

ERRATA

Anatomical, Oral and Maxillofacial Pathology including workshops: Erratum

We regret that in Volume 44, Supplement 1, an abstract by Hutchison *et al.* was omitted from page S12 in the section ‘Anatomical, Oral and Maxillofacial Pathology including workshops’.¹ It is published in full below:

TENNIS RACQUETS IN THE JAW: EOSINOPHILIC GRANULOMA

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A healthy 4-year-old boy presented with a 4 month history of episodic pain and swelling of his left jaw which appeared to respond to antibiotics. An ultrasound, orthopantomogram (OPG), CT scan and MRI revealed a 3 cm well circumscribed lesion in the left mandible near, but not related to, his posterior molar teeth. The radiological differential diagnosis included a mandibular abscess or neoplasm such as Ewing’s sarcoma, or Langerhans cell histiocytosis (LCH).

A fine needle aspirate (FNA) was performed. The cytology, in conjunction with the immunohistochemistry (S100 protein and CD1a expression by the histiocyte-like cells) and electron microscopy (demonstrating Birbeck bodies) showed features characteristic of LCH. The boy was treated with an intra-lesional injection of methyl prednisolone with radiological and clinical evidence of regression of the lesion.

Localised LCH is also known as eosinophilic granuloma (EG). Its pathogenesis is unknown, although recent studies suggest it is a disease that results from mononuclear phagocyte dysregulation that may be infective, autoimmune or neoplastic in origin. EG is rare, usually affecting children 5–15 years. The jaws are affected in 10–20% of cases with mandible involvement more common in adults. No consensus exists for the optimal therapy which includes curettage, intra-lesional prednisolone and chemotherapy.

Reference

1. Anatomical, Oral and Maxillofacial Pathology including workshops. *Pathology* 2012; 44 (Suppl 1): S9–S14.

Microbiology: Erratum

We regret that in Volume 44, Supplement 1, an author was omitted from an abstract on page S46 in the section ‘Microbiology’.¹ The author should have appeared as follows:

LEPTOSPIROSIS: A GLOBAL DISEASE. THE DIAGNOSTIC AND PUBLIC HEALTH CHALLENGES

Scott Craig

Communicable Disease, Queensland Health Forensic and Scientific Services, Queensland Health, and WHO/FAO/OIE Collaborating Centre for Reference and Research on Leptospirosis, Western Pacific Region, Brisbane, Qld, Australia

Reference

1. Microbiology. *Pathology* 2012; 44 (Suppl 1): S45–S48.

RCPA Quality Assurance Programs Pty Ltd Presentations: Erratum

We regret that in Volume 44, Supplement 1, the incorrect abstract was published on pages S64–65 in the section ‘RCPA Quality Assurance Programs Pty Ltd Presentations’. The abstract titled ‘Histopathological or Clinical Features Do Not Predict The Presence of High Level Tetraploidy as a Form of Confined Placental Mosaicism in Pregnancies Affected by Otherwise Idiopathic IUGR’ should

have been published in the 'General Poster Display' section and the abstract below should have been published in the 'RCPA Quality Assurance Programs Pty Ltd Presentations'¹ section:

BEWARE THE SMERF: SUBOPTIMALLY MADE ELECTRONIC REQUEST FORM

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Aim: To assess the impact of use of Electronic Request Forms (ERFs) on the amount of clinical information accompanying placentas for histopathology in a tertiary public hospital.

Background: In 2009 Mater Pathology Services introduced a 'tick box' dedicated placental request form (DPRF) which significantly increased the amount of clinical information provided with placentas sent for histopathology. In 2011 ERFs were introduced across the campus, replacing the DPRF.

Methods: Histopathology request forms from sequential accessions of placentas were evaluated for number of pieces of clinically relevant information, defined as data that would change specimen handling or information that was used for clinicopathological correlation. ERF were compared to two control groups from different years: consecutive DPRF from 2009 and consecutive accessions using standard blank pathology request forms from 2006. Each request form was assessed by at least two authors.

Results: Use of the ERF significantly decreased the number of items of useful clinical information provided, compared to the DPRF (mean of 2.6 vs 1.3 items, $p = 0.0004$). Provision of relevant clinical information declined to the level seen prior to the introduction of the DPRF.

Discussion: ERFs may improve quality by reducing error, but also change clinician behaviour, resulting in provision of fewer items of useful clinical information to guide specimen handling, pathology reporting and clinicopathological correlation.

Reference

1. RCPA Quality Assurance Programs Pty Ltd Presentations. *Pathology* 2012; 44 (Suppl 1): S64–S66.

Molecular Pathways Involved in Crosstalk Between Cancer Cells, Osteoblasts and Osteoclasts in the Invasion of Bone by Oral Squamous Cell Carcinoma: Erratum

We regret that in the April 2012 issue, Chuanxiang Zhou should have been listed as equal first author in this article.¹ The author details should have read as follows:

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Reference

1. Quan J, Zhou C, Johnson NW, *et al.* Molecular pathways involved in crosstalk between cancer cells, osteoblasts and osteoclasts in the invasion of bone by oral squamous cell carcinoma. *Pathology* 2012; 44(3): 221–227.