The aim of this leaflet
This leaflet is designed to help you understand more about dermatopathology. It provides information about how a diagnosis is made: by the laboratory testing of small amounts of skin tissue (“samples”) removed from your body. This leaflet also explains what happens to your results after testing has been performed.
What is dermatopathology?
Dermatopathology (or histopathologic study) is considered the gold standard for the diagnosis of skin lesions, either cancerous or inflammatory, in correlation with the clinical presentation.

What are the steps involved in histopathologic study?
1. Your dermatologist removes a small piece of your skin, called a biopsy, with a small scalpel under local anaesthesia. There are two types of skin biopsies: incisional and excisional.
   Removal of the entire lesion (excisional biopsy) is indicated in all suspected skin tumours, while removal of part of the lesion (incisional biopsy) is indicated in all inflammatory skin rashes or when a skin tumor is too large or located in difficult site. A superficial shave biopsy can be done for raised lesions. Punch biopsies yield full-thickness (or deeper tissue) samples and can be used for lesions that require dermal or superficial subcutaneous tissue for diagnosis. For deep lesions involving deep subcutaneous fat (such as panniculitis), a wedge biopsy is more suitable rather than punch biopsy.

2. The sample is sent to a pathology laboratory for processing.

3. The sample is prepared by embedding it in transparent paraffin in the form of a small block.
4. A thin "slice" is removed from the block and stained with special dyes. A dermatopathologist then examines the slice with a microscope, which is a real medical interpretation that cannot be performed by a machine.

5. The dermatopathologist makes a diagnosis.

6. The dermatopathologist sends the results of the sample to your dermatologist, who will then discuss the diagnosis with you and decide on the appropriate treatment and follow-up. The histopathologic report not only clarifies/confirms the diagnosis and helps in clinical or surgical management but provides prognostic information.