

INCTR Kenyan Pathology network experience

"What Can We Learn from Africa"

Paris 9-10th May 2011



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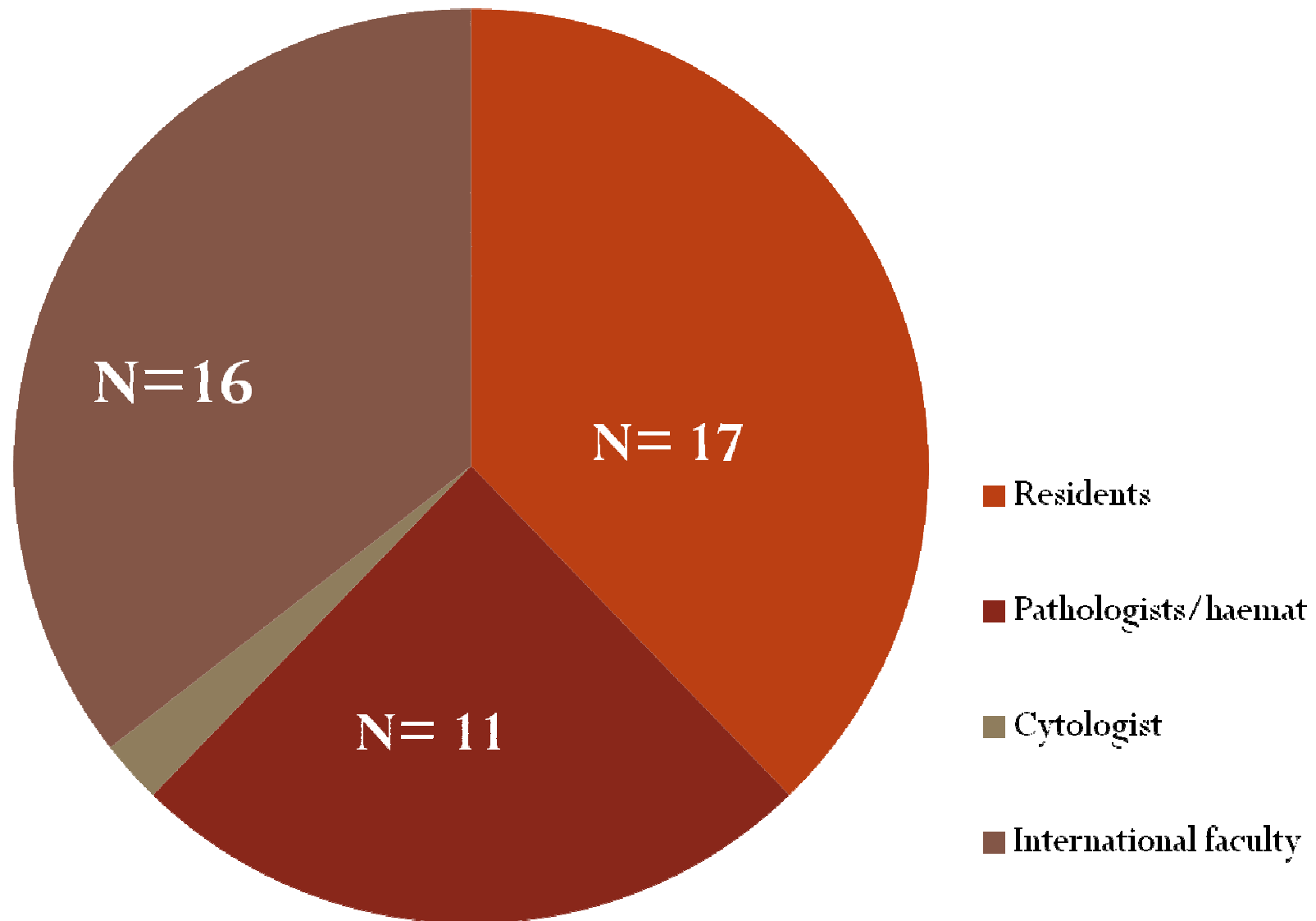
UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICINE



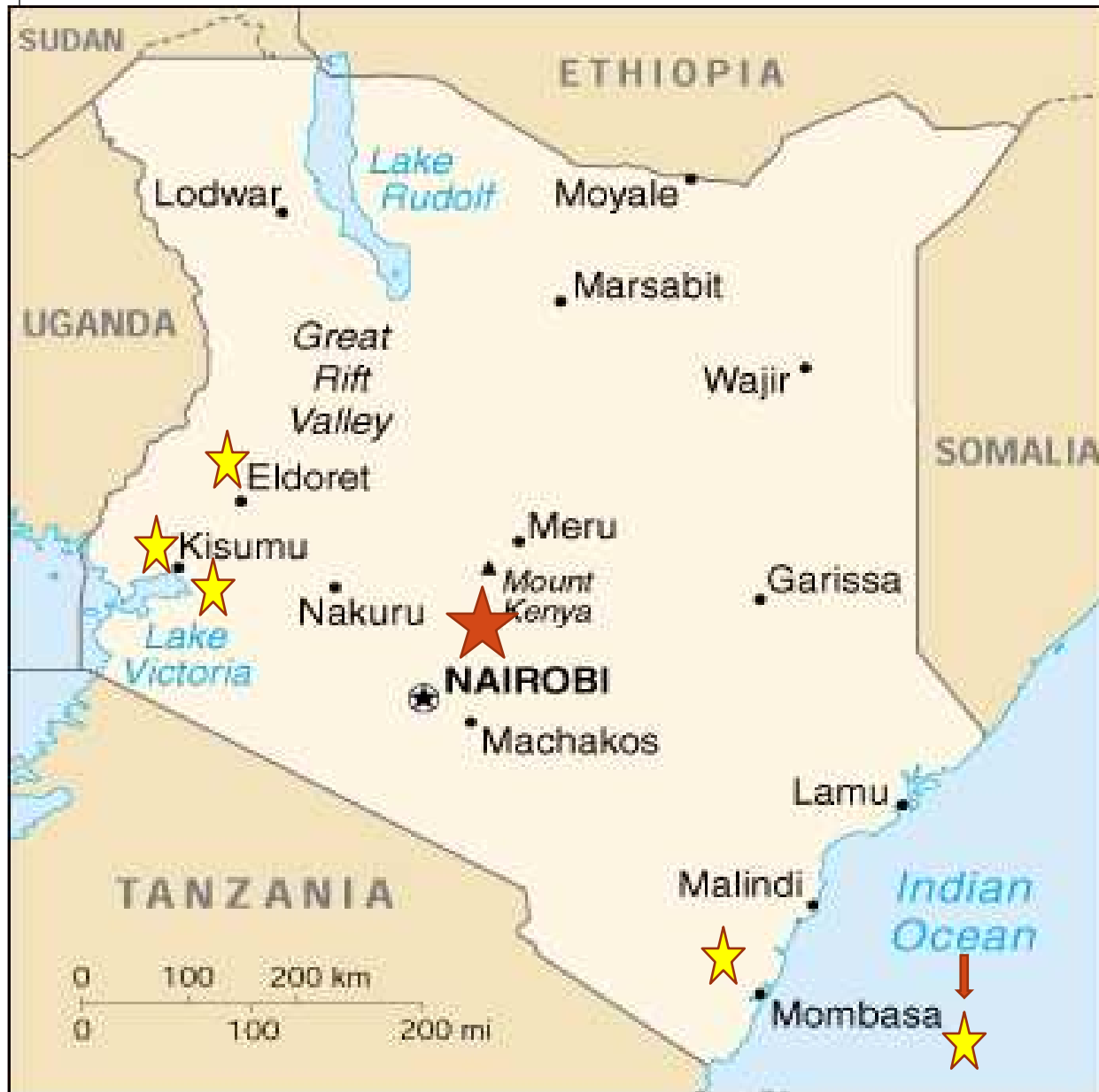
HEALTHY MEDICAL HOSPITAL
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HEALTHY MEDICAL HOSPITAL

The Pathology Network – Kenya (45)



Cordinator: Dr E. Walong – Senior resident, Dept Human Pathology, UON

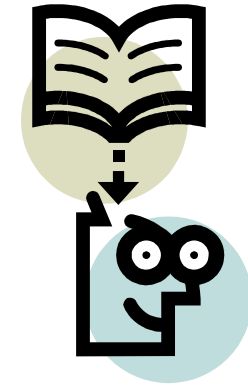
➤ Active centres in Kenya



★ Main centre: Dept
Human Pathology,
UON

★ New centres

Applications of iPath in Kenya:



- **Forum for consultations and networking**
 - Consultations - In-country between university centres and pathologists in the periphery
 - Consultations with INCTR international faculty for pathology (multi-disciplinary)
 - Multidisciplinary expertise in various fields
 - Histopathology (GI, Gyn, Neuro etc)
 - Haematopathology (BM, LN, Flow etc)
 - Questions can be asked both ways

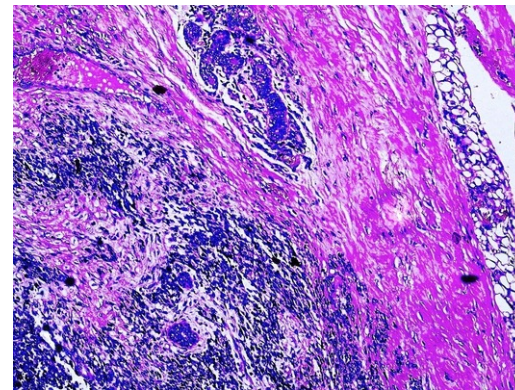


*“Help for the lonely,
newly qualified Pathologist
working in
isolation!”*

Tele-Conferencing

Cases posted on i-Path:

- Larger discussion groups meet at a preset time and discuss the cases lead by subspecialists from international faculty.
- 5 such sessions have been held.



Language

English

Walong

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iPath

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Site statistics

Active users: 440
 Groups: 18
[Server statistics](#)

Pleomorphic Sarcoma, no further characterisation is possible without immuno stains M /40 (22339) < | up | >

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Pleomorphic Sarcoma, no further characterisation is possible without immuno stains M /40

Subtitle: Bilateral Inguinal Masses

Type:
 1. Fine Needle Aspirates stained with H/E, Pap, MGG. 2. Surgical biopsy specimen

Sender: Walong
 2010-07-05 13:48
 INCTR - Pathology, Anglophone Africa

A 40 year old male with over 1 year history of bilateral inguinal masses, which initially was progressive. He is HIV negative. From a previous incisional biopsy a diagnosis of Kaposi sarcoma was made. He has received chemotherapy without improvement. The clinicians then requested fine needle aspiration to reassess the lesions. On examination, the patient is wasted though ambulant, has oral thrush, vitals are normal. There are bilateral inguinal and femoral masses, both separated by the inguinal ligament. The masses each measure approximately 10x10x7cm, firm, with overlying cutaneous hypopigmentation. There was an ulcer overlying the inguinal mass on the left. There was no axillary or cervical lymphadenopathy, no abdominal masses on examination. Abdominal ultrasound showed enlarged para-aortic and iliac lymphadenopathy. FNA resulted in a hemorrhagic aspirate. A diagnosis of a Monomorphic Spindle Cell Neoplasm was made. Uploaded are photomicrographs of the smears stained with H/E; Pap and MGG. ZN for AAFBs is negative.

Gallery:

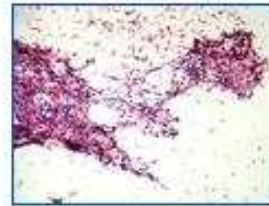
Gallery:



1. H E 10x.JPG



3. H E 10x.JPG



4. H E 10x.JPG



5. H E 10x.JPG



6. H E 10x.JPG



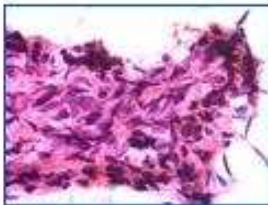
7. H E 10x.JPG



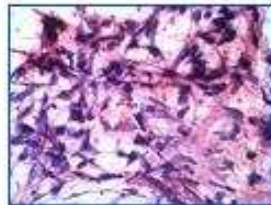
8. H E 10x.JPG



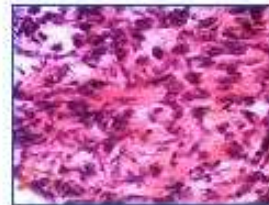
10. H E 40x.JPG



11. H E 40x.JPG



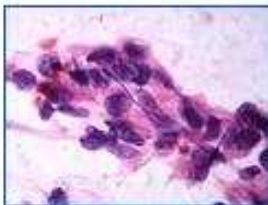
12. H E 40x.JPG



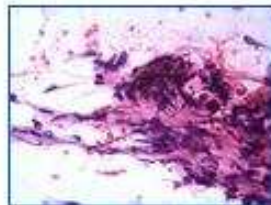
14. H E 40x.JPG



15. H E 40x.JPG



18. H E 100x.JPG



17. H E 40x.JPG



19. H E 100x.JPG



20. H E 100x.JPG

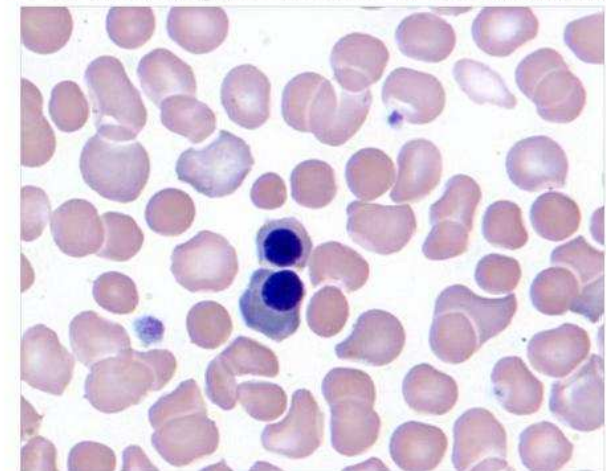
Teaching & learning applications:



Cases and presentations posted on i-Path:

- Collaboration between local and international faculty for diagnosis:
 - Clinico-pathological conferences/meetings e.g. Tumour Board Neuropathology CPC
- Excellent cases, photographs & pictures can be used as teaching material for lecturer's teaching sessions

ABO Haemolytic Disease of the Newborn



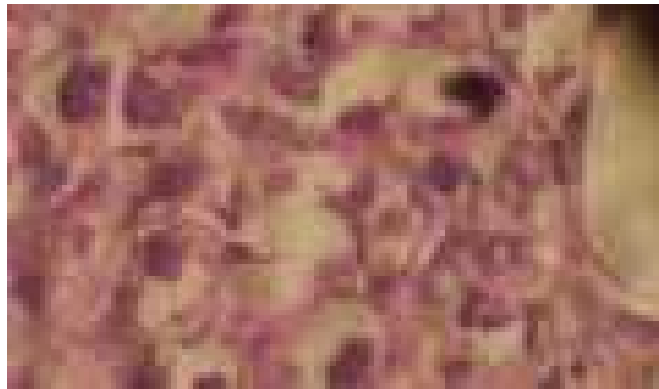
Implications for Patient care:

Consultations can lead to improved patient care:

- A 3 year old girl referred to the Ophthalmology Unit, Kenyatta National Hospital, Kenya:
 - Left sided proptosis - 10 days
 - Hotness of body
 - Joint pains
 - Sore throat

- Cranial and orbital CT scans done found a left sided orbital mass:
- DDx:
 - orbital abscess, retinoblastoma, AML
- Treated with antibiotics with no response
- Surgery for ‘abscess’ drainage performed
(specimen sent to Anatomic Pathology)
- Blood counts and subsequent BMA (Haematology)

iPath discussions:



“These are very poor histological images”



Bone marrow : Blasts

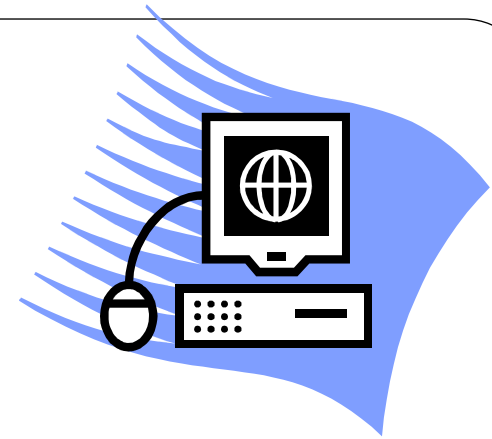
Eureka!



- Interactions on iPath of diagnostic value:
 - AML most likely.
- Supplementary report sent to oncologists
- Suggestions provided for improvement of images, techniques

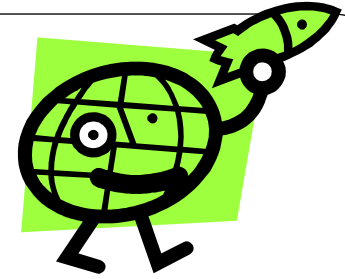
‘A good clinical workup and cooperation between the different laboratories and clinicians reduces dependence on ancillary laboratory tests’ Nina Hurwitz

Challenges



- **Internet connectivity:**
Major limitation
- **Quality of preparations:**
Improvements made with suggestions from team members
- **Time constraints:**
Pathologists busy schedule; daunting hardware
- **Apathy:**
Towards internet based consultations; preference for traditional methods
- **Unmet Expectations:**
International faculty for unavailable ancillary tests

Innovations/Recommendations:



- Involve a younger, more computer savvy staff member or resident!
- Case presentations via video and voice over internet
- Recommendations for expansion of scope:
 - Use INCTR site as a referral network for pathologists in Kenya
 - Include forensic pathology, chemistry, immunology, microbiology

Acknowledgments

- *International Network for Cancer Treatment and Research (INCTR)*
- *Nina Hurwitz*
- *INCTR faculty for pathology*
- *Colleagues and Residents in the Department of Human Pathology, UCN*
- *Monika Hubler and Kurt Brauchli for support in IT and i-path organisation*
- *Other participating members*



**“Opportunities exist...
Let us exploit them
to improve pathology
services.”**

**“All battles are first won or
lost, in the mind.”**

Joan of Arch

