Skin biopsy in Paediatric Rheumatology: 10 years review of practice.

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Background

Skin biopsy has limited but sometimes distinctly useful place in diagnosis of childhood rheumatologic disorders¹. For example, skin biopsy is of little value in differentiating lupus from dermatomyositis. The purpose of skin biopsy is to support diagnosis, disease monitoring (e.g. scleroderma) or treatment (e.g., skin cancer).

Objective:

To evaluate skin biopsy practices in a tertiary paediatric rheumatology unit in order to determine the usefulness.

Method:

A retrospective review of medical records of paediatric rheumatology patients who have had skin biopsy over a 10 year period between 2008 and 2018.

Results & discussion :

A total of 49 skin biopsies with an average of 5 per year was performed. Patients age range from 0.75 -18 years with mean of 10 years. Main diagnoses and sites of biopsy are as shown in figure 1 & 2. Fifty nine percent had excision biopsy while 41% had punch biopsy. Majority of skin biopsies (94%) were performed to aid diagnosis. Severe HSP was the most common indication for skin biopsies requested by rheumatologist . A high proportion of the biopsies (84%) were helpful in the patient care; 55% confirmed clinical suspicions, 25% excluded (figure 3).

Conclusion & perspectives :

Rheumatologist are selective in the use of skin biopsy for diagnosis. When indicated, skin biopsy is often helpful in the diagnosis and monitoring of rheumatologic disorders. It must be ensured that sufficient information with clear clinico-pathologic question is provided when requesting skin biopsy to enhance positive result.

Reference:

- Liñan LJ, Solarte JP, Feijoo MV, et al. A5.19 Usefulness of punch biopsy in cutaneous lesions with autoimmune profile in rheumatology. Annals of the Rheumatic Diseases 2015;74:A54-A55.