How to deal with pathology errors. The Dutch experience. Case histories.

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Chairman Committee Legal Affairs
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Disclosure Information

I hereby declare that I have had business or personal interests in the following industrial enterprises since 1 September 2016:

<table>
<thead>
<tr>
<th>Name of the enterprise / Nature of the interest</th>
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Case 1:  F 37 yrs

- Mastectomy and SNB left side, previous biopsy infiltrating ductal carcinoma, BR 2, ER/PR pos, Her2 neu neg. On patient’s request mastectomy.
- Histopath mastectomy: complex sclerosing lesion with infarction. SNB neg.
- Internal review needle biopsy: difficult case, doubtfull, high suspicion of malignancy, calponin and p63 requested.
- With calponin and p63: CSL, no doubt, no signs of malignancy.
- Clinically: palpable irregular ill defined lump, min.3 cm, BIRADS IV. Advice: lumpectomy or mastectomy, SNB.
- External expert review: biopsy and mastectomy: CSL, no signs of malignancy.
- Complaint and claim for compensation because of irreversible surgery due to an erroneous diagnosis.
Case 2: M 55 yrs

- Pigmented skin lesion left lower leg
- Histopath: Naevus naevocellularis
- Relaps lesion: NN, benign
- 2nd relaps lesion: Malignant Melanoma (histopath) with inguinal gland metastasis (cytopath)
- Expert consultation all 3 lesions: MM, 2x naevoid melanoma, 2nd relaps nodular MM
- Complaint and claim for compensation because of loss of chance of cure
Case 3: F 56 yrs

- Clinical suspicion of pulmonary embolism
- Hilar area right lung: tumorous lesion, PET pos
- Brush and washing: consistent with NSCLC, most likely adenocarcinoma
- Bilobectomy (middle and lower lobe R): remnants of haemorrhage with reactive changes and dysplasia of bronchial epithelium. No malignancy.
- Review cytopath: in accordance with original diagnosis of malignancy.
- Mix-up of samples excluded by DNA technology
- Expert consultation: atypical cells, however not diagnostic for malignancy
- Complaint and claim for compensation for unnecessary irreversible surgery due to a wrong diagnosis