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Title: The role of skin punch biopsy in the final dermatological diagnosis

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Introduction. Making the diagnosis ad oculus in dermatovenereology has been used in practice from ancient times and to the present day. However, modernity and adherence to protocols require dermatologists to use in their practice a number of instrumental and hardware associated techniques and methods for making a diagnosis, which allow determining not only the type, but also, most importantly, the cause of the disease. An early diagnosis is often a decisive factor in the treatment of patients. The punch biopsy followed by histopathological examination is usually the key research method to make or confirm the final diagnosis in complex dermatology cases. **The objective** is to study the feasibility and effectiveness of skin punch biopsy in complex dermatology cases to make the final diagnosis.

Materials and methods. We performed the punch biopsy of the skin for 54 patients with an undetermined final dermatological diagnosis aged 21 to 70 years, including 34 women (63%) and 20 men (37%). In 11 patients (20%), the disease lasted more than 5 years, in 17 (31%) - from 1 to 5 years and in 26 (49%) - less than a year. The provisional diagnoses were divided as follows: papulosquamous dermatoses were diagnosed in 9 (17%) patients, bullous dermatoses in 15 (28%), allergic dermatosis in 10 (19%), genodermatosis in 3 (5%), collagenoses in 5 (9%), precancerous conditions and skin cancer in 12 (22%) patients.

Results. In 45 patients (83%), the punch biopsy of the skin allowed making the final diagnosis, which corresponded to the provisional one, and, sadly, in 9 (17%) patients, it did not, which forced us to expand the diagnosis using other, more highly specialized and expensive methods.

In 34 patients (63%), the provisional diagnosis corresponded to the final one (papulosquamous dermatoses - in 5 (9%) patients, bullous - in 9 (17%), allergic dermatoses - 4 (7%), genodermatosis - 3 (6%), collagenoses - 4 (7%), precancerous conditions and skin cancer - 9 (17%).

In 11 patients (20%), the final diagnosis did not correspond to the provisional one and allowed prescribing the patients an effective pathogenetic therapy.

Discussion. The punch biopsy of the skin is a reasonable diagnostic method in complex dermatology cases, as it allowed to make an accurate diagnosis in 83% of cases. Thus, the skin biopsy should be used more often in the practice of a dermatovenerologist to confirm or refute diagnoses, which allows recommending the necessary pathogenetic therapy in time. The cooperation between a dermatovenerologist and a histopathologist affects the efficiency and results of the diagnostic search of a punch biopsy. The histopathological examination should include, if required (for bullous dermatoses, lymphomas, etc.), direct immunofluorescence and more specific diagnostic methods.