. Early intervention is necessary as treatment can only slow down or prevent the progression of visual field loss.

Tonometry has been used to screen for glaucoma but over half of patients with glaucoma have normotensive eyes when screened.<sup>1</sup> It is therefore necessary to screen for glaucomatous damage (cupping of the optic disc or visual field loss). The oculokinetic perimeter was first described in 1985<sup>2</sup> and subsequently modified as a quick, simple and inexpensive method of visual field screening.<sup>3</sup> Oculokinetic perimetry has been shown in the hospital setting to detect 85% of glaucomatous eyes, with a false positive rate of 10%.<sup>3</sup> To be useful for mass screening, the oculokinetic