INTRODUCTION
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Fine needle aspiration cytology or FNAC as it is called is the most recent and reliable, yet easy diagnostic tool in the hands of modern surgeon. This inexpensive, quick technique has already revolutionized the diagnosis and management of various neoplastic and inflammatory disorders, thus obviating the need of alternative procedures like tissue biopsy, which is both time consuming and risky (Trott & Randall 1979).

The technique requires aspiration of cells obtained by fine needle under vacuum, supplied by attached syringe. The specimen so obtained consists of minute quantity of tissue or fluid, cells so obtained are stained and studied under microscope.

Innumerable clinical trials and papers has established the sensitivity and discriminative value of this technique. No part, organ or lump of the body is inaccessible to this method. Smears have been taken from pancreas, adrenal, carotid body and even brain and other parts of body which are considered to be quite risky for tissue biopsy. (Conley 1956, Lawrence et al 1985).

This procedure holds much importance in cases where repeated biopsy have to be performed at fixed periods to see the effect of therapy or for staging of malignancies.
To accept the value of fine needle aspiration cytology, the clinician must overcome his prejudice that passing a thin needle into a malignant lesion will surely spread the tumour. This objection has not been substantiated in studies of thousands of cases.

Those of us who function as thoughtful clinicians find that we are increasingly dependant on a greater variety of laboratory and radiographic sophistication to reach on diagnostic and therapeutic conclusion. Fine needle aspiration cytology (FNAC) is a cost effective clinical tool.

The application of this simple inexpensive technique has had a profound effect on profile of surgery in institutions all over the world. Today there is no area of body which has been left virgin by this procedure. Therefore add to or to share the experience of world medical people we proposed to under take this following study to assess the value and significance of this technique in our set up where ever incisional or excisional biopsy facilities are not available barring medical colleges or big hospitals.
AIMS AND OBJECTIVE

1. To assess its value as a diagnostic tool.

2. To assess its value in deep seated lesion in respect to otherwise considered potential complications.

3. To consider the need of reemphasis for acceptance of this technique as a routine procedure.

4. To assess the value of this technique in respect to the poor medical facilities available in our country in rural areas.