BIBLIOGRAPHY
BIBLIOGRAPHY


Fine needle aspiration biopsy (FNAB) or aspiration biopsy cytology (ABC) as it is known today, is study of the cells, obtained by fine needle under vacuum. Any area of the body is suitable target without any danger.

Fine needle aspiration biopsy has emerged slowly since Martin & Ellis (1930) conducted their study & has been refined over 25 years by various authors all over the world.

Guthrie (1921) first used lymph node aspiration on a systematic basis & the method was pursued both in America (Martin & Ellis, 1934) and Europe (Pittaluga, 1922; Well et al, 1934). Since than it has gained major acceptance in Scandinavia and isolated centres in North & South America. During the past 10 year more interest has been shown, not only in Great Britain but in many parts of the world as well.

Palpable abnormalities in female breast is a common clinical problem but for practical reasons, excisional biopsy can not be used unrestrictedly. FNAB technique in such breast lesions is utilized with
success by various authors all over the world (Stewart, 1933; Adair, 1949; Cornillot and Verhaeghe, 1959; Zajdela, 1967; Cornillot et al, 1971; Duquid et al, 1979; Boquoi & Kreutzer, 1981; Malberger et al, 1981).

Clinical examination of salivary swellings is far less accurate than breast lumps (Fatey & Hand, 1952; Shaw & Friedmann, 1959; Von Ham, 1962; Haynald, 1967; Thackray & Lucas, 1974).

With the help of FNAB salivary surgery has been precise, difficult per-operative decision over incisional and frozen section biopsy are avoidable.

In thyroid, single nodule has always given difficulty in clinical diagnosis. FNAB has been utilized with reasonable success in, not only diagnosing these nodules but other lesions of thyroid as well. Now FNAB is a routine procedure in the pre-operative work-up of goitre cases all over the world (Tempa et al, 1948; Soderstrom, 1952).

In abdomen, though FNAB was infrequently done in the past due to various reasons but now it is being slowly & gradually utilized in order to diagnose the various organomegalies and lumps and many times the information obtained by FNAB technique is invaluable (Smith, 1969; Zach, 1972; Wasmastjrena, 1979; Sherlock, 1981).
This procedure in the abdomen & retroperitoneal mass has been found to be fairly safe & is usually free from any complication.

Utility of FNAB in soft tissue lesions has been surprisingly good & has been found to be an additional, useful pre-operative investigation for an ultimate management of these cases (Stout and Lattes, 1967; Mackenzie, 1975).

Even in deeply situated regions like prostate FNAB can obtain diagnostic material with reasonable success and is now been practiced by various authors & recommended for its general use (Esposti, 1966, 1971; Staehler et al, 1975).

Regarding testis, the scope of FNAB is slightly limited. FNAB of testis favourably reported for the cases of infertility but regarding the diagnosis of suspected primary testicular tumours, the opinion is divided. In scandinavia, the procedure is accepted with a very fine needle, though there is a little risk of local tumour recurrence or metastasis to regional lymph nodes. However, the other school of thought advised against the procedure.

In fact, FNAB technique is now been practically possible, is being utilized for pre-operative
diagnosis of swellings found any where in the body, provided the lesion is accessible.

The procedure to obtain cellular material from the lesion concerned, is fairly simple & easy to perform. It requires only a needle and the syringe for obtaining the material under vacuum and glass slides for making the smear and a fixative to preserve. After papanicolaou staining, the smear is ready for examination.

To assess the accuracy of this simple technique in our set up, this present study was planned & has been conducted.

This present study was conducted on 111 patients, having swellings in various lesions of the body who attended M.L.B. Medical College, Hospital, Jhansi between June 1987 to July 1988. The majority of our cases were females and about 27.93% belonged to breast lump cases, 23.43% belonged to lymph nodes enlargement, 22.53% belonged to abdominal lumps and rest were of Goitres, salivary gland swelling, soft tissue tumours and miscellaneous.

Out of 111 cases, we met failed aspiration in only 9 cases giving rise to positive aspiration in as much as 92% of cases.
When we compared our FNAB diagnosis with
conventional histopathological diagnosis which was
possible in as many as 96 out of 111 cases, our FNAB
diagnosis was accurate in as many as approximately 90% of the cases.

We did not meet any complication in any
case studied by us.

In our present study, we have concluded that
the FNAB technique is easy to perform, least expensive,
most practical and fairly accurate in the diagnosis of
various swellings. The procedure is usually not met with
any complication even in deeply situated lesions like
abdominal lump, prostate & thyroid etc. and fear in the
past about this was unfounded.

Our observation has been found totally with
the figures of various authors all over the world. The
literature on the subject has been extensively reviewed.

Based on our findings & comparability with
the figures of various authors, the procedure is
recommended for its general use.