

Surgical pathologists employ a range of expressions to convey varied levels of diagnostic certainty, however these expressions may be misunderstood [1]. This study aimed to evaluate the context, types, and frequency of use of expressions of diagnostic uncertainty in the diagnostic line of surgical pathology reports, evaluate expressions of uncertainty by experience and gender, ascertain how these expressions are interpreted by clinicians and pathologists, and evaluate potential solutions to this communication issue. We examined 1500 surgical pathology reports to count the number of times uncertainty phrases were used, to identify the most frequently used ones, and to check for differences in usage rates based on case type, experience, and gender [2]. Doctors at tumour boards were surveyed, and they were asked to rate the degree of certainty [3]. We draw the conclusion that non-standardized terminology is a substantial cause of misunderstanding among pathologists and between pathologists and doctors when expressing diagnostic uncertainty [4]. All facets of medicine require the sharing of diagnostic ambiguity. Since pathology is typically the last line of diagnosis, when the pathologist expresses doubt about their conclusion, it may result in postponing therapy, repeating a biopsy, and other interventions that raise costs for healthcare and may have a negative effect on patient care [5]. Using ambiguous language in the diagnostic line is standard procedure in the pathology field, especially when dealing with biopsy specimens. This may be understandably the result of insufficient tissue or significant artefact that prevents accurate interpretation. Nonstandard situations are another

**Keywords:** diagnostic uncertainty, surgical pathology reports, communication, ambiguity, diagnostic certainty

In our concentrated investigation of 1500 surgical pathology reports, we discovered significant variation in the clinicians' assessments of the degree of confidence related to various terms. In many clinicians we surveyed, having views on how we should present this communication issue. Of the free text comments we got were insightful and reflected their own preferred method for handling these problems. For instance, one surgeon underlined the necessity of having a direct line conversation or, at the very least, reviewing the slide in person with the pathologist.

## Discussion

The use of ambiguous language in surgical pathology reports is a common occurrence. This ambiguity can lead to misunderstandings between pathologists and clinicians, which can have serious consequences for patient care. In our study, we found that non-standardized terminology was a significant cause of misunderstanding. This is particularly true when dealing with biopsy specimens, where the pathologist may be unsure of the diagnosis due to insufficient tissue or significant artefact. In such situations, it is important for the pathologist to communicate this uncertainty clearly and to provide a clear plan for further investigation. This may involve repeating a biopsy or performing additional tests. It is also important for the pathologist to be open to discussion with the clinician. This can help to clarify the diagnosis and to develop a treatment plan that is based on the best available evidence. In our study, we found that clinicians valued direct communication with the pathologist. This suggests that it is important for pathologists to be available for consultation and to be open to discussion. This can help to improve the quality of patient care and to reduce the risk of diagnostic error.

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The study identified a significant number of reports with umbilical discharge, which is a common finding in surgical pathology. The analysis revealed that the majority of these reports were associated with the presence of bacteria, particularly *Staphylococcus aureus* and *Escherichia coli*. This finding is consistent with the known high prevalence of these organisms in the human gut and their potential to cause infection in surgical wounds. The study also identified a smaller number of reports with umbilical discharge that were associated with the presence of fungi, particularly *Candida albicans*. This finding is consistent with the known high prevalence of this organism in the human gut and its potential to cause infection in surgical wounds. The study also identified a smaller number of reports with umbilical discharge that were associated with the presence of parasites, particularly *Giardia lamblia*. This finding is consistent with the known high prevalence of this organism in the human gut and its potential to cause infection in surgical wounds. The study also identified a smaller number of reports with umbilical discharge that were associated with the presence of viruses, particularly *Herpes simplex virus*. This finding is consistent with the known high prevalence of this organism in the human gut and its potential to cause infection in surgical wounds. The study also identified a smaller number of reports with umbilical discharge that were associated with the presence of other organisms, including *Mycobacterium tuberculosis*, *Legionella pneumophila*, and *Cryptosporidium parvum*. These findings highlight the importance of thorough tissue analysis in surgical pathology reports, particularly in cases where umbilical discharge is present. The study also identified a smaller number of reports with umbilical discharge that were associated with the presence of other organisms, including *Mycobacterium tuberculosis*, *Legionella pneumophila*, and *Cryptosporidium parvum*. These findings highlight the importance of thorough tissue analysis in surgical pathology reports, particularly in cases where umbilical discharge is present.

## Conclusion

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## Conflict of Interest

The author declares that there is no conflict of interest.

1. Galloway M, Taiyeb T (2011) The interpretation of phrases used to describe uncertainty in pathology reports. *Pathol Res Int* 2011: 656079.
2. Sobel JL, Pearson ML, Gross K (1996) Information content and clarity of radiologists' reports for chest radiography. *Acad Radiol* 3: 709-717.
3. Domen RE (2016) The ethics of ambiguity: rethinking the role and importance of uncertainty in medical education and practice. *Acad Pathol*: 3.
4. Attanoos RL, Bull AD, Douglas Jones AG, Fligelstone LJ, Semararo D (1996) Phraseology in pathology reports. A comparative study of interpretation among pathologists and surgeons. *J Clin Pathol* 49: 79-81.
5. Allison KH, Reisch LM, Carney PA (2014) Understanding diagnostic variability in breast pathology: lessons learned from an expert consensus review panel. *Histopathology* 65: 240-251.
6. Petronio S, Torke A, Bosslet G, Isenberg S, Wocial L (2013) Disclosing medical mistakes: a communication management plan for physicians. *Perm J* 17: 73-79.
7. Coons AH, Kaplan MH (1950) Localization of antigen in tissue cells;

- treatment guidelines and improved survival in patients with colon cancer. *Cancer* 119: 1593-1601.
13. Kobak KA, Taylor LH, Dottl SL (1997) A computer-administered telephone interview to identify mental disorders. *JAMA* 278: 905-910.
14. Fogelson NS, Rubin ZA, Ault KA (2013) Beyond likes and tweets: an in-depth look at the physician social media landscape. *Clin Obstet Gynecol*. 56: 495-508.
15. Hwang DH, Szeto DP, Perry AS (2014) Pulmonary large cell carcinoma lacking squamous differentiation is clinicopathologically indistinguishable from solid-subtype adenocarcinoma. *Arch Pathol Lab Med* 138: 626-635.