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Editorial

All that glitters is not gold

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Certain tumors show cytological atypia on morphology but are not high-grade. It is of prime importance not to over-diagnose such entities. One should be able to distinguish the degenerative type of atypia seen in benign tumors. The list of tumors showing such atypia is long. To name some of them, neuroendocrine neoplasms, ancient schwannomas, renal oncocytoma, pleomorphic xanthoastrocytoma, atypical fibroxanthoma, uterine leiomyomas, pleomorphic hyalinizing angiectatic tumor.[1] The degenerative atypia seen in such cases may be due to a long-standing tumor leading to degeneration or vascular insufficiency.[2] In such cases, the absence of atypical mitosis and the presence of smudgy chromatin aids in the diagnosis of benign tumors.[1-3] The immunomarkers will not be used in such cases. The morphology can only help in establishing the benignity of the tumor. These tumors are also designated as pseudo-malignant tumors. Some of the tumors like oncocytoma can show invasion into the peri-nephric fat but can still be clinically benign tumors. The presence of atypical mitosis in such a tumor can upgrade the tumor.[4] The degenerative atypia can be seen in 12-30% of oncocytomas.[5] I conclude that benign tumors do show cytological atypia which is of degenerative type. The morphological evaluation of chromatin and absence of atypical mitosis helps in providing a definitive diagnosis rather than overdiagnosis and mismanagement of benign tumors as malignant.

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