



Editor Desk

From Editor's Desk

Ranjan Agrawal^{1,*}

¹Dept. of Pathology, Rohilkhand Medical College & Hospital, Bareilly, Uttar Pradesh, India



ARTICLE INFO

Article history:

Received 18-02-2021

Accepted 19-02-2021

Available online 20-02-2021

© This is an open access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Dear Readers,

Greeting of the New Year! As we dawn into a new era hoping that not only we would be COVID-19 free henceforth but a new ray of hope will come in with the advent of vaccine era. Indian once thought to be a low profile country showed to the world as to how well it can handle a global hazard-the CORONA pandemic but also is amongst the top nations to start the indigenously manufactured vaccine against this deadly virus alongside catering to the demands of some of the developed countries as well.

The present issue of IJPO has a rich blend of articles from all the fields of diagnostics. Head and neck cancers are on a rise probably due to their early diagnosis and detection. Use of agents that enhance the incidence of cancer in these areas is being reported by Sharma in their research work. Precancerous lesions carry on equally great significance since they may turn into malignant lesions later on.¹

Cytological evaluation of respiratory tract fluids is important for early diagnosis and detection of malignancy. Varun in their publication stressed on increase effects of these fluids in lung carcinoma. Bronchoalveolar lavage is a better specimen than sputum in identifying the malignant cells. Early diagnosis carries a favourable outcome.² Pleural fluid cytology carries significance in the detection of metastatic lesions to the pleura. Cytology coupled with the

use of ancillary techniques helps in arriving at a diagnosis. Even rare malignancies, can be effectively diagnosis using these methods.³

Breast cancer is on the rise not only in the developed countries but also in the developing nations. Immunohistochemical markers are used for estimating the prognosis as well as from the treatment point of view. Triple negative breast cancers are categorized as high grade as well as are prognostically unfavourable. Furthermore, this subset is increasing in incidence in the recent times. Increasing number of cases of BRCA1 expressions also indicate a poor prognosis. Use of PARP inhibitor may be helpful at times.⁴

Diffuse large B-cell lymphoma is the commonest type of primary gastrointestinal lymphoma. It carries significance especially since most of the patients respond well to treatment but majority become refractory or tend to relapse. Different prognostic markers, indicating response to therapy and the survival rate are available. Expression of MUM-1, a poor prognostic indicator is one such immunologic marker determining the prognosis. The authors in their article have highlighted this.⁵

Adnexal masses are a common presentation in gynecologic pathology. It mainly refers to ovarian tumours, that have a varied presentation. Their diversity poses great dilemma for the gynecologist as well as the diagnostician. The authors have meticulously segregated the lesions into different categories and also have labeled them. As per the authors serous cystadenoma, a benign condition constitutes the commonest subtype.⁶

* Corresponding author.

E-mail address: drranjan68@gmail.com (R. Agrawal).

Gastric carcinoma is a lethal malignancy and constitutes significant percentage of human cancers. The important site includes the antrum followed by the lesser curvature. Patel et al. identified tubular adenocarcinoma as the commonest subtype of malignancy. Support of ancillary techniques may help in the confirmation of diagnosis as well as in the planning of targeted therapy.⁷

I am sure that this issue would provide great insight to the reader in satisfying their hunger for study material. I thank the authors and reviewers for their constant support to IJPO.

Happy reading

Jai Hind!

References

1. Sharma HB, Kumar N, Bansal M, Gupta M. Spectrum of lesions of head and neck in a medical college of North India. *Indian J Pathol Oncol.* 2021;8(1):87–93.
2. Sharma S, Singh J. To evaluate the sensitivity of cytological examination of endobronchial biopsy, BAL, bronchial brushing and sputum in diagnosing lung carcinoma. *Indian J Pathol Oncol.* 2021;8(1):68–70.
3. Dharmalingam P, Sadasivan B, Mukundapai M, Nargund A, Alashetty S. Spectrum of uncommon malignancies in pleural fluid cytology: A study from a tertiary care in south India. *Indian J Pathol Oncol.* 2021;8(1):21–5.
4. Bagga N, Agarwal P, Tuteja R, Mehrotra R, Singh K. Immunohistochemical expression of ER, PR, Her2, Ki67, CK5/6 and BRCA1 in nonfamilial breast cancer and its correlation with clinicopathological parameters. *Indian J Pathol Oncol.* 2021;8(1):111–9.
5. Nikhra P, Gupta K, Gupta P, Agrawal P. Role of MUM-1 immunohistochemistry in prognosis of primary gastrointestinal diffuse large cell lymphoma. *Indian J Pathol Oncol.* 2021;8(1):75–8.
6. Bhargava S, Bhatia G. Clinicopathological study of Tubo ovarian masses- A study of 110 cases. *Indian J Pathol Oncol.* 2021;8(1):26–31.
7. Patel BN, Lakhe R, Swami RM, Nimbargi R. Study of prognostic indicators and Her2neu expression in gastric adenocarcinomas – A tertiary care centre study. *Indian J Pathol Oncol.* 2021;8(1):104–10.

Author biography



Ranjan Agrawal, Professor (MD; FIC Path; MIAC, DHA)
Editor-in-Chief, IJPO

Cite this article: Agrawal R. From Editor's Desk. *Indian J Pathol Oncol* 2021;8(1):1-2.